



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 28, 1996

Mr. Ebrahin Hiya
Sunshine Cleaners
4814 East Bush
Tampa, Florida 33617

Dear Mr. Hiya:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

#0571076

Sunshine Cleaners

- spoke with Yasmin Esmail -
9/27/96

p. 13 6. add titles - Y. Esmail - Pres.
+ E. Hiya - Vice - Pres.

p. 14 1.(a) add date control device
installed, if any

p. 15 5.(c) not required, mark out
"X" and initial
5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Sunshine Cleaners INC
2. Site Name (For example, plant name or number):	Sunshine Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 000805911
4. Facility Location: Street Address: 4844 E Burk City: Tampa, County: Hillsboro Zip Code: 33617	
5. Facility Identification Number (DEP Use):	0571076

Responsible Official

6. Name and Title of Responsible Official:	Ebrahim Haya / Yasmin Esmail
7. Responsible Official Mailing Address: Organization/Firm: Same Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (813) 985-2349 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: () -	

RECEIVED
AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

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>Sepena Sun 530 9123-88</i>									
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser			<i>08 DEC 91</i>						
(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?
 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

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.

Y. Esmeil

Signature

8/26/96

Date

DATE = June 9th 1997

RECEIVED

JUN 12 1997

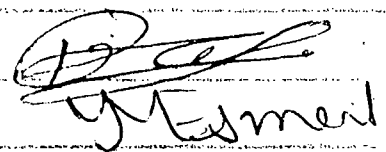
TO: - Jim Holten.
Permit # 0571076

EPC of HC
AIR MANAGEMENT

From: - Sunshine Cleaners
4814 E Bush
Tampa, FL 33627
813-985-2349.
Yasmin Esmail f
EBRAHIM HINA.

This letter is to let you know that I or we no longer owners of Sunshine Cleaners. Mr Kim of Y.S. Co-operation is the new owner since March 10th 1997.

Thank you


Y Esmail

RECEIVED

DEC 26 1996

Bureau of Air Monitoring
& Mobile Sources

11/7/96

Please make the
indicated corrections
to the Notification
Form and Forward
to:

Return completed form to:

Florida Department of Environmental Protection
Bureau of Air Monitoring and Mobile Sources
Mail Station 5510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program, (800)722-7457.

If you have ANY QUESTIONS PLEASE
CALL ME.



Environmental Protection Commission
of Hillsborough County

Bruce M. King, QEP
Engineer
Air Management Division

1410 N. 21st Street
Tampa, Florida 33605

Telephone:
(813) 272-5530
Fax: (813) 272-5605

RECEIVED

OCT 24 1996

Sunshine Cleaners

-spoke with Yasmin Esmail-
9/27/96

EPC of HC
AIR MANAGEMENT

p.13 6. add titles - Y. Esmail - Pres.
+ E. Hiya - Vice - Pres.

p.14 1.(a) add date control device
installed, if any

de: 33617

p.15 5.(c) not required, mark out
"X" and initial
5.(f) required

6

Esmail

Handwritten signature/initials

Zip Code:

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: ()

RECEIVED

AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Sunshine Cleaners INC
2. Site Name (For example, plant name or number):	Sunshine Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 000805911
4. Facility Location: Street Address: 4844 E Burk City: Tampa, County: Hillsboro Zip Code: 33617	
5. Facility Identification Number (DEP Use):	0571076

Responsible Official

6. Name and Title of Responsible Official: Abdullah / Abdullah Ebrahim Hiyah / Yasmin Esmail PRESIDENT	
7. Responsible Official Mailing Address: VICE PRESIDENT Organization/Firm: Same Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (813) 985-2349 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:	
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AUG 30 1996
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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<i>Sepena Sun 530 9123-88</i>									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>08 Dec 91</i>	<i>08 Dec 91</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
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(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?
 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:

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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 ME

(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.

Y. Esmeril
Signature

8/26/96
Date

8
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260888

3755 ✓
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

FEB 19 97 **TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0571077
EHRlich ROAD CLEANERS & LAUNDRY INC
HENRY MCNATT JR
14946 N FLORIDA AVENUE
TAMPA FL 33613

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

EHRlich ROAD CLEANERS & LAUNDRY, INC.

001159

DEPT. OF ENVIRON. PROTECT.
DRYCLEANING REGISTRATION
2600BLAIR STONE RD, MS4525
TALLAHASSEE, FL
32399-2405

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
AIRS ID#0571077 197	1997 01/10	50.00	0.00	50.00

TOTAL = \$50.00

02/11/97

CHECK NUMBER

00001159

AIRS ID#: 571077

Revised 10/1/96

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

FACILITY NAME:	<u>Ehrlich Road Cleaners & Dry, Inc.</u>	DATE:	<u>12-31-96</u>
FACILITY LOCATION:	<u>5227 Ehrlich Rd. Tampa, FL 33624</u>		

Annual Reporting Period: 10-2 19 96 TO 12-31 19 96

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: 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:	<u>Henry McNatt</u>	<u>HM McNatt PRES.</u>	<u>12-31-96</u>
	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.

BEST AVAILABLE COPY
**TITLE V AIR QUALITY GENERAL PERMIT
 INSPECTION SUMMARY REPORT**



INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

1030 TIME OUT: 1140 AIRS ID#: 0571076

TYPE OF FACILITY: PERC Dry Cleaner
 FACILITY NAME: Sunshine Cleaners DATE: 6/5/97
 FACILITY LOCATION: 4814 East Busch Blvd
Tampa, FL 33617
 RESPONSIBLE OFFICIAL: Current records - existing permit ^{Ebrahim H. H.} PHONE NUMBER: (813) 985-2349

- 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
NO RECORDS AT THIS FACILITY. AT THIS POINT, THIS IS NOT BEING CONSIDERED A NON-COMPLIANCE AS THE STORE IS IN PROCESS	
OF BEING SOLD. PERMITTED OWNERS TOOK RECORDS & WILL GET COPIES TO NEW OWNER.	

COMMENTS: Reinspection will be required after the new owner obtains all records possible.

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

DATE OF NEXT INSPECTION: See Comments Above
 (Approximate)

INSPECTION CONDUCTED BY: James O Holtan
 (Please Print)

INSPECTOR'S SIGNATURE: Jan O Holtan 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#: 0571076 DATE: 6/5/97 TIME IN: 1030 TIME OUT: 1140
FACILITY NAME: Sunshine Cleaners
FACILITY LOCATION: 4814 East Busch Blvd
Tempe, AZ 85284

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: SEE NOTES

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
- 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) Based on current permit

- 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

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 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)

SEE NOTES

- 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
 - 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
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports? Y N
 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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets) *SEE NOTES*

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

Ebrahim Higs (current permit - not current owner)
Name of Responsible Official

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

6/5/97
Date of Inspection

James D. Holton
Inspector's Signature

When new owner receives copies
Approximate Date of Next Inspection
or indicated on next page.

ADDITIONAL SITE INFORMATION: Sunshine Cleaners

This facility was visited for the purpose of performing an annual inspection on 6/5/97. Upon asking for the R.O., the individual that I met with (Kwang Kim) indicated he is the current owner. I asked for the records required, and he telephoned Ms. Yasmin Esmail who indicated they have sold the store to Mr. Kim, and final closing is to be completed on 6/10/97. Although final closing wasn't scheduled for a few more days, Mr. Kim took over the store operations approximately 3 months ago.

Ms. Esmail indicated she had all the records that were kept for the air permit, and I requested she provide a copy of all the records required for the air permit to Mr. Kim, since he needed them for his file. I also requested she submit a letter to me addressing the sale of this facility, and to request her permit become inactive. At this time, the telephone conversation ended, and I began speaking with Mr. Kim to help him understand what his requirements are.

I explained that to Mr. Kim that this facility's initial notification indicated a Classification 1, Existing Small Area Source, and no control methods (refrigerated condenser) were required. Therefore, the records that were required included leak inspection results, repair documentation, start-up/shutdown/malfunction plan, and monthly perc consumption. Since no monthly perc consumption log was available at this time, verification of the facility classification could not be performed.

Mr. Kim indicated he has only been in the dry cleaning business for the 3 months that he has been operating this facility, and he has contracted another company to perform bi-weekly inspections on the dry cleaning machine. He was not sure if they were keeping records on these inspections, and I suggested he contact them to find out if they are and to obtain copies of them for his file.

I then told Mr. Kim that I would find out if the current permit could be transferred over to him, or if he would have to submit a new notification form to obtain a new permit. I also told him I would send him a copy of the notification form package along with a copy of the original application.

Since there were no records to look at, I then took the following information from the machine, and left:

Model Renzacci Serena Sun 530

S/N 9123.88

55# capacity

Previous inspections indicate this unit was built in 1983, S/N suggests 1988. In either case, the date is prior to December 9, 1991.

PERCHLOROETHYLENE DRY CLEANERS

acc

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>571076</u>	DATE:	<u>2/3/98</u>	TIME IN:	<u>1515</u>	TIME OUT:	<u>1645</u>
FACILITY NAME:	<u>SUNSHINE CLEANERS</u>						
FACILITY LOCATION:	<u>4814 E. Busch Blvd</u> <u>TAMPA, FL 33617</u>						
RESPONSIBLE OFFICIAL:	<u>KWAN-IN KIM</u>	PHONE:	<u>813-985-2349</u>				
CONTACT NAME:	<u>Same</u>	PHONE:	<u>Same</u>				

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"/>

N/A

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 checked="" 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 checked="" type="checkbox"/> <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 <u>117.4</u> 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? 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?
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" 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) N/A
- Halogen leak detector N/A
- 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

LEROY SHELTON / ROBERTA
 Inspector's Name (Please Print)

2/3/98
 Date of Inspection

[Signature]
 Inspector's Signature

1 yr
 Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Sunshine Cleaners			PAGE 1 OF 1		
FACILITY ADDRESS: 4814 E. Busch Blvd			CITY: Tampa PHONE: 813-985-2349		
MAILING ADDRESS: 4814 E. Busch Blvd		CITY: Tampa	FLA	ZIP: 33617	
INSPECTION DATE: 2/3/98	TIME IN: 1515	TIME OUT: 1645	INSPECTION TYPE: non-CDS	STATUS: In Compliance	
NEDS NUMBER: 571176					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Kwang In Kim					

Today's visit was to conduct the annual inspection.
 The machine is a Renzacci Serena Sun 530, 55 # capacity, serial number 9123.88.
 The machine was not operating this afternoon. No odors or leaks were observed.
 Mr. Kim is properly storing and handling the waste and filters cartridges. His record keeping is in good shape. Since the machine is an existing small source, it was not required to have a refrigerated condenser and did not have a temperature gauge.
 Mr. Kim's perc purchase receipts confirmed his running twelve month total of 117.4 gallons of perc purchased.
 No problems were noted and this operation appeared to be in compliance.

INSPECTED BY: Leroy Shelton & Roger Zhu 	DATE: 2/3/98
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**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1515	TIME OUT: 1645	AIRS ID#: 0571076
TYPE OF FACILITY: PERC DRY CLEANER		
FACILITY NAME: SUNSHINE CLEANERS	DATE: 2/3/98	
FACILITY LOCATION: 4814 E. BUSCH BLVD TAMPA, FL 33617		
RESPONSIBLE OFFICIAL: KWANG IN KIM	PHONE NUMBER: 813-985-2349	

- 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

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: LEROY SHERMAN / ROGER ZHU (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: 813-272-5530



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258238



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

RECEIVED
MAIL ROOM
JAN 16 97

Do NOT Remove Label

AIRS ID# 0571076
SUNSHINE CLEANERS INC EBRAHIN HIYA 4814 BUSH TAMPA FL 33617

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

Fold at line over top of envelope to the right of the return address

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 # 0571076001AG
 EBRAHIN HIYA
 SUNSHINE CLEANERS
 4814 BUSH
 TAMPA FL 33617

2. Article Number (Copy from service label)
 2210 663 209

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

A. Received by (Please Print Clearly) _____ B. Date of Delivery 6/9

C. Signature [Signature] Agent
 Addressee

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

JUN 12 2001
 Bureau of Air Monitoring & Mobile Sources

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Z 210 663 209

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

10 AIRS ID # 0571076001AG
 EBRAHIN HIYA
 SUNSHINE CLEANERS
 4814 BUSH
 TAMPA FL 33617

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