

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 18, 1996

Mr. Vincent Tricarico Vice President Rainbow Midtown Cleaners, Inc. 4146 W. Kennedy Boulevard Tampa, Florida 33609

Re: Facility I.D. No. 0571084

Dear Mr. Tricarico:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Ms. Liz Deken, Hillsborough County

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

0571084

P.14

3. new small area source should be marked

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Rainbow Midtown Cleaners, Inc.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: /1/6 IJ Konnody Pland
	Street Address: 4146 W. Kennedy Blvd. Street Address: Tampa 33609
	City: Tampa County: Hillsborough Zip Code: 33609
5.	Facility Identification Number (DEP Use):
	1 acmy recommend of the control of t
MH/A	
	Responsible Official
6.	Name and Title of Responsible Official:
	Vincent Tricarico, Vice President
7.	Responsible Official Mailing Address: Organization/Firm: Rainbow Midtown Cleaners, Inc.
	Street Address: 4146 W. Kennedy Blvd. City: Tampa County Hillsborough Zip Code: 33609
	City: Tampa County: H111Sborough Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (813) 289 - 4900 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Character Additional
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Instailed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	8-Aug-95	22-Aug95	1					
(2) w/ carbon adsorber	•								
(3) w/ no controls									
Washer Unit		<u> </u>	<u> </u>		<u> </u>				
(4) w/ ref. condenser								T	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				L.,	1				
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser				T	1	1			
(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? [30] gallons (b) If less than 12 months, how many? [10] months Check why it is less than 12 months: New owner: [X] New store: [X] Did not keep records: [] 									
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	ource Sele rea so	classification ct one classif	n based on th ication only. N	ie def) ew si		nd in section (

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on mach (Indicate with an "X".)	hines pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser [X]		
New large area source Refrigerațed condenser []		
, v _e		
5. A facility which contains non-exempt emiss to Rule 62-213.300, F.A.C. Verify that all stea exemption criteria or that no such units exist of	am and hot water generating un	
All steam and hot water generating units on-sit boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no	y by natural gas except for perio	ods of natural gas curtailment
All steam and hot water generating units exem No such units on-site	pt []	
Equipment Monito	oring and Recordkeeping Info	rmation
Check all logs which are required to be kept or	n-site in accordance with the re-	quirements of this general permit:
(a) Purchase receipts and solvent purchases		[_X_]
(b) Leak detection inspection and repair		X
(c) Refrigerated condenser temperature monitor	oring	[_X]
(d) Carbon adsorber exhaust perc concentration	on monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e 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)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signature	Date 8/28/96

DEP Form No. 62-213.900(2) Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Raínbow Midtown Cleaners, Inc. 2. Site Name (For example, plant name or number): 4. Facility Location: Street Address: City: Tampa County: Hillsborough Zip Code: 33609 5. Facility Jdentification Number (DEP Use): Responsible Official Vincent Tricarico, Vice President 7. Responsible Official Mailing Address: Organization/Firm: Raínbow Midtown Cleaners, Inc. Street Address: 4146 W. Kennedy Blvd. City: Tampa County: Hillsborough Zip Code: 33609 8. Responsible Official Telephone Number: Telephone: (813) 289 - 4900 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: () Fax: ()	2 dentity : "dans and Zoodinon"	
2. Site Name (For example, plant name or number): 3. Hazardous Waste Generator Identification Number: 4. Facility Location: 4146 W. Kennedy Blvd. Street Address: City: Tampa County: Hillsborough Zip Code: 33609 5. Facility-Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Vincent Tricarico, Vice President 7. Responsible Official Mailing Address: Organization/Firm: Rainbow Midtown Cleaners, Inc. Street Address: 4146 W. Kennedy Blvd. City: Tampa County: Hillsborough Zip Code: 33609 8. Responsible Official Telephone Number: Telephone: (813) 289 - 4900 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: ()	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
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DEP Form No. 62-213.900(2) Effective: 6-25-96

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Page 13 of 16

Bureau of Air Menitoring & Mebile 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	<u> </u>	<u> </u>							
(1) w/ ref. condenser	#1	8-Aug-95	22-Aug95	-					
(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									
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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? [30] gallons (b) If less than 12 months, how many? [10_] months Check why it is less than 12 months: New owner: [X] New store: [X] 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 []									
;	· · · · · · · · · · · · · · · · · · ·								

DEP Form No. 62-213.900(2) Effective: 6-25-96

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] Ref	rigerated condenser						
New small area source Refrigerated condenser [X	_1							
New large area source Refrigerated condenser [

5. A facility which contains non-exempto Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	all steam and hot							
All steam and hot water generating uni boiler HP or less), and (2) are fired exc during which propane or fuel oil conta	clusively by nature	l gas except for perio	ods of natural gas curtailment					
All steam and hot water generating unit No such units on-site	ts exempt [X							
Equipment	Monitoring and l	Recordkeeping Info	rmation					
Check all logs which are required to be	kept on-site in ac	cordance with the rec	quirements of this general permit:					
(a) Purchase receipts and solvent purch	nases	,	[X]					
(b) Leak detection inspection and repair	ir		[X]					
(c) Refrigerated condenser temperature	monitoring		[X]					
(d) Carbon adsorber exhaust perc conc	entration monitor	ng						
(e) Instrument calibration								
(f) Start-up, shutdown, malfunction pl	an		(<u>X</u>)					

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	te 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)
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
٠.	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

NOV 2 6 1996

Bureau of Air Monitoring 11/3/96 & Mobile Sources

Please make the indicated concertions te the Hotiperation

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.

of 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

BEST AVAILABLE COPY # 0571084

NOV 12 1996

P.14

3. new small area Source should be marked

EPC of HC AIR MANAGEMENT

I. Facility Own Raint

Site Name (F

3. Hazardous

4. Facility Log Street Add City:

5: Facility Ide

P.15

(f) should be marked

33609

Name and Vi...

Responsible Official Mailing Address:
Organization/Firm: Rainbow Midtown Cleaners, Inc. Organization/Firm: 4146 W. Kennedy Blvd.

Street Address:

Tampa

County: Hillsborough

Zip Code:

33609

Responsible Official Telephone Number: Telephone: (813) 289 - 4900

Fax: (

)

Facility Contact (If different from Responsible Official)

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

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

AIRS ID#: 571084

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ENNERS DATE: 5/15/97
ENNER
FL 33609
1996 TO 5/15 1997
eneral air permit, my facility has remained in compliance with DEP Rule 1), during the period covered by this statement. 1 YES 1 NO
has not been in continuous compliance during the reporting period stated above:
to
has not been in continuous compliance during the reporting period stated above:
to
d on information and belief formed after reasonable inquiry, that the statements complete. Further, my annual consumption of perchloroethylene solvent, based not exceed 2,100 gallons per year for dry-ta dry facilities or 1,800 gallons per Signature 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Enclose From

•	MSIECITO	N SUMMARI REIORI
TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1015	TIME OUT:	1(10 AIRS ID#: 57 (084
TYPE OF FACILITY:	SEC DRY CUE	TANER
FACILITY NAME: A	INBOW MIC	OTTOWN CUEANERS DATE:
FACILITY LOCATION:	4146 W. RE	FUNEDY
	TAMPA, FL	33609
RESPONSIBLE OFFICIAL:	VINCENT TIRL	CARLO PHONE NUMBER: \$13-289-4900
		ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of discrepancies were note	-	ents evaluated during this inspection, the following compliance
COMPLIANÇE REQU	UIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
NO STARENPISHUE DA	WN/MARF PLA	MAILEN COPY OF EPA'S GENERIC
COMMENTS:		
The Annual Compliance Certific	cation form has been prop	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO)N:	(Approximate)
INSPECTION CONDUCTED	BY: LEROY	(Approximate) StCにてこ (Please Print)
INSPECTOR'S SIGNATURE	:	PHONE NUMBER: \$13-272-5530

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	D NG	COMPLAINT/DISCOVERY	Y . D				
AIRS ID#: 0571084 DATE: 4/24/97 TIME IN: LOW TIME OUT: 1110 FACILITY NAME: RAINBOW MIDTOWN CUEATIONS FACILITY LOCATION: 4146 W. KENNODY TAMPA, FL 33609								
PART I: NOTIFICATION		·						
(check appropriate box)								
1. Existing facility notified DAR	M by 9/1/96) b [
2. New facility notified DARM 3	0 days prior to sta	rtup	,	یت				
3. Facility failed to notify DARM	I to use general pe	rmit						
PART II: CLASSIFICATION								
Facility indicated on notification (check appropriate box)	n form that it is:							
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)	e 🗖	dry-to-dry on transfer only, both types, x-	I area source ly, x<140 gal/yr x<200 gal/yr <140 gal/yr on or after 12/9/91)					
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>) gal/yr il/yr</td><td>dry-to-dry on transfer only, both types, 14</td><td>e area source ly, 140<x<2, 100="" 10<x<1,800="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<2,></td></x<2,>) gal/yr il/yr	dry-to-dry on transfer only, both types, 14	e area source ly, 140 <x<2, 100="" 10<x<1,800="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<2,>					
This is a correct facility classification	ation	AL ON						
If no, please check the appropria	te classification:							
	d for a general per above limits and i		above or a general permit					
B. The total quantity of perchlor facility was 55 gallons.	oethylene (perc) p	urchased within	n the preceding 12 months by th	is dry cleaning				

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	XY ON			
2. Examining the containers for leakage?	MY ON			
3. Closing and securing machine doors except during loading/unloading?	XIY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XÍY □N			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אועוס אם אם אם			
D. DE W. DDO GDES VIEWE COVERDOY S				
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser			
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 refr (complete A and B below).	igerated condenser			
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?	XX ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AV ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אוחם חם צלבן			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	Jay on			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AN ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MAY ON			

B. Has the responsible official of an existing large or new large area source also:		[
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?		DИ 	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	
Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	
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?	ΟY	□и	□N/A
Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	
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?	ΟY	□и	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	∖□Y	ПΝ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y	ПΝ	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	X Y	□и	
2. Maintained rolling monthly averages of perc consumption?	MY	□И	
3. Maintained leak detection inspection and repair reports for the following:			V = ((1)
a. documentation of leaks repaired w/in 24 hrs? or;	χΥ	□И	NO LLI
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΠY	□И	X N/A
4. Maintained calibration data? (for direct reading instruments only)	ΠY	ПΝ	MY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ΠY	MM	
6. Maintained startup/shutdown/malfunction plan?	,□Y	MN	
7. Maintained deviation reports?	ΩY	ØИ	No LEA
Problem corrected?		ØN	
8. Maintained compliance plan, if applicable?	ΩY	ПИ	XIÑ/A
DADT VI. I FAY DETECTION AND DEDATES			
PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection?	74.7	ПN	

2.	Which method of detection is used by	the respo	nsible off	icial?		•
	Visual examination (condensed	solvent or	n exterior	surfaces)	X	
	Physical detection (airflow felt t		X			
	Odor (noticeable perc odor)		R.			
	Use of direct-reading instrumen	/a ~	X N/A			
Ï	If using direct-reading instrun	quipment:	,	•		
	a. Capable of detecting	g perc vap	or concer	ntrations in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior		υY	ПN
	c. Inspected for leaks a	ınd obvioı	ıs signs o	f wear on a weekly basis?	ПY	□N
	d. Kept in a clean and	secure are	ea when r	not in use?	ПY	□N
	e. Verified for accurac	y by use o	f duplicat	te samples (calorimetric only)?	ПY	ПN
3.	Has the facility maintained a leak log	?			ПY	ПN
4.	Does the responsible official check the	e followin	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	X Y	ПΩ	Muck cookers	ΣĮΥ	□и
	Door gaskets and seating	ÞÝ	ПN	Stills	, ≻ a y	ПΝ
	Filter gaskets and seating	XY	ПΝ	Exhaust dampers	YX	И□
	Pumps	BY	ПΝ	Diverter valves	ŽΫ	ΠN
	Solvent tanks and containers	ZY	□и	Cartridge filter housings	ŻŻ	ПИ
	Water separators	- DY	ПN			
	VINCENT TRICA Name of Responsible Office	γ21 D ial		. /	la-	
	Inspector's Name (Please Pr	int)		Date of Inspe	ection	<u> </u>
	Tropodor 3 Timito (A Tottoo I I	/		Zuit of Inspi		

Revised 10/28/96

1 JR
Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

MACHINES, FORENTA MODEL PS 90° 30 CAPACITY

MAINT CONTRACT FOR ROUTINE MAINT NO ODORS

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

V

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0 900 TIME OUT: 0 940	AIRS ID#: 0571084
TYPE OF FACILITY: PERC Dry Classer	·
FACILITY NAME: Shippe Cleaners	DATE:_ 9/17/97
FACILITY NAME: Shirose Clearers FACILITY LOCATION: 73/6 Henley Road	
RESPONSIBLE OFFICIAL: Steve La Bretton	
RESPONSIBLE OFFICIAL: Stevo Le Bretton	PHONE NUMBER: (8/3)877-8282
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	OCT 1 6 1997
$\dot{\mathcal{L}}$	Bureau of Air Monitoring
	& Mobile Sources
	· · · · · · · · · · · · · · · · · · ·
- · · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	proximate)
	ease Print)
INSPECTOR'S SIGNATURE: Jan Holf	PHONE NUMBER: (7/3) 272 - 5530

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DIS	COVERY
AIRS ID#: <u>057/084</u> DATE: <u>9/17/97</u> TIME IN: <u>0900</u> TI	ME OUT: <u>0 840</u>
FACILITY NAME: Shyrosa Cleaners	
FACILITY LOCATION: 8316 Hanley Road Tamps, F1 33634	
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	Q
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 both types, x<140 gal/yr (constructed before 12/9/91) 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)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	
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 montangement facility was gallons.	ths by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN 2. Examining the containers for leakage? ND YD Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON ON/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 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? ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the $\square N$ condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	`
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?	ØY □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?	OY ON
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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 halet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
DADEN DECORPOREDRIC DECYMPENCIAES	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
Has the responsible official:	מם צם
Has the responsible official: (check appropriate boxes)	מם עם מם עם
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ND Y
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	מם עם
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON

2. Wh	nich method of detection is used by	the respo	onsible offi	cial?		
	Visual examination (condensed s	solvent o	n exterior	surfaces)		:
	Physical detection (airflow felt th	ırough g	askets)	•		
	Odor (noticeable perc odor)			10 mg/		
	Use of direct-reading instrument	ation (Fl	D/PID/cald	primetric tubes)		
	If using direct-reading instrum	entation	, is the eq	uipment:		
	a. Capable of detecting	perc var	or concent	rations in a range of 0-500 ppm?	\Box Y	□и
	b. Calibrated against a (PID/FID only)?	standard	gas prior	o and after each use	□Y (□N
	c. Inspected for leaks ar	nd obvid	us signs of	wear on a weekly basis?	□Y (□и
	d. Kept in a clean and s	ecure ar	ea when no	ot in use?	□Y (□и
	e. Verified for accuracy	by use o	of auplicate	samples (calorimetric only)?	□Y (□и
3. Has	the facility maintained a leak log?				□Y (□и
4. Doe	es the responsible official check the	followir	ng areas for	leaks?		
	Hose connections, fittings, couplings, and valves	ПY	√ □N	Muck cookers	ΩY	□N
	Door gaskets and seating	ПY	ŮИ	Stills	ΠY	ПN
	Filter gaskets and seating	ПY	ПN	Exhaust dampers	ŪΥ	N
	Pumps	ΠY	□и	Diverter valves	□Y `	ПN
	Solvent tanks and containers	ΠY	ПΝ	Cartridge filter housings	ΠY	ПD
	Water separators	ПY	ПΝ			
				· · · · · · · · · · · · · · · · · · ·		
	Steve Le Bretton	•				
	Name of Responsible Officia	П				
	James O Holton			9117/87		
	Inspector's Name (Please Prin	nt)		Date of Inspe	ction	
	yan O Halt					
	Inspector's Signature			Approximate Date of 1	Nevt In	spection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Shyrose Cleaners PAGE 1 OF FACILITY ADDRESS: 8316 Hanley Road CITY: Tampa PHONE: 881-1224 MAILING ADDRESS: same as above CITY: same ZIP: 33634 FLA INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: 9/17/97 0900 0940 Follow-up n/a AIR GENERAL PERMIT NUMBER: 0571094 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): Richard Elkin This inspection was to perform a follow-up to determine if the gauge had been installed as instructed. The machine now has a temperature gauge installed. I then discussed the requirements regarding the temperature measurements, including the documentation frequency and acceptable range of the measurements. No further action is necessary at this time.

INSPECTED BY: James O. Holton, Air Toxics Engineer DATE: 9/17/97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

		INT/DISCOVERY	RE-INSPECTION
TIME IN: 11-45 T TYPE OF FACILITY: PERC FACILITY NAME: RAIN BE	IME OUT:	AIRS ID#:	571084
TYPE OF FACILITY: PERC	DRY CLEANE	R	
FACTORY NAME: RAIN BE	W MIDTOWN	CLEAVERS	DATE: 5/5/93
FACILITY LOCATION: 4146 in Thin pa	LENNERY BU	- L'17	_DATE
FACILITY LOCATION: -7. 76 V	El 33/09		
AMPA	, re 5/60 /		10121200 190
RESPONSIBLE OFFICIAL: VINCENT	TRRARICO	PHONE NUMBER:	1813)287-4700
Based on the results of the compliance with DEP Rule 62-213			ility is found to be in
Based on the results of the complication discrepancies were noted:	ance requirements evaluated of	during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
		Bureau of Ar Source	PECE LED
·			
COMMENTS:			
COMMEN 13.			
The Annual Compliance Certification form			YES NO NO
OATE OF NEXT INSPECTION:	1 Ye	4 .	
	(Approxir		
NSPECTION CONDUCTED BY:	ROGE	R ZHU	
	Please P	rint)PHONE NUMBER:_	(313)272-5530
	- 1 - 1		Revised 10/96

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571084

RAINBOW MIDTOWN CLEANERS INC

VINCENT TRICARICO
4146 W KENNEDY BLVD

TAMPA FL 33609

Do NOT Remove Label

Annual Reporting Period: March) /	19 <u>97</u>	то	March 1	19 <u>4 </u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-			<u>~</u> /	_
If NO, complete the following:					;
#1. Term or condition of the general permit	that has not been i	in continuous	complia	ance during the repo	rting period stated above:
Exact period of non-compliance: from				to	<u> </u>
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					· .
#2. Term or condition of the general permit	that has not been i	in continuous (complia	unce during the repo	rting period stated above:
Exact period of non-compliance: from				to	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
	ırther, my annual c	onsumption of 800 gallons per	perchlo	roethylene solvent, bo	used upon purchase receipts,

^{*}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

	ANNUAL RE-INSPECTION		COMPLAINT/DI	SCOVERY	
AIRS ID#: 57/084 FACILITY NAME: PA FACILITY LOCATION: CONTACT NAME:	5/5/9	· · · · · · · · · · · · · · · · · · ·	1: 11:45 T CLEANE BLVD & PHONE: (813)	IME OUT TO	3:45 N 4900
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DA		,	N/À		<u> </u>
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou	tion form that it is:		☐ No notification☐ Drop store/out o		oleum
dry-to-dry only, $x < 140$ gatransfer only, $x < 200$ gal/y both types, $x < 140$ gal/yr	l/yr dry r tra bot	New small are y-to-dry only, x unsfer only, $x < th$ types, $x < 14$: < 140 gal/ут 200 gal/ут 0 gal/уг	æ	
dry-to-dry only, $x < 140$ gater transfer only, $x < 200$ gal/y	l/yr dry r tra bot) (cc lrce □ 4. 2,100 gal/yr dry 0 gal/yr tra 0 gal/yr bot	y-to-dry only, x onsfer only, x < th types, x < 14 onstructed on or New large are y-to-dry only, 1-unsfer only, 200	2 < 140 gal/yr 200 gal/yr 40 gal/yr 40 safter 12/9/91) 40 source 40 s s source 40 s s s s s s s s s s s s s s s s s s s	′ □ /yr	
dry-to-dry only, $x < 140$ gal transfer only, $x < 200$ gal/y both types, $x < 140$ gal/yr (constructed before $12/9/91$ 3. Existing large area sou dry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1,800$ (constructed before $12/9/91$ 5. This is a correct facility of fac	l/yr dry r tra bor) (cc arce □ 4. 2,100 gal/yr dry 100 gal/yr tra gal/yr bor) (co	y-to-dry only, x cursfer only, x < th types, x < 14 onstructed on or New large are y-to-dry only, 1 onsfer only, 200 th types, 140 < onstructed on or Y \text{N} N	2 < 140 gal/yr 200 gal/yr 200 gal/yr 20 gal/yr 20 gal/yr 20 source 20 $\leq x \leq 2,100$ gal/yr 20 $\leq x \leq 1,800$ gal/yr 21 $\leq x \leq 1,800$ gal/yr 22 $\leq x \leq 1,800$ gal/yr 23 after 12/9/91) Can not determinate $\leq x \leq 1,800$	/ /yr ne	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ¤Y □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YES 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XIY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BINA 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) ØY □N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ĭY □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVALD ND YED condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ZY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? □Y □N ØN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MA DN

В	. 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?	ΠY	אַם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	\Box Y	\square N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	□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?	ПY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
I	e responsible official: appropriate boxes)			
I. Mai	ntained receipts for perc purchased?	MO AIG		
2. Mai	ntained rolling monthly averages of perc consumption?	9ÁY □N		
3. Mai	ntained leak detection inspection and repair reports for the following:	-		
	a. documentation of leaks repaired w/in 24 hrs? or;	OY ON SON/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?	OY ON SÓN/A		
4. Mai	ntained calibration data? (for applicable direct reading instruments)	DY DN DN/A		
5. Mai	ntained exhaust duct monitoring data on perc concentrations?	ava e , no vo		
6. Mai	ntained startup/shutdown/malfunction plan?	ÁgĂ □N		
7. Mai	ntained deviation reports?	OY ON ÀNVA		
	Problem corrected?	□Y □N ŒN/A		
8. Mai	ntained compliance plan, if applicable?	OY ON SON/A		

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair	_
inspection?			X	\Box N
2. Has the facility maintained a leak log?			×Υ	ПN
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	ŽÝY ON ON/A	Muck cookers	⁄2 Y □	IN □N/A
Door gaskets and seating	ØY □N □N/A	Stills	øiy □	IN □N/A
Filter gaskets and seating	ÿ ÍY □N □N/A	Exhaust dampers	¤Y □	N □N/A
Pumps	MY ON ON/A	Diverter valves	ØY □	N □N/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	XX C	N □N/A
Water separators	AND NO YA			
4. Which method of detection is used by the	he responsible official?			
Visual examination (condensed so	olvent on exterior surfaces)	Ż	
Physical detection (airflow felt the	rough gaskets)		5 1 5 1	
Odor (noticeable perc odor)				
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	c tubes)		
Halogen leak detector				•
If using direct-reading instru	umentation, is the equipn	nent:	N/A	
a. Capable of detecting p	perc vapor concentrations i	in a range of 0-500 ppm?		N
b. Calibrated against a st (PID/FID only)?	tandard gas prior to and af	fter each use		N
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?		N
d. Kept in a clean and se	cure area when not in use	?		N
e. Verified for accuracy b	by use of duplicate sample	s (calorimetric only)?		N

ROGER ZHU	5/5/98
Inspector's Name (Please Print)	Date of Inspection
Reixin.	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Rainbow Midtown Cleaners PAGE 1 OF 1					1 OF 1		
FACILITY ADDRESS:	4146 W. Ken	nedy Blvd			Y: Tar	•	
				PHO	NE: (813) 289-4900	
MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33609				ZIP: 33609			
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:		PE:	STATUS:	
May 5, 1998	11:45	13:45	non-CDS			In Compliance	
NEDS NUMBER: 571084							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Vincent Trkarico							

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection and the serial number for this machine is 7-123.

The machine was in operation today. No odors or leaks were noticed.

Mr. Trkarico showed me the leak log and the temperature log performed on a weekly basis. However, the temperature measurements had been simply checked whether it was less than or equal to 45° F without recording the actual temperature. I told Mr. Trkarico that the temperature has to be recorded each time in order to compare with the standard. Mr. Trkarico expressed that he misunderstood the instruction he was told in the last inspection and he is going to log the temperature correctly as required.

The rolling total of perc consumption indicated that there was 45 gallons of perc purchased over the last 12 months. The perc purchase receipts was not available when I was there and Mr. Trkarico requested the copies of those receipts from the perc supplier. In order to finish this inspection, I told Mr. Trkarico to fax me the copies of perc purchase receipts or call me when it is ready.

The owners manual for this new machine is kept on site which includes a startup, shutdown and malfunction plan.

Follow Up on 5/11/98: I stopped by this facility today and verified the total quantity of perc purchased within the last 12 months was 65 gallons according to the parc purchase receipts.

g to the perc purchase reco

INSPECTED BY:	Roger Zhu	DATE:	May 5, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1100	AIRS ID#: 571084
TYPE OF FACILITY: Perc Dry Cleaners	
FACILITY NAME: Rain bow Midtown C.	
FACILITY LOCATION: 4146 W. Kennedy BI	
	609
RESPONSIBLE OFFICIAL: UWCCA+ Tricarcco	PHONE NUMBER: (\$13) 2 & S - 4900
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Rure 8
	u of Air Mobile
	Nonitor Sources
	F D intoring ces
,	
COMMENTS:	·
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	proximate)
INSPECTION CONDUCTED BY: Mchammad	ease Print)
	PHONE NUMBER: (\$13)272-5530

Page _ of __.

Revised 10/96

AIRS ID#:	57	1084	
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Rain bow M			DATE: 6/23/59
FACILITY LOCATION: 4/46 West	Kennedy Blud.		
Tampa,	x1 33609		
Annual Reporting Period:	7/19 <u>9</u> 8	то6/23	19 59
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		<u> </u>	_
If NO, complete the following:			B 7
#1. Term or condition of the general permit	that has not been in continuous of	compliance during the report	of _
Exact period of non-compliance: from		to	5 1999 Sources
Action(s) taken to achieve compliance:	•		ces itoria
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous	compliance during the repor	ting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u> </u>		
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, and in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annu	al consumption of perchloro er year for dry-to dry faciliti	ethylene solvent, based
Nar	ne (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 TITLE V GENERAL PERMIT TITLE V GENERAL PERMIT

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a ¢i	COMPLAINT/D	Not West Nonlin	
airs id#: <u>571084</u> i	ATE: 6-26-99	TIME I	N: <u>/b:/AM</u> 1	TIME OUT: 3//	IAM
FACILITY NAME:	BOW MIdton	wn cle	eaners, INC	<u></u>	
facility location: <u>4/</u>	46 WEST Ke	wedy	Blvd.		
Ta	mpa, Fl 3360	9 G	<u> </u>		
RESPONSIBLE OFFICIAL:	VINCENT TRI	Carico	_phone: <u>(813</u>	1289-49	00
CONTACT NAME:	и		_PHONE:	4	
	<u> </u>		<u>. </u>		
PART I: NOTIFICATION					
(check appropriate box)			<i>(</i> :4		
1. New facility notified DARM 3	0 days prior to startup		NIA		<u> </u>
2. Facility failed to notify DARN	I to use general permit		<u> </u>		۵
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A. 1. Existing small area source.		New small a	-	n form t of business/petro	oleum
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dry tra bot	nsfer only, x h types, x <	• •		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	00 gal/yr dry) gal/yr tra al/yr bot	nsfer only, 20 th types, 140	rea source $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	•	
5. This is a correct facility cla	ssification 🔯	Y 🗆N	□Can not determ	nine	
	ppropriate classification qualified for a general exceeds above limits a	l permit as ni		bove permit	
B. The total quantity of perchlor facility was gallons.		الماسطالة أدارا الأساسا	haading 10 mg	anaka ku akia dini	-1

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA beds according to the manufacturer's specifications? 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) Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	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?	Dy C	Nİ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		3N	□N/A
	Is the temperature differential equal to or greater than 20° F?		JN	□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?	OY C	M	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY C	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?		אנ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	אנ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly averages of perc consumption?	ery on				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DX/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?	OY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PAN/A				
6. Maintained startup/shutdown/malfunction plan?	אם עם				
7. Maintained deviation reports?	DY DN DN/A				
Problem corrected?	DY DN BN/A				
8. Maintained compliance plan, if applicable?	OY ON EN/A				

P	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?				ΦY	□N /		
2.	Has the facility maintained a leak log?				ΠY	P N		
3.	Does the responsible official check the	following areas	s for leaks?		: /			
	Hose connections, fittings,	ם אם סי			T	D. T. T. T.		
	couplings, and valves		N/A	Muck cookers	MAY L	N □N/A		
	Door gaskets and seating	מאר מוס	N/A	Stills	ΔY, C	ON □N/A		
	Filter gaskets and seating	ם אם עש	N/A	Exhaust dampers	DY C	ON ON/A		
	Pumps	ם אם עשי	N/A	Diverter valves	Z Y Z	A/N□ NE		
	Solvent tanks and containers	ם אם צום	N/A	Cartridge filter housings	DAX C	ON □N/A		
	Water separators	ם אם צוש	N/A					
4.	Which method of detection is used by the	he responsible (official?			.*		
	Visual examination (condensed se	olvent on exteri	ior surfaces)	•	Ø			
,	Physical detection (airflow felt the	rough 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:					DN/A	. /		
	a. Capable of detecting p	perc vapor cond	centrations in	a range of 0-500 ppm?	DY [MN /		
	b. Calibrated against a s (PID/FID only)?	tandard gas pri	ior to and afte	r each use		DN/		
	c. Inspected for leaks an	d obvious signs	s of wear on a	weekly basis?	□Y [zny/		
	d. Kept in a clean and so	ecure area when	n not in use?		OY C	N /		
	e. Verified for accuracy	by use of dupli	cate samples	(calorimetric only)?		3 √0		
		-			<u></u>			
	M.Nozari 6/33/99							
	Inspector's Name (Please Print) Date of Inspection					· ·		
	_			.				
	M. NO Zori			1 year				
_	Inspector's Signature			Approximate Date of I	Next In	spection		

INSPECTION REPORT FORM							
ENVIRONMENTAL PR		ISSION OF HILLS					
FACILITY: Rainbow Midtown Clean	ers		PAGE				
FACILITY ADDRESS: 4146 West K	ennedy Boulevar	d	CITY: Ta	- · · · · · · · · · · · · · · · · · · ·			
LAW DIG ADDRESS S		OITSI T		813)289-4900			
MAILING ADDRESS: Same		CITY: Tampa	FLA				
INSPECTION DATE: TIME IN:			I	STATUS:			
June 23, 1999 10:AM	11:AM	Annu	al	In Compliance			
NEDS NUMBER: 571084							
SOURCE DESCRIPTION: Perchloro	ethylene (Perc)	Dry Cleaner					
CONTACT(S): Vincent Tricarico							
The purpose of the visit was an annual inspection. We found following: 1. The record keeping of the Perc purchases was very good and organized. 2. The gauge temperature reading was recorded weekly. 3. The vicinity around the dry cleaning machine was very clean and well maintained. 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site. 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was gallons and it was verified. 6. The machine was not in operation today. No leaks or odors were noticed. The containers of the waste was properly sealed.							

INSPECTED BY:
Mohammad Nozari

DATE:

5002 23, 99

Bureau of Air Monitoring

RAINBOW MIDTOWN CLEANERS, INC. 4146 W. Kennedy Boulevard Tampa, FL 33609 (813) 289-4900

June 23, 2000

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

0571084

To whom It May Concern:

In our initial application for permit, incorrect information was supplied. The portion asking for "Date Initially Purchased from Manufacturer" was stated as 1995. The correct information is as follows:

Forenta Dry-Dry Machine manufactured by Italclean in Italy.

Manufacture #07123

Built in year 1990

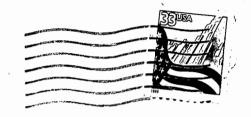
I hereby request that your records reflect this corrected information. Should you have any questions, please do not hesitate to contact me.

Singerely,

Vincent A. Tricarico

Rainbow Midtown Cleaners, Inc. 4146 W. Kennedy Boulevard Tampa, FL 33609





General Permits Section
Bureau of Air Monitoring and
Mobile Sources, MS5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

20266-6542 01

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	NUAL PLS	COMP	LAINT/DIS	COVERY [RE-INS	PECTION 💢
TIME IN: 9:00	TIME OUT:	10:1	5	AIRS ID#:	57108	4
TYPE OF FACILITY: PERC	DRY CLE	ANER	2			
FACILITY NAME: RAINB	OW MIDT	OWN	CLE	ANERS	DATE:	6/22/00
FACILITY LOCATION: 4146	W. KENN	EDY	BLVI	2		
FACILITY LOCATION: 4146 TAMP	A, FL	33	609			
RESPONSIBLE OFFICIAL: VINC	ENT TRKA	ARIC	0	PHONE NUMB	ER: (813) 2	89-4900
Based on the results of the cor, compliance with DEP Rule 62					e facility is found	l to be in
Based on the results of the cordiscrepancies were noted:	mpliance requiremen	its evaluat	ed during th	nis inspection, th	e following comp	oliance
COMPLIANCE REQUIRE	MENT/PROBL	EM	FOI	LOW-UP AC	CTION REQU	JIRED
	,					
						3
					Burea	
		,			Mobile SC	
· · ·					onitoring urces	
,			,			
COMMENTS:					•	
			•		•	
The Annual Compliance Certification	form has been prop	erly certif		mitted to the insp	pector. YES	Д ио
DATE OF NEXT INSPECTION:_			YEAR			
			proximate)			
INSPECTION CONDUCTED BY:		<u> </u>	GER			-
INSPECTOR'S SIGNATURE:	loger?	Bhr	ease Print)	_PHONE NUM	BER: (813)	272-553

Revised 10/96

Derricad	10/10/04

AIRS ID#:	571084



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PAIN BON FACILITY LOCATION: 4146 W TAMPA	N MIDTOWN	CLEANE	RS	DATE: 6/22	100
FACILITY LOCATION:	, FL 33	3609			
Annual Reporting Period: June	24 19	99 to _	June :	22	2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.				·	
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in conti	nuous compliance	during the report	ing 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 cont	inuous compliance	e during the repor	ting period stated	above:
Exact period of non-compliance: from		to_		·	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
	and complete. Further, n	ny annual consum allons per year for	ption of perchloro	pethylene solvent, ies or 1,800 gallo	based

^{*}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
001.2 222.02 2.02 2.02	

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
FACILITY LOCATION: 4146 W. K	DTOWN CLEANERS
FACILITY LOCATION: 4146 W. K	ENNEDY BLVD
TAMPS, F	-L 33607
	TRKARICO PHONE: (813) 289 - 4900
CONTACT NAME: SAME	PHONE:SAME
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup 🗹
2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
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)	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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	ication: eneral permit as number above mits and is not eligible for a general permit

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?	ANA NO YO				
2. Examining the containers for leakage?	AMA NO YO				
3. Closing and securing machine doors except during loading/unloading?	AT DN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON M N/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ANA				
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 refrience (complete A below).	gerated condenser				
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser				
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?	A YY □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	KAY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ø Y □N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AND NO YA				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ATY ON				

В.	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?	אם עם	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	OY ON	. □N/Y
	Is the perc concentration equal to or less than 100 ppm?	OY ON	I □N/A
4.	Assured that the sampling port on the earbon 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,	, н	
	or expansion; and downstream from no other inlet?	OY ON	I DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		1 DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?		A'ND I
		•	

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY ON 1. Maintained receipts for perc purchased? MD Y 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AMK NO YO a documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN XXVA DY ON MINA 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N ¤N/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MO YK DY DN MANA 7. Maintained deviation reports? DY ON DN/A Problem corrected? ANA NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	X Y □N						
2.	Has the facility maintained a leak log?	A X □N						
3.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves YY UN UN/A Muck cookers	AND ND YA						
	Door gaskets and seating DY ON ON/A Stills	AND ND YA						
	Filter gaskets and seating TY ON ON/A Exhaust dampers	AND NO YA						
	Pumps MY ON ON/A Diverter valves	MY ON ONA						
	Solvent tanks and containers TYY ON ON/A Cartridge filter housings	MY ON ON/A						
	Water separators X Y □N □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)) ⁄4						
	Odor (noticeable perc odor)	×						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector	o .						
	If using direct-reading instrumentation, is the equipment:	XN/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ND YD						
	d. Kept in a clean and secure area when not in use?	ND YD						
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ND Y						

R06	ER	ZHU
1-0-		

Inspector's Name (Please Print)

logu Mm

Inspector's Signature

6/22/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION RE		SBOROUGH (COUNTY	
FACILITY: Rainbow I				PAGE	1 OF	1
				CITY: Tampa PHONE: (813) 289-4900		
MAILING ADDRESS:	Same		CITY: Tampa	`	ZIP: 33609	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATU	S:
June 22, 2000	9:00	10:15	non-C	DS	In Compli	ance
NEDS NUMBER: 5	71084					
SOURCE DESCRIPTION	ON: Perc Dry	Cleaner	٠.			
CONTACT(S): Vir	cent Trkarico	,				
Today's visit was to The facility is clean were noticed. The recordkeeping is	. The machine	e was in opera	ation during n			
		•				
INSPECTED BY:	Roger Zh	n ·		DA	TE: June 22,	2000
11012012221.	10501 211	· 				

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL DO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:30 TIME OUT: 14 TYPE OF FACILITY: PERC DRY CLEAVER	
EACHTEVNAME RAINBOW MIDTOWN	CLEANERS DATE 6/15/00
FACILITY LOCATION: 4146 W. KEWEDY TAMPA, FL 33	BLVD
RESPONSIBLE OFFICIAL: VINCENT TRKA RIC	PHONE NUMBER: (813) 289-4900
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
R.O. NOT AVAILABLE TODAY	REINSPECT NEXT WEEK
•	
	C. M. O. F. C. M.
	On itoring
COMMENTS:	
The Annual Compliance Certification form has been properly cert	rtified and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION	XT WEEK
	Approximate) SCR ZHU
	Please Print) PHONE NUMBER: (813) 272-5530
Page_	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL-PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N	COMPLAINT/D	ISCOVERY	□ [.] ·
FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL CONTACT NAME:	PAINBON A146 W. K	MIDTON ENNEDY FL 33 TRKARIC	DLVD	NERS	4900
				 	
PART I: NOTIFICATIO	N				
(check appropriate box) 1. New facility notified D. 2. Facility failed to notify:			,		9 .
PART II: CLASSIFICA	IION				
Facility indicated on notice (check appropriate box) A. 1. Existing small areadry-to-dry only, x < 14	source O gal/yr	•	y, x < 140 gal/yr		petroleum
transfer only, x < 200 g both types, x < 140 gal (constructed before 12/ 3. Existing large area	/yī 9/91)	both types, x	on or after 12/9/91)		
dry-to-dry only, $140 \le$ transfer only, $200 \le x \le$ both types, $140 \le x \le 1$ (constructed before 12)	x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr	dry-to-dry on transfer only, both types, 14	ly, $140 \le x \le 2,100$ $200 \le x \le 1,800$ gates $40 \le x \le 1,800$ gales on or after $12/9/91$)	gal/yr ll/yr r	
5. This is a correct factoring from the factoring of the factoring from the factoring fro	ck the appropriate classif		□Can not dete	rmine	

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?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	מם עם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the deor?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	QY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

В.	Has the responsible official of an existing large or new large area source also:	
l.	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?	DY DN
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coits?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DN 2. Maintained rolling monthly averages of perc consumption? UA UN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, DY DN DN/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? DY DN DN/A 4. Maintained calibration data? for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? QY QN QN/A 6. Maintained startup/shutdown/malfunction plan? DY DN 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable? DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS

_								
I.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	DY DY						
2.	Has the facility maintained a leak log?	DY ON						
3.	Does the responsible official check the following areas for leaks?	·/						
	Hose connections, fittings,							
	couplings, and valves	AVAD ND YD						
	Door gaskets and seating QY QN QN/A Stills	OY ON ON/A						
	Filter gaskets and seating	OY ON ONA						
	Pumps	OY ON ON/A						
	Solvent tanks and containers	OY ON ONA						
	Water separators							
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?	OY ON						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ОУ ОИ						
	d. Kept in a clean and secure area when not in use?	DY DN						
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	NO YO						

ROGER	•	ZHO
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Inspector's Name (Please Print)

6/15/00

Date of Inspection

Roser Bhr Inspector's Signature

Approximate Date of Next Inspection

NEXT WEEK

over top of envelope to	Fold at line		_
SENDER: Complete items 1 and/or 2 for additional services. Complete it/ms 3, 4a, and 4b. Print your name and address on the reverse of this form so card to you. Attach this form to the front of the mailpiece, or on the bac permit. Write Return Receipt Requested on the mailpiece below the The Return Receipt will show to whom the article was delivered.	ck if space does not the article number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
3. Article Addressed to: AIRS ID#(0) RAINBOW MIDTOWN CLEANERS INC VINCENT TRICARICO 4146 W KENNEDY BLVD TAMPA FL 33609 5. Received By: (Print Name)	4b. Service Registere Express Return Re 7. Date of De	Type ed Certified Mail Insured peipt for Merchandise COD elivery Se's Address (Only if requested	Thank you for using Return Rec
6. Signature: (Addressee of Agent) X PS Form 3811 , December 1994		Domestic Return Receipt	·

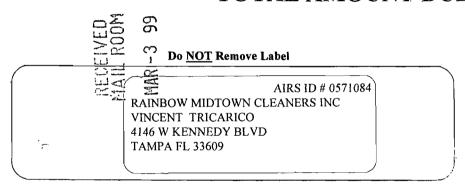
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s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressée or Agent) PS Form 3811 , December 1994	8. Addressee's Address (Only if requester and fee is paid) Domestic Return Rece			

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VINCENT TRICARICO
4146 W KENNEDY BLVD
TAMPA FL 33609

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TAMPA FL 33609

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VINCENT TRICARICO
4146 W KENNEDY BLVD
TAMPA FL 33609

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

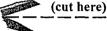
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	verse	A. Received by (Please Print Clearly) C. Signature Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0571084001 VINCENT TRICARICO RAINBOW MIDTOWN CLEANERS I 4146 W KENNEDY BLVD		D. Is delivery address different from item 1?
TAMPA FL 33609	ما د	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) 2. 210 663 201		
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F N D	S Postal Service Receipt for Certi o Insurance Coverage P o not use for Internation Sent to	rovide	ed.	
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ļ	Special Delivery Fee			
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your nane 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) C. Signartire Agent Address D. & delivery address different from item 1?
1. Article Addressed to: AIRS ID # 057/1084 RAINBOW MIDTOWN CLEANERS INC VINCENT TRICARICO	If YES, enter delivery address below:
4146 W KENNEDY BLVD TAMPA FL 33609	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) 7000 0600 0026 4/	26 5759
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TOTAL AMOUNT DUE: \$50.00

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RAINBOW MIDTOWN CLEANERS INC VINCENT TRICARICO 4146 W KENNEDY BLVD TAMPA FL 33609

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