

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Hanif Kurji President Terrace Cleaners 8866 56th Street North Temple Terrace, Florida 33617

Re: Facility I.D. No. 0571090

Dear Mr. Kurji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 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: Mr. Thomas Shelton, Hillsborough County

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TANGE WAR

• 6



TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0845	TIME OUT: 0945	AIRS ID#:5	7 10 90
FACILITY NAME: Te	crace Cleaners		DATE: 5/22/87
I .			
	engle Terrace F1	336(7	
RESPONSIBLE OFFICIAL:	Hanif Kurji	PHONE NUMBER:	(813)988-7520
	the compliance requirements evaluate 62-213.300, Florida Administ	nated during this inspection, the faci rative Code (F.A.C.).	lity is found to be in
Based on the results of the discrepancies were note	-	ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
Hasn't kept recor	ds of leak inspections temperature for ~ 1/2 months	Re-Start keeping reco	rali
April to pre			
4			
			
			· · · · · · · · · · · · · · · · · · ·
COMMENTS:			
The Annual Compliance Certific	ation form has been properly certi	fied and submitted to the inspector.	yes NO
DATE OF NEXT INSPECTIO	N: ~/year	pproximate)	
INSPECTION CONDUCTED	τ	•	
INSPECTOR'S SIGNATURE:	12 - 1/ 21	PHONE NUMBER:	(8/3)272-5570

AIRS ID#: USTO

一个特定的特殊的

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TERRACE	CLEANERS	DATE: 05/22/97
FACILITY LOCATION: 8866	SGTH STREET N.	
	E TERRACE FL 336	
Annual Reporting Period:	10) CI 1997 TO	05/22/1997
•	e V general air permit, my facility has remained F.A.C.), during the period covered by this states	in the second se
If NO, complete the following:		
#1. Term or condition of the general permi	t that has not been in continuous compliance du	uring the reporting period stated above:
RECORD-KEEPING	•	
Exact period of non-compliance: from	04 97 to	PRESENT. (05/22/97)
Action(s) taken to achieve compliance:	START KEEPING RECORDS	,
Method used to demonstrate compliance:	RECORDS	
#2. Term or condition of the general permi	t that has not been in continuous compliance de	uring the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		•
made in this notification are true, accurate	based on information and belief formed after and complete. Further, my annual consumption does not exceed 2,100 gallons per year for dry	on of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: HANIF		gnature Date

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*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 INSPEC	CTION SUM	IMARY REP	ORT		
TYPE OF INSPECTION: ANNUAL \boxtimes	COM	PLAINT/DISCO	VERY	RE-INSP	ECTION
TIME IN: 1:30 PM TIME OUT	r: 2'.30	PM	AIRS ID#:	57/090	
TYPE OF FACILITY: Perc Dry clea	uners				
FACILITY NAME: Terrace Cleaners				date:_2	-2-06
FACILITY LOCATION: 8866 NorTh 56	Th				
	· 		,	<u> </u>	
RESPONSIBLE OFFICIAL: Hanif Kur	<u>J </u>	PH	ONE NUMBER	L: <u>(813)</u> 9 8 8-	-7520
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Floring Compliance with DEP Rule 62-213.000, Floring Compliance with DEP Rule 62-213.000, Floring Compliance wit		_	•	acility is found t	o be in
Based on the results of the compliance required discrepancies were noted:	iirements evalu	ated during this i	nspection, the f	following compli	iance
COMPLIANCE REQUIREMENT/PR	ROBLEM	FOLL	OW-UP ACT	TION REQU	IRED
MACHINE CEALING		2/8 -	SYSTEM	FIXED	•
		,		<u> </u>	
					·
	<u>·</u>				
					•
					70
				M/ Bureau & N	
<u> </u>				Nau o	
				b∷ ~	
				ir M	
				3 29 10 r Momitor Sources	· · · · · · · · · · · · · · · · · · ·
				3 2000 Air Monitoring e Sources	TI C
COMMENTS:					_
COMMENTS.	•				
		,			
		:		tor. YES	
The Annual Compliance Certification form has been	m property cert		eu w me mspec	wi. I ese	Y NOL
DATE OF NEXT INSPECTION:	<u> </u>	pproximate)			
MICHECTION CONTINUES TO A 1				`	
INSPECTION CONDUCTED BY: Moha	rn rruu /	lease Print)			<u> </u>
INSPECTOR'S SIGNATURE: M. NO.	•	•	IONE NIIMRI	CR: 1813) 2	72-5536
	<u> </u>			_ <u> </u>	

Page of ____.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ø COMPLAINT	/DISCOVERY [
airs id#: <u>6571090</u> facility name: <u>Terr</u>		_ TIME IN: _\'30Pm	тіме оит: <u>2</u> .3	30 Pm
FACILITY LOCATION: 8	366 North 56th	•		
<u> </u>	emple Terrace,	Florida 336	<u>'</u>	
RESPONSIBLE OFFICIAL :	Hanif Ku	<u> 521</u> phone: <u>(b</u>	13)988-7520	<u> </u>
CONTACT NAME:	<i>'</i>	PHONE:	*	
PART I: NOTIFICATION				
(check appropriate box)		. ,		
New facility notified DARM	f 30 days prior to startup	N/F	1	-
2. Facility failed to notify DAF	RM to use general permit	7		<u> </u>
<u> </u>				
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (check appropriate box) A.		☐ No notifice ☐ Drop store	ution form out of business/petrol	eum
Facility indicated on notificat (check appropriate box)	rce 2. 1 /yr. dry. r tran botl		out of business/petrol	eum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	☐ Drop store New small area source to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr types, x < 140 gal/yr	Out of business/petrol O gal/yr gal/yr /yr	eum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr estructed on or after $12/9/91$. New large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ gal types, $140 \le x \le 1,800$ gal estructed on or after $12/9/91$.	Out of business/petrol O gal/yr gal/yr /yr	eum
Facility indicated on notificat (check appropriate box) 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of faci	rce	New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr estructed on or after $12/9/9$? New large area source to-dry only, $140 \le x \le 2,10$ sfer only, $200 \le x \le 1,800$ gal types, $140 \le x \le 1,800$ gal astructed on or after $12/9/9$? $\square N \square \square$ Can not de	Out of business/petrol O gal/yr gal/yr /yr L) termine	eum

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?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
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 refri (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 mu 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).	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?	OY ON
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?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	חא טא

n	Worth comparish official of an opining large of your large	
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 MN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/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 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,	
	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? DY DN DY DN 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; 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? DY DN DN/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					
1. Does the re	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection	?			OY ON	
2. Has the fac	cility maintained a leak log?			OY ON	
3. Does the re	esponsible official check the fo	llowing areas for leaks?			
	e connections, fittings, aplings, and valves	OY ON ON/A	Muck cookers	חס אם אם אם אם	
D001	r gaskets and seating	OY ON ON/A	Stills	DY DN DN/A	
Filte	er gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
Pum	ps	□Y □N □N/A	Diverter valves	□Y □N □N/A	
Solv	ent tanks and containers	AVO NO YO	Carridge filter housings	□Y □N □N/A	
Wate	er separators	DY ON DN/A		•	
4. Which me	ethod of detection is used by th	e responsible official?			
Visu	ual examination (condensed sol	vent on exterior surfaces)			
Phys	sical detection (airflow felt thro	ough gaskets)			
Odo	r (noticeable perc odor)				
Use	of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	۵	
Halo	ogen leak detector				
	If using direct-reading instru	mentation, is the equipm	ent:	□N/A	
	a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	NO YO	
·	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	DY DN	
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	מם צם	
/	d. Kept in a clean and se	cure area when not in use?	}	дх ой	
	e. Verified for accuracy t	by use of duplicate samples	s (calorimetric only)?	DY ON	
	·				
		·			
_ Moh	ammad Nozari		2-2-0	0	
	Inspector's Name (Please Prin	t)	Date of Inspe	ection	
	NO 2000 Inspector's Signature		2/8/	00	
	Inspector's Signature	Inspector's Signature Approximate Date of Next Inspection		Next Inspection	

i						
		INSPECTION RE				
	NMENTAL PROT	ECTION COMM	ISSION OF HILLS	SBORC	OUGH C	COUNTY .
FACILITY: Terrace Cle				P	AGE 1	OF 1
FACILITY ADDRESS:	8866 North 56 th	Street		CIT	Y: Tam	ıpa
				PHC)NE: (8	313)988-7520
MAILING ADDRESS:	same		CITY: Tampa FLA ZIP: 33617			ZIP: 33617
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	$\overline{N} \overline{T} \overline{Y}$	PE:	STATUS:
Feb. 8, 2000	1:30PM	2:30PM	Annual In Compliance		In Compliance	
NEDS NUMBER: 0571090						
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner						
CONTACT(S): Hanif K	urji					
The purpose of the visi	it was an annua	al inspection.	We found the	follov	ving:	

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly and the average was 40°F
- 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 135 gallons and it was verified.
- 6. The machine was in operation today. Leak (s) and odor were noticed. R.O. contact a professional vendor to repair the leak (s). R.O. and I scheduled another inspection for Feb 8, 2000.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

On Feb. 8, 2000 I made another visit to the Plant City dry cleaner to verify that the Perc leaks has been repaired. The R.O. said the lid that covers water separator has found to be the cause of the leak, a new lid has been installed.

INSPECTED BY:	DATE:
Mohammad Nozari	Feb. 8, 2000

Please corrected	
	,
the elems identified	
and mail Ti's	
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	
you must re-sign the form	
on page 1607 16 and date	
It the day constrons	
were made. It you	
have any question contact:	



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

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	Tairing de Manyana	. `
	Terrace Cleaners	
1.	P.H. V.(a) add date control device	
C	J. M. J. M. Cul A aria criticul	
2.	Should be new small area	
3.	P.15 Vt. Should be new small area	
4.	Str. Source Wrefrig. Con.	
	Cit V.() / Equiles	3617
5.	Fac	190
6.	Nai	
+	1P	
7.	Re Or	
	StrCit	::33617
8.	Re	
	Te	
9.	Name and Title of Facility Contact (For example, plant manager):	
	SAME AS ABOVE	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	

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SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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):
CLEAN > SAVE INC
2. Site Name (For example, plant name or number):
TERRACE CLEANIERS
3. Hazardous Waste Generator Identification Number:
FLD 981029341
4. Facility Location: 8866 SGTH STREET N. Street Address:
City: TEMPCE TERRACE County: HILLS BOXOUGH Zip Code: 33617
5. Facility Identification Number (DEP Use):
057/090
Responsible Official
6. Name and Title of Responsible Official:
HANIF KURTI - PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: 8866 SGTH STREET N.
City: TEMPLE TERRACE County: HILLS BEROLAH Zip Code: 33617
8. Responsible Official Telephone Number:
Telephone: (813) 988-7520 Fax: (813) 991-7394
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOVE.
10. Facility Contact Address:
Street Address: City: County: Zip Code:
County. Zip Code.
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02 Dry-to-Dry Unit		Initi	chine ially	Date Control Device	***	Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device
Dry-to-Dry Unit	Type of Machine	ID Purc	chased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
(1) w/ ref. condenser (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 Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls 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? 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.)	Example	#1 03-	OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(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 (11) w/carbon adsorber (12) w/ no controls (c) No 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? [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.)	Dry-to-Dry Unit			HK						
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (15) w/ no c	(1) w/ ref. condenser	์ ขา-	SEP-92	07.SEP.92						
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (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? (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.)	(2) w/ carbon adsorber	•								
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ no controls (19) w/ no controls (1	1, 7			·						
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit	Washer Unit		•	-					-	
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no controls (16) w/ no control devices are required to be installed (17) w/carbon adsorber (18) w/carbon adsorber (19) w/ no controls (19) w/carbon adsorber (10) w/carbon adsorber (1	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/carbon adsorber (18) w/carbon adsorber (19) w/ no controls (19) w/ no controls (19) w/carbon adsorber (10)	(5) w/ carbon adsorber									
(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? [b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: 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.)	(6) w/ no controls									
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(9) w/ no controls	(7) w/ ref. condenser									1
Reclaimer Unit	(8) w/ carbon adsorber									
(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? [(9) w/ no controls									
(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? [Reclaimer Unit		• • •		40					
(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? [(10) w/ ref. condenser					T				
(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? [(11) w/carbon adsorber									
(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? [(12) w/ no controls									1
(Indicate with an "X". Select one classification only.)	(c) No control devices 2.(a) What was the total of the second of the se	are requir quantity of gallons hs, how m	red to be f perchlo	installed [5]	perc)	purchased i				
Existing small area source New small area source Existing large area source New large area source	(Indicate with an "X".	Select one	e classifi	cation only.)	ew sn	nall area sou	rce [n (3) of <u>d</u>]	Part II?	

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4. What control technology is required on machines pursuant to so (Indicate with an "X".)	ection (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated	d condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water go exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total hoiler HP or less), and (2) are fired exclusively by natural gas exclusing which propane or fuel oil containing no more than one per	cept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Records	eeping 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	>>]

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Surrender of Existing Air Permit(s)

Please indicate	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)					
	No air permits currently exist for the operation of the facility indicated in this notification form.				
·	Responsible Official Certification				
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 the thin this notification form.				
I will pron	nptly notify the Department of any changes to the information contained in this notification.				
Signature	John 123/9)				

	#0571090
	Terrace Cleaners
D.14	1.(a) add date control device
7-7-7	installed
	1.(c) mark out "X" and initial
	3. Should be new small area
	Source
DK	4. Should be new small area
7.12	Source W/ refining con
	source Wrefrig. con. 5.(f) required
	sicr) requires
<u> </u>	
·	
•	
	· ·

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CLEAN - SAVE INC
2. Site Name (For example, plant name or number):
TERRACE CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 981029341
4. Facility Location: 8866 SGTH STREET N.
Street Address: City: TEMPLE TERRACE County: HILLS BOROUGH Zip Code: 33617
5. Facility Identification Number (DEP Use): 0571090
Responsible Official
6. Name and Title of Responsible Official:
HANIF KURTI - PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: 8866 SGTH STREET N.
City: TEMPLE TERRACE County: HILLS BOROUGH Zip Code: 33617
8. Responsible Official Telephone Number:
Telephone: (813) 988-7520 Fax: (813) 991-7394
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOVE.
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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SEP 1 2 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	_	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		No.		٠.	e julijeste				
(1) w/ ref. condenser		07-SEP-92	2						<u> </u>
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		was stated						ing the second	Jan Jan
(4) w/ ref. condenser									
(5) w/ carbon adsorber									_
(6) w/ no controls									
Dryer Unit					- Table 1989			sand Jarda	e de grande de la companya de la co
(7) w/ ref. condenser									
(8) w/ carbon adsorber				ļ					
(9) w/ no controls									
Reclaimer Unit	7.1						::	·	king all st
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are r quant gallo	equired to be ity of perchlons ow many? [_	e installed [, oroethylene ((perc)	purchased in				
(Indicate with an "X". Existing small ar	Selec ea so	et one classif	ication only.)) ew sn	nall area sour	rce [3) of	Part II?	
🥬 Existing large are	ea soi	urce []	N	ew la	rge area sour	re [1		

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	rol technology is requivith an "X".)	ired on machines p	pursuant to section (5) of P	art II of this notification form?
	ting large area source oon adsorber		Refrigerated condenser	[]
	small area source igerated condenser			
	large area source igerated condenser			
to Rule 62-21		that all steam and	•	use the general permit pursuant s on-site meet the following
boiler HP or	less), and (2) are fired	d exclusively by no		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
All steam and No such units	hot water generating on-site	units exempt		
	Equipmo	ent Monitoring a	nd Recordkeeping Inforn	nation
Check all logs				irements of this general permit:
(a) Purchase r	receipts and solvent p	urchases		×
(b) Leak detec	ction inspection and re	epair		
(c) Refrigerate	ed condenser tempera	ture monitoring		\bowtie
(d) Carbon ad	isorber exhaust perc c	oncentration mon	itoring	
(e) Instrumen	t calibration			
(f) Start-up, s	shutdown, malfunction	n plan		

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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)				
ĽΔ	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will promptly notify the Department of any changes to the information contained in this notification.					
Signature 09/09/96 Date					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
·	787 TIME IN: 0845 TIME OUT: 0945
	St N
Temple Teri	race F1 33617
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	9
2. New facility notified DARM 30 days prior to sta	rtup 🗅
3. Facility failed to notify DARM to use general pe	rmit 🔾
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)	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="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	אם אם
If no, please check the appropriate classification:	,
facility qualified for a general per facility exceeds above limits and i	
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months 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 ON WA			
2. Examining the containers for leakage?	DY DN (NA)			
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?	OY ON			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON OM/A			
DART NV. PROCESS VENT CONTROLS				
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 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?	on or			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	∰Ý ΩN □N/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	erý on			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN NA			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DY			

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?	חם אם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Ү □И
	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?	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 inlet?	חם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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?	ND YO
2. Maintained rolling monthly averages of perc consumption?	DY □N
3. Maintained leak detection inspection and repair reports for the following:	nents DY ON
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	eY □n
4. Maintained calibration data? (for direct reading instruments only)	OY ON DYN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA
6. Maintained startup/shutdown/malfunction plan?	®Ý □N
7. Maintained deviation reports?	OY ON (MA)
Problem corrected?	OY ON
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?	OY OHT
	see comments

2. Which	h method of detection is used by th	e respon	sible official?			
,	Visual examination (condensed solvent on exterior surfaces)					
]	Physical detection (airflow felt thr	ough gas	skets)			
	Odor (noticeable perc odor)					
1	Use of direct-reading instrumentat	ion (FII	PID/calorimetric	tubes)		
]	If using direct-reading instrume	ntation,	is the equipment:			
	a. Capable of detecting p	erc vapo	or concentrations in	n a range of 0-500 ppm?	ШY	ПN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□и
	c. Inspected for leaks and	lobviou	s signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and se	cure area	a when not in use?		ΠY	□и
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ΠY	ПΝ
3. Has th	ic facility maintained a leak log?	•	•	see comments	ΠY	OH)
4. Does t	the responsible official check the fo	ollowing	areas for leaks?			
	Hose connections, fittings,	_				
	couplings, and valves	T Y	□и	Muck cookers (NA)	ПY	ΠИ
I	Door gaskets and seating	œÝ	ПN	Stills	<u>o</u> ý	ПN
I	Filter gaskets and seating	ØÝ.	Πи	Exhaust dampers (NA)	ΟY	□N
I	Pumps	ŒΥ	Пи	Diverter valves	OY	ΩN
S	Solvent tanks and containers	ŒΥ	ПN	Cartridge filter housings	QY.	ПN
1	Water separators	Q ≥ Ý	ΩИ			
	Harit Kugji					
	Name of Responsible Official					
	James O Holton			5/20/87		
	Inspector's Name (Please Print	()		Date of Inspection		
	and Helt			~/409-		
	Inspector's Signature			Approximate Date of	Next I	nspection

ADDITIONAL SITE INFORMATION: Terrace Cleaners

- The information on the machine is as follows: Perk-matic P45-11-91, S/N 1347 or 1367 (the serial number was etched onto the spec plate, and the number could not be accurately determined). Capacity is 45#, and unit purchase date was 9/7/92.
- Perc supplier is varies between Phenix and Boggs Supply; Waste company used for waste pick-ups is Safty-Kleen.
- The refrigerated condenser temperature logs had an approximate average value of 23°C-25°C. R. O. indicated he had a conversation with a member of EPC Air Division regarding proper time to take this measurement, and thought he was told the time to take the measurement could be first thing Monday morning (store is presently closed on Sunday). R. O. misunderstood this to mean prior to first run on machine, on Monday. The temperature measured represents approximate room temperature, which is what would happen if the machine sits idle over the weekend. The R. O. was instructed, during this inspection, on appropriate time to measure temperature (near the end of the cool down period), and the measurement must be less than 7.2°C (45°F). This insufficiency was not recorded as a program deficiency because of the misunderstanding as mentioned above. R. O. will now begin to measure temperature at proper time.
- Coupled with the explanation of proper time to measure the temperature was the explanation of the requirements if the temperature exceeded 45°F.
- R. O. has leak inspection and temperature records up to the beginning of April (through March, 1997), but no records from that point to the present. He had stated that he has been busy, and has not had the opportunity to perform this paper work. The importance of ensuring the completion of this documentation was discussed. The R. O. understood the necessity and requirements, and would start the record keeping again.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1100	TIME OUT:	130 AIRS ID# : 057 109.0
TYPE OF FACILITY:	RC DRYCLG	thor
FACILITY NAME: TEX	LRACE CLEAN	DATE: 2/2/98
FACILITY LOCATION:	8866 N. S	6th ST
	TEMPLE TE	2RACE, FL 33617
RESPONSIBLE OFFICIAL:	HANIF KUR.	PHONE NUMBER: 873-988-7520
		ts evaluated during this inspection, the facility is found to be in Iministrative Code (F.A.C.).
Based on the results of discrepancies were note		ts evaluated during this inspection, the following compliance
COMPLIANCE REQU	UIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
	· 	
	· .	
COMMENTS:		
		N/A
The Annual Compliance Certific	ation form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION	N:	(Approximate)
INSPECTION CONDUCTED	BY: LEROY S	(Approximate) ROGER ZHU (Please Print)
INSPECTOR'S SIGNATURE:	TEL	PHONE NUMBER: 813-272-5330

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Revised 10/96

QUE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571090 **CLEAN & SAVE INC** HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617 Do NOT Remove Label 19 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 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 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 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 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.

^{*}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 CYPT

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ŽĄ COMPL	AINT/DISCOVERY	
AIRS ID#: 0571090	• •		TIME OUT: 1	30
FACILITY NAME:				
FACILITY LOCATION:				
-	TEMPLE TER	PACE, FL 3	3617	·
RESPONSIBLE OFFICIAL :				7520
CONTACT NAME:	SAME	PHONE:	SAME	
PART I: NOTIFICATION				
(check appropriate box)			1	
 New facility notified DARM Facility failed to notify DARI 	•	N/	'A	
2. Facility failed to notify DAR	M to use general permit			
PART II: CLASSIFICATION	τ			
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box) A.			tification form store/out of business/pet	roleum
Facility indicated on notification (check appropriate box)	on form that it is: ce		store/out of business/pet ½ 1/yr 'T	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	☐ Drop solution	store/out of business/pet L/yr (9/91) 2,100 gal/yr 300 gal/yr) gal/yr	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	Iew small area source to-dry only, $x < 140$ gasfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12. Iew large area source to-dry only, $140 \le x \le 130$ for only, $140 \le x \le 130$ structed on or after 12. Itypes, $140 \le x \le 1300$ structed on or after 12.	store/out of business/pet L/yr (9/91) 2,100 gal/yr 300 gal/yr) gal/yr	roleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91) 5. This is a correct facility classified in the please check the angle of facility classified in the please check the angle of the please check the an	on form that it is: ce	Iew small area source to-dry only, $x < 140$ gaster only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12. Iew large area source to-dry only, $140 \le x \le 180$ fer only, $200 \le x \le 180$ types, $140 \le x \le 180$ structed on or after 12. In Important the condition of the service of the condition of the service of the servi	store/out of business/pet L/yr /7 /9/91) 2,100 gal/yr 300 gal/yr 0 gal/yr 1/9/91) of determine	roleum

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?	DY DN ØN/A
2. Examining the containers for leakage?	DY DN ØN/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אורם אם עם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	A/MG NO YO
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 refri (complete A below).	
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 refrience (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 ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	BY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	on on

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

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

P	ART VI: LEAK DETECTION AND R	REPAIRS			
1.	Does the responsible official conduct a	weekly (for s	small sources, b	i-weckly) leak detection at	nd repair •
	inspection?				OY ON
2.	Has the facility maintained a lcak log?			•	OY ON
3.	Does the responsible official check the f	following are	eas for leaks?		
	Hose connections, fittings, couplings, and valves	ey on	□N/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	NO YO	□N/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	DY ON ON/A
	Pumps	MD AE	□N/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	MO AM	□N/A	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON	□N/A		
4.	Which method of detection is used by th	ne responsibl	e official?		,
	Visual examination (condensed so	lvent on exte	erior surfaces)		B
	Physical detection (airflow felt thro	ough gaskets	s)		a a
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	tion (FID/PII	D/calorimetric	tubes)	□ ~/ <u>/</u> }
	Halogen leak detector				- N/A
	If using direct-reading instru	ımentation,	is the equipme	ent:	XN/A
	a. Capable of detecting p	erc vapor co	ncentrations in	a range of 0-500 ppm?	NO YO
	b. Calibrated against a st (PID/FID only)?	andard gas p	orior to and afte	er each use	OY ON
	c. Inspected for leaks and	d obvious sig	ns of wear on a	weekly basis?	NO YO
	d. Kept in a clean and sec	cure area wh	en not in use?		□Y □N
	e. Verified for accuracy b	y use of dup	licate samples	(calorimetric only)?	QY QN
-		· · · · · · ·			
	/				
_	Inspector's Name (Please Print	R ZHL	1	2/2/98 Date of Inspec	
	Inspector's Name (Please Print	t)		Date of Inspec	ction
	770			1	

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Terrace Cleaners PAGE OF FACILITY ADDRESS: 8866 N 56 th St CITY: Temple Terrace PHONE: 813-988-7520 MAILING ADDRESS: 8866 N 56 th St CITY: Temple FLAZIP: 33617 Terrace INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: Feb 2, 1998 1100 1130 Non-CDS In Compliance NEDS NUMBER: 571090 SOURCE DESCRIPTION: Perc Dry Cleaner Hanif Kurji CONTACT(S):

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

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

Mr. Kurji's record keeping is in good shape. He has all of the required records in a single file. His perc purchase receipts indicated he had purchased 97.4 gallons over the last twelve months.

His records also indicated that he had maintenance performed on the machine in a timely manner in June and October of 1997. They also showed that he had his refrigerated condensor recharged with freon in January 1998.

Mr. Kurji does have the owners manual for the machine which includes a startup/shutdown/malfunction plan.

INSPECTED BY: Leroy Shelton/Roger Zhu DATE: 2/2/98

BEST AVAILABLE COPY

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

7.	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 10:3 TYPE OF FACILITY: PERC DRY CUERNE	AIRS ID#: 571090
TYPE OF FACILITY: PERC SIE CONTROL	-/1/66
FACILITY NAME: TERRACE CLEANERS FACILITY LOCATION: 8866 N. 56th ST.	DATE: $\frac{2/16/99}{}$
FACILITY LOCATION: 8866 70. 56 75	
TEMPLE TERRACE, RESPONSIBLE OFFICIAL: HANIF KURJI	FL 3361/
RESPONSIBLE OFFICIAL: HANIF KURTI	PHONE NUMBER: 8/3-988-7520
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administra	**
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	MAD 4 9 1994
•	MAN 1 2
	Bureau of Air Monitorin & Mobile Sources
	·
COMMENTS:	<u> </u>
· ·	·
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
	IEAR
DATE OF NEXT INSPECTION:	pproximate)
INSPECTION CONDUCTED BY. 120	GER ZITU
Pinst Ection Conducted B1:	lease Print)
INSPECTION CONDUCTED BY: ROPE INSPECTOR'S SIGNATURE: Wayer Byw	- PHONE NUMBER: (813) 272-5530

Page of .

Revised 10/96

AIRS ID#:	571090	
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TERRACE FACILITY LOCATION: 8866. A TEMPLE	CLEANERS			_DATE: 2/16/99
FACILITY LOCATION: 8866 A	1. 56 th ST	-		
TEMPLE	TEMPACE,	FL 336	,17	
Annual Reporting Period: Feb	Z 19	98 _{TO}	Feb 1	6 199
Based on each term or condition of the Title V	• •	•		
62-213.300, Florida Administrative Code (F.A.	A.C.), during the period c	overed by this sta	tement.	ES UNO
If NO, complete the following:				,
#1. Term or condition of the general permit t	that has not been in contin	nuous compliance	during the repo	orting 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 to	that has not been in conti	nuous compliance	during the rep	orting 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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, of year for transfer or combination facilities.	nd complete. Further, my	y an <mark>nu</mark> al consum <u>i</u>	otion of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL: HANGE	KURTI - PRESI ne (Please Print)	DEN'T	Signature)	02/16/99 Date

_	
_ 1 _ 1	
Page of I	
take tot t	

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	Я П и	COMPLAIN	T/DISCOVERY	
AIRS ID#: 57/090	DATE: 2/16/	99 TIM	IE IN: 9:00	TIME OUT:	10=30
FACILITY NAME:	TERRACE C	LEANE	RS		
FACILITY LOCATION:	8866 N 56th ST. TEMPLE TERRACE, FL 33617				·
	TEMPLE TO	errace	= , FL 3	3617	
RESPONSIBLE OFFICIA	L: HANIF KO	IRJ1	PHONE: S	13-988-7	7520
CONTACT NAME:	SAME		PHONE:	SAME	
PART I: NOTIFICATION	V				
(check appropriate box)					
1. New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit					۵
PART II: CLASSIFICAT	ION	,			
Facility indicated on notifi (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum				
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)		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 facili	Y D	N □Can not de	etermine		
☐ fa	the appropriate classific acility qualified for a gen acility exceeds above lim	neral permit a			
B. The total quantity of per facility was 96.8 gall	chloroethylene (perc) pu	irchased with	in the preceding 1	2 months by this d	lry cleaning

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

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a v	veekly (for small	sources, bi-weekly) leak detection :	and repair
inspection?		•	XÍY □N
2. Has the facility maintained a leak log?			ØY □N
3. Does the responsible official check the f	ollowing areas fo	or leaks?	
Hose connections, fittings, couplings, and valves	אם אם צאָן	'A Muck cookers	Y ON ON/A
Door gaskets and seating	MY DN DN	'A Stills	ANO NO YA
Filter gaskets and seating	אם אם אמ	'A Exhaust dampers	ØY ON ON/A
Pumps	να υ α Υ <mark>ν</mark>	A Diverter valves	ĎY □N □N/A
Solvent tanks and containers	MA UN DN	A Cartridge filter housing.	s DAY ON ON/A
Water separators	NO NO Y	'A	
4. Which method of detection is used by the	e responsible of	ficial?	
Visual examination (condensed so	lvent on exterior	r surfaces)	7 4
Physical detection (airflow felt thr	ough gaskets)		対
Odor (noticeable perc odor)	S À		
Use of direct-reading instrumenta	0		
Halogen leak detector			0
If using direct-reading instr	imentation, is tl	he equipment:	\$1N/A
a. Capable of detecting p	erc vapor conce	ntrations in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prio	r to and after each use	OY ON
c. Inspected for leaks an	d obvious signs o	of wear on a weekly basis?	□Y □N
d. Kept in a clean and se	-		OY ON
		ite samples (calorimetric only)?	OY ON
LOGER ZH	J	2/16	199
Inspector's Name (Please Prin	nt)	Date of Ins	pection
Roger Mh	·	1 Ye	AR
Inspector's Signature		Approximate Date of	of Next Inspection

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?	אם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/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? Is the perc concentration equal to or less than 100 ppm?	
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, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/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) ZY ON 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? $\mathbf{A}X$ 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; XIY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DYY ON ON/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N \$\N/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØY □N 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? 8. Maintained compliance plan, if applicable?

			• •				
•							
E) 17 (ID O)		INSPECTION RE		an an arrarr	001 B 17		
	NMENTAL PROT	ECTION COMM	ISSION OF HILL				
FACILITY: Terrace Cle				PAGE	1	OF	<u> </u>
FACILITY ADDRESS:	8866 N. 56™ S	Street		CITY: Ta	-		
		·		PHONE:			0
MAILING ADDRESS:			CITY: Tampa		ZIP:	33617	
INSPECTION DATE:	TIME IN:	TIME OUT:				STAT	
Feb 16, 1999	9:00	10:30	non-C	DS	I1	n Comp	liance
NEDS NUMBER: 5710)90		t				
SOURCE DESCRIPTIO	N: Perc Dry	Cleaner					,
CONTACT(S): Hani	if Kurji	_					
Today's visit was to c	onduct the ani	ual inspectio	 n				
The machine was not		-		tice any le	ak		
Ms. Kirji's record ke	_			-		as a tot	al of 96.8
gallons of perc purchas		-					
as follows:	;	past 12 mon	uis. 71150, uic	repun 10g	maroc	iiou so i	oral masos
- Repaired the compre	essor on the ch	illier on 7/21	/98				
- Changed a hose on b							
- Changed a tighten he			1790.				
- Changed a tighten in	ose clamp 9/10	3790.					
,		,					
						•	
1							
				•			

INSPECTED BY: Roger Zhu DATE: Feb 16, 1999

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	и <u>-</u>	COMPLAINT/DIS	SCOVERY .
AIRS ID#: 971090	DATE: 2/12/ TEPLACE C	199 TIME	in: <u>9:30</u> ti	ME OUT: 10 - 45
FACILITY NAME:FACILITY LOCATION: _	TEMPLE TO	ERRACE	, FL 3361	
RESPONSIBLE OFFICIA	L: HANIF KUK	251	PHONE: 813	- 988 - 7520
CONTACT NAME:				•
PART I: NOTIFICATION	J			
(check appropriate box)			·	
New facility notified DAI	RM 30 days prior to star	tun		
2. Facility failed to notify D		•		
<u> </u>			· · · · · · · · · · · · · · · · · · ·	
			/	
PART II: CLASSIFICAT	ION			
Facility indicated on notific (check appropriate box)			☐ No norification☐ Drop store/out of	form of business/petroleum
Facility indicated on notific	cation form that it is: source gal/yr l/yr r	transfer only, both types, x <	☐ Drop store/out of area source x × < 140 gal/yr x < 200 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	cation form that it is: Source gal/yr 1/yr r 991) Source ≤2,100 gal/yr 1,800 gal/yr	dry-to-dry only transfer only, sooth types, x < (constructed of the dry-to-dry only transfer only, sooth types, 140	□ Drop store/out of area source ∴ x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	of business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x : transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr l/yr r source ≤ 2,100 gal/yr 1,800 gal/yr sou gal/yr sou gal/yr sou gal/yr sou gal/yr	dry-to-dry only transfer only, sooth types, x < (constructed of the dry-to-dry only transfer only, sooth types, 140	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ in or after 12/9/91) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 200 \le x \le 1,800 \text{ gal/yr}$ $x < 2 \le 1,800 \text{ gal/yr}$	of business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x gal transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/ 5. This is a correct facility of the property of the prop	cation form that it is: source gal/yr l/yr r source ≤ 2,100 gal/yr 1,800 gal/yr sou gal/yr sou gal/yr sou gal/yr sou gal/yr	dry-to-dry only transfer only, sooth types, x < (constructed of the constructed of transfer only, sooth types, 140 (constructed of the constructed	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ in or after $12/9/91$) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 200 \le x \le 1,800 \text{ gal/yr}$ in or after $12/9/91$) Can not determine the source $x < 1,800 \text{ gal/yr}$ and $x < 1,800 \text{ gal/yr}$ in or after $12/9/91$)	of business/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y 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).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a 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 refrig (complete A and B below).	erated 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?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weckly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after yerifying that the coolant had been completely charged?	OY ON

B	3. 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 DN
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/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?	DY DN DN/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 coils?	OY ON ON/A
6	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
_		
P	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?	□Y □N
3	. Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
Ш	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		OY ON ON/A
	and parts installed w/in 5 days of receipt?	
5	and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5	and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
5	and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	□Y □N □N/A□Y □N □N/A□Y □N

PART VI: LEAK I	DETECTION AND F	REPAIRS				
1. Does the responsi	ble official conduct a	weekly (for	small sources, b	oi-weekly) leak detection at	ıd rep	air
inspection?		•		/	ΔY	ПN
2. Has the facility m	aintained a leak log?				ПY	ПN
3. Does the responsi	ble official check the	following ar	eas for leaks?			
	ctions, fittings,			North and I		
couplings,	and valves	OY ON	UN/A	Muck cookers	ЦY	□N □N/A
Door gasket	s and seating	□У □И	□N/A	Stills	ΩY	□N □N/A
Filter gaske	ts and seating	OY ON	□N/A	Exhaust dampers	ΠY	□N □N/A
Pumps	. ,	□Y □N	□N/A	Diverter valves	ΩY	□N □N/A
Solvent tank	cs and containers	OY ON	DN/A	Cartridge filter housings	ПY	□N □N/A
Water separ	ators	מם צם	M/A			
4. Which method of	detection is used by the	he responsib	le official?			
Visual exam	nination (condensed so	olvent on ex	terior surfaces)			
Physical detection (airflow felt through gaskets)						
Odor (notice	eable perc odor)					
Use of direc	t-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)		
.Halogen lea	k detector			•		
If using	direct-reading instr	umentation	, is the equipm	ent:	□N/	/A
a.	Capable of detecting p	perc vapor c	oncentrations is	n a range of 0-500 ppm?	\Box Y	ΠN
	Calibrated against a s	tandard gas	prior to and aft	ter each use		5.4
	(PID/FID only)?		_			□N.
	Inspected for leaks an		· ·	•		□N
	Kept in a clean and se					□N
e. '	Verified for accuracy	by use of du	plicate samples	s (calorimetric only)?	ЦY	ON
	•					
						
				, , ,		
206	OR ZHU			2/12/	79	
Inspecto	or's Name (Please Prin	nt)		Date of Inspe	∷tion	

Revised 8/11/97

WEEK

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

THE RELORD KEEPING WAS NOT AVAILABLE DURING MY VISIT TODAY. THE R.O. SAID HE LEFT THE RECORDS HOME

I RE-SCHEDULED THE INSPECTION ON NEXT WEEK

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL OF COMPLAINT/DISCOVERY

TYPE OF INSPECTION: ANNUAL TYPE OF INSPECTION:	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1'30 PM TIME OUT: 2'309	PM AIRS ID#: 057/090
TYPE OF FACILITY: Pere Dry cleaner	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Terrace cleuners	DATE: <u>9-08</u> -00
FACILITY LOCATION: 8866 N. 56Th Street	
	5617
RESPONSIBLE OFFICIAL: Hawif Kurji	PHONE NUMBER: (813) 988-7520
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 evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	
	Bureau & MAR
	AR 1 3 200) Mobile Sources
	FIVED 13200) A 3200) A ir Monitoring obile Sources
	Monito Source
	oring
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	<u>. </u>
(Ар	proximate)
INSPECTION CONDUCTED BY: Mohammad Noza	
· ·	ease Print)
INSPECTOR'S SIGNATURE: NO R CM	PHONE NUMBER: (813) 272-5536

Revised 10/96

AIRS ID#: 57/090

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>			
FACILITY NAME: Terrace Cl			···	_DATE: _2,	18/00
FACILITY LOCATION: 8866 No.					
Temple T	terrace, F	1 33617			
· · · · · · · · · · · · · · · · · · ·					
Annual Reporting Period: Feb 16	,	19 <i>99</i> _ to _	07-8		2060
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. If NO, complete the following:		•	<u> </u>		ule NO
11 110, complete the following.					
#1. Term or condition of the general permit	that has not been in	continuous complian	ce during the repo	orting period st	ated above:
Exact period of non-compliance: from			to	٠.	
Action(s) taken to achieve compliance:	•		<i>:</i>		
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been in	continuous compliar	nce during the rep	orting period s	tated above:
Exact period of non-compliance: from		t	ω	·	
Action(s) taken to achieve compliance:		· 		<u>-</u>	
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, made in this notification are true, accurate	-		-	_	
upon rolling averages of purchase receipts, year for transfer or combination facilities.	-	•		-	
RESPONSIBLE OFFICIAL: HANIF	KURJI me (Please Print)		Signature	racidint	02/08/ 6 0

^{*}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	ĭ ⊆	COMPLAINT/DISCOVE	ERY 🗆
AIRS ID#: <u>57 /0</u> 90 FACILITY NAME: <u>Ten</u>	race Cleuna	18		DUT: <u>2</u> ' 30 Pm
facility location: _8	866 N. 561h	'stree	 	
<u>. T</u>	emple Terrac	e, 71	33617	
RESPONSIBLE OFFICIAL :	Hanif Ku	erJi	PHONE: (813) 988	-7520
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)		<u></u>		
New facility notified DARM	1 30 days prior to startup		NIA	
2. Facility failed to notify DAI	RM to use general permit		10 [11	
<u> </u>			·	
PART II: CLASSIFICATIO	N			
Facility indicated on notification (check appropriate box)	tion form that it is:		☐ No notification form	
1			☐ Drop store/out of busi	iness/petroleum
A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)	l/yr dr r tra bo	$\begin{array}{l} \text{nnsfer only, } x \\ \text{th types, } x < 1 \end{array}$	rea source (x < 140 gal/yr < 200 gal/yr	-
A. 1. Existing small area soudry-to-dry only, x < 140 gater transfer only, x < 200 gal/y both types, x < 140 gal/yr	l/yr dr r tra bo) (co arce □ 4. 2,100 gal/yr dr 800 gal/yr tra 0 gal/yr bo	y-to-dry only, ansfer only, x th types, x < 1 onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)	
 A. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	l/yr dr r tra bo) (cc 2,100 gal/yr dr 800 gal/yr tra 0 gal/yr bo) (cc	y-to-dry only, ansfer only, x th types, x < lonstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	rea source x < 140 gal/yr < 200 gal/yr ,40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
A. 1. Existing small area sound ry-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 sound ry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility If no, please check the facility	l/yr dr r tra bo) (co arce	y-to-dry only, ansfer only, x th types, x < 1 constructed on New large a y-to-dry only, ansfer only, 20 cht types, 140 constructed on Y	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $:40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $:00 \le x \le 1,800 \text{ gal/yr}$ $:00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The company above gible for a general permit	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? AY ON ON/A MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YM 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ADY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? A'N'A YOU YO PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. XIf 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? MO YOM 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? MY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weakly/bi weekly basis? MY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MY ON ON/A

PART III: GENERAL CONTROL REQUIREMENTS

N□ YŒ

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:			
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?	ΩY		,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F2	ΠY	ПΝ	□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?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\square_{\overset{\cdot}{Y}}$	ПИ	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ATY □N
2. Maintained rolling monthly averages of perc consumption?	May □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	AMY ON ON/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?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØM/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAN NO YO
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	AND NO YEA
8. Maintained compliance plan, if applicable?	A/N/A

PART VI: LEAK DETECTION AND R	EFAIKS		
1. Does the responsible official conduct a v	veekly (for small sources, bi	-weekly) leak detection ar	ıd repair
inspection?			ØY □N
2. Has the facility maintained a leak log?			ATY ON
3. Does the responsible official check the f	ollowing areas for leaks?		
Hose connections, fittings, couplings, and valves	A/N UN PA	Muck cookers	MY ON ON/A
Door gaskets and seating	A/NO NO YK	Stills	ANO NO YA
Filter gaskets and seating	A/NO NO Y	Exhaust dampers	AND NO YES
Pumps	⊠Y □N □N/A	Diverter valves	אומם מם ציקע
Solvent tanks and containers	A/NO NO YEA	Cartridge filter housings	ØY □N □N/A
Water separators	MY ON ON/A		•
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	lvent on exterior surfaces)		Æ
Physical detection (airflow felt thr	ough gaskets)		<i>p</i> 2
Odor (noticeable perc odor)			Æ
Use of direct-reading instrumenta	tion (FID/PID/calorimetric t	tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equipme	ent:	PN/A
a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and afte	er each use	OY ON
c. Inspected for leaks an	d obvious signs of wear on a	a weekly basis?	'UY UN
d. Kept in a clean and so	ecure area when not in use?		OY ON
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON
			
Mohammad Nozari		2-08-00	
Inspector's Name (Please Prin	nt)	Date of Insp	ection
M.NO 2 CM Inspector's Signature		1 year	
Inspector's Signature		Approximate Date of	Next Inspection

ENVIRONMENTAL PROT	NSPECTION RE ECTION COMM		SBORO	UGH (COUNTY
FACILITY: Terrace Cleaners			PA	AGE 1	OF 1
FACILITY ADDRESS: 8866 North 56th	Street		I	7: Tan NE: (8	npa 313)988-7520
MAILING ADDRESS: same		CITY: Tampa		FLA	ZIP: 33617
INSPECTION DATE: TIME IN: Feb. 8, 2000 1:30PM	TIME OUT: 2:30PM	INSPECTIO Annu		PE:	STATUS: In Compliance
NEDS NUMBER: 0571090					
SOURCE DESCRIPTION: Perchloroeth	ylene (Perc)	Dry Cleaner			
CONTACT(S): Hanif Kurji					

The purpose of the visit was an annual inspection. We found the following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly and the average was 40°F
- 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 135 gallons and it was verified.
- 6. The machine was in operation today. Leak (s) and odor were noticed. R.O. contact a professional vendor to repair the leak (s). R.O. and I scheduled another inspection for Feb 8, 2000.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

On Feb. 8, 2000 I made another visit to the Plant City dry cleaner to verify that the Perc leaks has been repaired. The R.O. said the lid that covers water separator has found to be the cause of the leak, a new lid has been installed.

INSPECTED BY:		DATE:
Mohammad Nozari	•	Feb. 8, 2000
I .		

		U.S. Postal Servi CERTIFIED M (Domestic Mail	IAIL RI		e Cover	age Provide	8
	17			<u>,</u>			
	992						2
SENDER: COMPLE Complete items 1, item 4 if Restricted Print your name are to the Attach this card to or on the front if sp. Article Addressed to: 10 AII HANIE KURJI TERRACE CLEAN 8866 56TH STREET TEMPLE TERRACE	2, ar Delind addurn the topace	nd 3. Also complete very is desired. dress on the reverse ee card to you. back of the mailpied permits.	UI LEANE TREET RRACE	COMPLETE A. Received C. Signatur X D. Is delived If YES, e	y address nter delivered Mail	ction on DEL se Print Clearly) different from iterary address belo	B. Date of Delivery Agent Addressee 1? Yes W: No
2. Article Number (Copy	from O	service label)	2 9	927		•	• .
PS Form 3811, July	1999	Dom	estic Reti	urn Receipt			102595-00-M-0952

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

j.

Do NOT Remove Label

AIRS ID # 0571090

TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N

TEMPLE TERRACE FL 33617

01-11-01-6

FOR GOVERNMENT USEONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	h9h9		MAIL REC	EIPT Coverage Provided)	
	0026 4328	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
	7000 0600	Street, Apt. Nd 8866 5 TEMF City, State, Zip. 33617	ACE CLEANERS E KURJI 66TH STREET N PLE TERRACE FL	5 # 0571090 -	
Ì	,-	. PS Form 3800, Feautary		See Reverse for Instruction	s

		,		
SENDER: COMPLETE THIS SECTION	·	COMPLETE THIS SE	CTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. 1. Article Addressed to: 	se (A. Received by (Please C. Signature L. Signature	different from iter	_
AIRS 1D # 0571090 TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL		If YES, enter delive	ery address below	
33617		3. Service Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rece☐ C.O.D.	il eipt for Merchandise
10000600002641280	e464	I. Restricted Delivery	/? (Extra Fee)	☐ Yes
Article Number (Copy from service label)				,
PS Form 3811, July 1999 Doi	mestic Return	Receipt	1	102595-00-M-0952

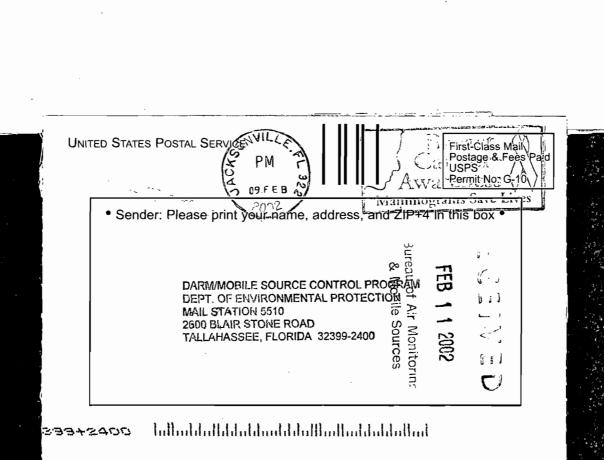
UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Páid USPS Permit No. G-10

DARM/MOBILE SOURCE CONTROL PROGRAM
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 2-9-02 C. Signature Agent Addressee
1. Article Addressed to: AIRS ID # 0310466 ONE HOUR MARTINIZING MATTHEW SERAYDARIAN I 1406-5 SAN JOSE BLVD	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ACKSONVILLE FL 2223	3. Service Type Certified Mail
7000060000264128475	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00-M-0952



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0571090 TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N **TEMPLE TERRACE FL 33617** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Printed on recycled paper.

		MAIL REC	EIPT Coverage Provided)
58			
8.5	OFF	ICIAL	. USE
75	Postage	\$	
79	Certified Fee		Postmark
17	Return Receipt Fee (Endorsement Required)		Here
0007	Restricted Delivery Fee (Endorsement Required)		
	Total Pot TERRAC	AIRS ID #	0571090
32		E CLEANERS	
	Sent To HANIE		
		H STREET N E TERRACE FL	
7001	or PO Box City, State, 33617	ILIUMOLID	
	PS Form 3800 January 20	001	See Reverse for Instructions
	PS Form 3800, January 20	001	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION SECTION SERVICES FOLD AT DOTTED LINE STOCKER AT TOP OF ENVELOPE TO THE RIGHT	BILL 30 S BOYN 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.	A. Received by (Please Print Clearly) B. Date of Delivery Granture Agent Addressee D. Is delivery address different from item 1?
AIRS ID # 0571090 TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617	If YES, enter delivery address below: No No Service Type Cycrified Mail Express Mail Registered Return Receipt for Merchandise
- Andrews Control of the Control of	☐ Insured Mail ☐ C.O.D.
7001 ,0320 0001 79.75 8558 PS Form 3811, July 1999 Domestic Retu	4. Restricted Delivery? (Extra Fee) Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302627

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

FEB 13 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571090

CLEAN & SAVE INC HANIE-KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 TERRACE CLEANERS

DEPT OF ENVIRONMENT PROTECTION

Check Number: 6411

Check Date: Jan 14, 1998

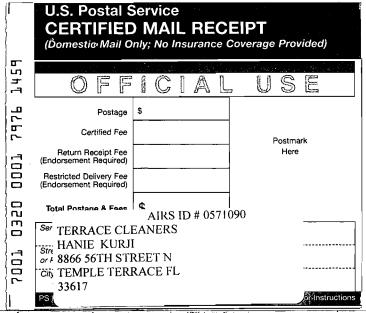
Check Amount: \$50.00

Item to be Paid - Description Discount Taken Amount Paid

Permits and Licenses

50.00

6411



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: D No
AIRS ID # 0571090 TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N	
TEMPLE TERRACE FL	3. Septice Type
33617	✓ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
7001 0320 0000 7,976 1,1459	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

°Z 333 612 957

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided AIRS ID 0571090

CLEAN & SAVE INC HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered delivered.	ace does not	I also wish to red following service extra fee): 1. Address 2. Restrict	es (for an see's Address ed Delivery
AIRS ID 0571090 CLEAN & SAVE INC HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617	4b. Service ☐ Registere ☐ Express	336120 Type ed Mail ceipt for Merchandisc	Certifie
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only paid) Domestic Ref	

	. "P 174 OS	2 003
	US Postal Service Receipt for Cer	tified Mail
H. 88	AIRS ID LEAN & SAVE INC ANIE KURJI 66 56TH STREET N EMPLE TERRACE FL 336	#: 0571090 617
	Postage	 \$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	197

on the reverse side?	SENDER: O) adojanua jo doj jano auli j Complete items 1 and/or z or additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that your do you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the article that the receipt will show to whom the article was delivered adelivered.	ve can return this ace does not cle 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.
ADDRESS completed	AIRS ID#: 0571090 CLEAN & SAVE INC HANIE KURJI 8856.56TH STREET N TEMPLE TERRACE FL 33617	4a. Article N 4b. Service Registere Express Return Re 7. Date of Description	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return R
Is your RETURN	5. Received By: (Print Name) 6. Signatule: (Adefessee or Agent) X PS Form 3611 , December 1994	8. Addresse and fee is	e's Address (Only if requested paid) (Spg) Domestic Return Receipt	Thank

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261252

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

FEB 24 97 **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#: 0571090

CLEAN & SAVE INC HANIE KURJI 8866 56TH STREET N **TEMPLE TERRACE FL 33617** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

TERRACE CLEANERS
DEFT OF ENVIRONMENT
PROTECTION

Check Number: 5685

5685

Check Date: Feb 19, 1997

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken

Amount Paid

Parmits and Licenses

50.00



0392400

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571090

TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617 FEB 21 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

HAN 8866	Z 333 & US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation RACE CLEANERS HE KURJI 56TH STREET N PLE TERRACE FL 33	Provided. nal Mail (See reverse) AIRS ID # 0571090	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to rectollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address d Delivery	eceipt Service.
N ADDRESS completed of	AIRS ID # 0571090 TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617	4b. Service ☐ Registere ☐ Express I	Type ed Mail ceipt for Merchandise	Certified Insured	for using Return R
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addissee or Agent) X	8. Addressee and fee is	1		Thank you
<u> </u>	PS Form 38 1, December 1994 ()		Domestic Ret	urn Receipt	

TEF HAI 886	US Postal Service Receipt for Cer RRACE CLEANERS NIE KURJI 6 56TH STREET N MPLE TERRACE FL 3	tified Mail Provided AIRS ID # 0571090
	Postage	, . \$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	

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on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. That that his form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 			necelpt service.
ADDRESS completed	8866 56TH STREET N TEMPLE TERRACE FL 33617		umber 3 660 749 Type ed Certified Mail Insured ceipt for Merchandise COD ellivery	ror using neturn
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	e's Address (Only if requested	LIBIL
=	PS Form 3811 , December 1994		Domestic Return Receipt	

	Z 333 L US Postal Service Receipt for Cer		
	TERRACE CLEANE HANIE KURJI 8866 56TH STREET I TEMPLE TERRACE	N .	1090
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 ,	Postmark or Date		

of envelope to	Fold at line over to			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
Complete items 1,72,7and 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.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature			
Attach this card to the back of the mailpiece, or on the front if space permits.	X · Afrin Addressee			
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No			
AIRS ID # 0571090				
ERRACE CLEANERS IANIE KURJI 866 56TH STREET N				
TEMPLE TERRACE FL 33617	3. Service Type Certified Mail			
2333667 440	4. Restricted Delivery? (Extra Fee)			
Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Rete	urn Receipt 102595-99-M-1789			



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361790

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

RECEIVED IAIL ROOM EB 24 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571090

TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273