

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 16, 1997

Mr. Stephen LeBretton Tender Touch Cleaners 3519 Henderson Boulevard Tampa, Florida 33609

Re: Facility I.D. No. 0571096

Dear Mr. LeBretton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 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"

# Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	nurdine Kurji
2.	Site Name (For example, plant name or number):
	Quality Cleaners
3.	Hazardous Waste Generator Identification Number:
The second	FLD Cesos
4.	Facility Location: QuAlity Cleaners Street Address: 7737 Withills Borough City: Zip Code: 23/15
	City: Tamph County: Hills Borugh 33615
5.	Facility Identification Number (DEP Use):
	057/096
	The second of th
	Responsible Official
6.	Name and Title of Responsible Official:
7 + <u>.</u>	Stephen LeBretton
7.	Responsible Official Mailing Address: 35/9, Henderson Blv, 33609 Organization/Firm: Tender Touch Cleaners
	Street Address: 2 1/10 11 21 22 1/19
	Street Address: 35/9 Henderson Blu 33609 City: T Zip Code: 2000
	1ampg H11/Sborough 33609
8.	Responsible Official Telephone Number:
	Telephone: (8/3) 877 8282 Fax: (-)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For any multi-plant manages).
	Name and Title of Facility Contact (For example, plant manager):
• .	Rose
10.	Facility Contact Address: Quality Cleaners
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE.
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE.
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE.  City: County: Zip Code: 33615
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE.  City: County: Zip Code: 33615  Facility Contact Telephone Number:  Talanhane: (0)
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills barough AVE. City: County: Zip Code: 33615  Facility Contact Telephone Number:
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE. City: County: Zip Code: 33615  Facility Contact Telephone Number: Telephone: (8/3) 884-1231  Fax: (1)
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE. City: County: Zip Code:  Facility Contact Telephone Number: Telephone: (8/3) 884-1231  Fax: (3)  SEP 23, 1440
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE. City: County: Zip Code:  Facility Contact Telephone Number: Telephone: (8/3) 884-1231  Fax: (3)  SEP 23, 1440
10.	Facility Contact Address: Quality Cleaners  Street Address: 7737 W. Hills borough AVE.  City: County: Zip Code: 33615  Facility Contact Telephone Number:  Talanhane: (0)

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# Quelity BEST AVAILABLE COPY

### Facility Information Part ( 4) 1175

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.

Тур	e 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
TO S	mple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
	to-Dry Unit					us avays		45.u	ARAP POWE	
	(1) w/ ref. condenser							* -	The state of the state of	
100000	(2) w/ carbon adsorber		18-12-91						History (4)	111111111111111111111111111111111111111
	(3) w/ no controls		16			٠,			1 1 2 2 2	
	her Unit	The g	pt Cylolyffs, sylk		ew ji	Markat Africans		rAM	aroa Garre	
	(4) w/ ref. condenser					7.3	1.45		white the property	$(h^{-1/2}, h^{-1})$
42.	(5) w/ carbon adsorber					21 1				1 × 1 × 1 × 1
	(6) w/ no controls							• .	网络克克尔弗	)
	er Unit	Turk to the		phide Talitan	Adjates	om etyeses bisgál	Quiddeller d	WP4		
, L	(7) w/ ref. condenser						100 250	+ -:	[ 在于大學 5][ []	1 88 8 A A A A
	(8) w/ carbon adsorber						٠.	1.1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ty to street
	(9) w/ no controls						_	:	14/1/41	
	aimer Unit	3.41	om ariti itel		A grafilit		Maria Maria de la como de la como La como de la como de	Tree E		
L	(10) w/ ref. condenser								1 d	
ſ	(11) w/carbon adsorber					.,	. janen jag	ا ا		
	(12) w/ no controls							.5	1	
(c)	Ontrol devices are  No control devices  What was the total of the control of the control devices  I less than 12 mont	are r quant gallo	equired to be ity of perchlo	installed [	perc)	] purchased ir	the latest 12	2 moi	nths?	
	Check why it is less					New store	: [] Did	not k	eep records:	
				en e		The Company of the Co				
	That is the facility's so ndicate with an "X".					nitions found	in section (	3) of	Part II?	
	Existing small ar	,		Ne	ew sm	nall area sour	ce [	]		
	Existing large are	ea so	urce [X]	Ne	w lar	ge area sour	ce [	] 		

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to a second						
Existing large Carbon adsorb		Refrig	erated conder	iser [X		Ö
New small area			***	Vegan		
•			Age of the state of			
New large area Refrigerated co						
	••					ં કું <sup>કે</sup> ક્ષા પ્રાથમિક અસ્તરકાર <b>જા</b> લાં
		•				
			According to the			
	• • •	•				
5. A facility which cont to Rule 62-213.300, F.A						
exemption criteria or the				Me Kerye	r started	1630 · 10
All steam and hot water	gangrating units on	rito (1) have a t	otal heat innu	t of 10 millio		land (208
All steam and hot water boiler HP or less), and (	generating units on-s (2) are fired exclusive	site (1) nave a i ely by natural g	otat neat inpu as except for p	eriods of nat	n B1O/nr or ural gas cur	tess (298 tailment
	r fuel oil containing r				·····································	e contraction
during which propane o						
during which propane o All steam and hot water	generating units exer	npt [X				
	generating units exer	npt [X]				
All steam and hot water	generating units exer	npt [X]		:		
All steam and hot water	generating units exer	npt []		, was some		
All steam and hot water	generating units exer	npt X		e de la companya de l		
All steam and hot water	generating units exer	npt [X]	· .			
All steam and hot water	generating units exer		ordkeeping I	nformation		
All steam and hot water	Equipment Monit	oring and Rec			s of this gen	eral permi
All steam and hot water No such units on-site	Equipment Monit e required to be kept o	oring and Rec		e requirement	·	eral permi
All steam and hot water No such units on-site  Check all logs which are	Equipment Monit e required to be kept o d solvent purchases	oring and Rec		e requirement	·	eral permi
All steam and hot water No such units on-site  Check all logs which are (a) Purchase receipts and (b) Leak detection inspe	Equipment Moniter required to be kept of disolvent purchases action and repair	oring and Rec		e requirement	·	eral permi
All steam and hot water No such units on-site  Check all logs which are (a) Purchase receipts and (b) Leak detection inspe	Equipment Moniter required to be kept of a solvent purchases section and repair ser temperature monit	oring and Reconstite in accordance		e requirement  L L L L L L L L L L L L L L L L L L	·	eral permi
All steam and hot water No such units on-site  Check all logs which are (a) Purchase receipts and (b) Leak detection inspection (c) Refrigerated condens (d) Carbon adsorber exh	Equipment Monite required to be kept of a solvent purchases action and repair ser temperature monite aust perc concentration	oring and Reconstite in accordance		e requirement  L  L  L  L  L  L  L  L  L  L  L  L  L		eral permi
All steam and hot water No such units on-site  Check all logs which are (a) Purchase receipts and (b) Leak detection inspe	Equipment Monite required to be kept of a solvent purchases action and repair ser temperature monite aust perc concentration	oring and Reconstite in accordance		e requirement  L L L L L L L L L L L L L L L L L L		eral permi

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,	Surrender of l	Existing Air	Permit(s)		
ease indicat	e with an "X" the appropriate selection	n: , .		* * * * * * * * * * * * * * * * * * *	
<u> </u>	I hereby surrender all existing air per facility indicated in this notification				(s)
			•	a in t <del>he s</del> traigh	
ĹΧ.	No air permits currently exist for the this notification form.	e operation o	f the facili	ty indicated	in : ::::::::::::::::::::::::::::::::::
;	•	٠			
	· Responsible (	Official Cert	ification		ी जिल्हा विकास समिति । जिल्हा विकास समिति ।
this notifi statement maintain	ersigned, am the responsible official, a cation. I hereby certify, based on info s made in this notification are true, ac the air pollutant emissions units and a ith all terms and conditions of this gen	rmation and c curate and co ir pollution c	belief form omplete. F ontrol equ	ed after red Turther, I ag ipment desc	asonable inquiry, that the gree to operate and cribed above so as to
			e fires (		The same of the state of
I will proj	mptly notify the Department of any cha	anges to the i	nformation	contained	in this notification.
Signature	ept Levelly	240	Dat	e ///	9/16

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality	Closes	<del></del>	DATE: 4/10/87
FACILITY LOCATION: 7237	W Hillsbarough Ave		
	F1 33615		
, 2001.			
Annual Reporting Period:	19 56	TO <u>4/10</u>	19 <u>87</u>
Based on each term or condition of the Title	e V general air permit, my facili	y has remained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code (1	F.A.C.), during the period covere	ed by this statement. QYE	s <b>D</b> NO
If NO, complete the following:			,
#1. Term or condition of the general permit  Received Clefcency C  Exact period of non-compliance: from			
Action(s) taken to achieve compliance:	will instabl m	inter feered syst	
Method used to demonstrate compliance:	Verify @ next is	espection	
#2. Term or condition of the general permi	t that has not been in continuous	compliance during the report	ting period stated above:
NOT Muning defended	Time Crowns R.C	do To NO 90	144C
Exact period of non-compliance: from	10/96		
Action(s) taken to achieve compliance:	will ustall		•
Method used to demonstrate compliance:  Item #2 has been marked of transfer quentions, and the o	to fifty trapect	of the at requirem	ent 1s for
transfer quartiens, and the of Facility was notified via tele,			
As the responsible official, I hereby certify, made in this notification are true, accurate			
upon rolling averages of purchase receipts,	does not exceed 2,100 gallons	per year for dry-to dry faciliti	es or 1,800 gallons per
year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	her Lelseton	In Ilal	4/10/97
Na	me (Please Print)	Signature	Date

<sup>\*</sup>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.

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1300 / 1400 TIME OUT: 1400 / 1	615 AIRS ID#: 057/096
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: Quality Cleaners	DATE: 47/197
FACILITY LOCATION: 7737 W Hillshorough	
Tanks, F1 33615	
RESPONSIBLE OFFICIAL: Steve Le Bretten	PHONE NUMBER: (8/3) \$77 - 8282
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	The state of the s
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No records for weekly lank inspections, refrigerated condenser exhaust temporature	Informed R.O. that these records are required to be kept,
performed), have been kept for this	
facility.	and a copy of these recents are regulard to be kept on site.
No startup Ishet down Inalfunction plan.	Vertication of this record keeping being maintained to be made attact the next annual inspection.
Ho Incomplete records for perc consumption.	
No containment por under machine.	Referred to Waste.
COMMENTS: Inspection of machine @ 517 Rosie Taylor, indicated 411 records wer Tender Touch, 3519 Henderson Blud[4711	le wis performed. Store manager, re kept @ the main store [57] - Inspection completed on 4/10/87.
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/10/5	
· •	proximate)
INSPECTION CONDUCTED BY: Janes O (Ple	Holton
INSPECTOR'S SIGNATURE: <u>Jan 19 Holt</u>	PHONE NUMBER: (9/3) 2.72 - 5530
Page /	·

# PERCHLOROETHYLENE DRY CLEANERS

1,37903,589257

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNI RE-IN	UAL ISPECTION		COMPLAINT/DISC	OVERY	
AIRS ID#: <u>057/096</u> DATE: 4.					polius
FACILITY LOCATION: 7727	W Hillshorough	, · 	· · · · · · · · · · · · · · · · · · ·		
II .					
PART I: NOTIFICATION					
(check appropriate box)				-	
1. Existing facility notified DARM by 9/	1/96				<b>9</b>
2. New facility notified DARM 30 days p	orior to startup				α.
3. Facility failed to notify DARM to use	general permit			,	ū
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box)	that it is:			•	
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry-to transf both t	-dry only, er only, x ypes, x<1	area source x<140 gal/yr <200 gal/yr 40 gal/yr 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>dry-to transf both t</td><td>-dry only, er only, 2 ypes, 140</td><td>nrea source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	dry-to transf both t	-dry only, er only, 2 ypes, 140	nrea source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	dy	□и			
If no, please check the appropriate classi	fication:				
facility qualified for a g					
B. The total quantity of perchloroethyler facility was 35/ gallons. 5 300	ne (perc) purchased	d within t	he preceding 12 month	hs by this dry 4/96, 2/97	cleaning

Revised 10/28/96

### 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DYY DIN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BYNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DA DIN 1. Equipped all machines with the appropriate vent controls? ENY 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 DYN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DE VE verifying that the coolant had been completely charged?

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?		אנם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÚΥ		DIA NIA
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N (	IN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	$\square$ N	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟÝ	□n(	NIA)
_				مستر مستريب
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□M/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	OHO/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	oy @√n				
2. Maintained rolling monthly averages of perc consumption?	oy om√				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	oy ⊠n√				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □M				
4. Maintained calibration data? (for direct reading instruments only)	OY ON MAN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN (MI)				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	□Y □N				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Sue notes	

2. Which method of detection is used by the responsible official?						
Visual examination (condensed s	9					
Physical detection (airflow felt the	ırough ga	iskets)	•			
Odor (noticeable perc odor)				<b>2</b>		
Use of direct-reading instruments						
If using direct-reading instrum	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	perc vap	or concentr	rations in a range of 0-500 ppm?		NE	
b. Calibrated against a s (PID/FID only)?	standard	gas prior to	and after each use		אכ	
c. Inspected for leaks ar	nd obviou	is signs of	wear on a weekly basis?		אכ	
d. Kept in a clean and s	ecure are	a when no	t in use?		אכ	
e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?		אב	
3. Has the facility maintained a leak log?		į.			מכ	
4. Does the responsible official check the	followin	g areas for	leaks?			
Hose connections, fittings,			•			
couplings, and valves	QXÝ	ПN	Muck cookers	OY.	ПN	
Door gaskets and seating	<b>e</b> Y	□N	Stills	UY	ПП	
Filter gaskets and seating	□Ý	ΠN	Exhaust dampers	Ο¥	□и	
Pumps	<b>□</b> Y	ΠN	Diverter valves	ďÝ	□и	
Solvent tanks and containers	<u>u</u> r	ПΝ	Cartridge filter housings	97	ПΝ	
Water separators	Q Y	ŪИ				
Stephen Le Bretton Name of Responsible Officie  Tanes O Holton			4/1/87 41	Encled (10/87	· ,	
Inspector's Name (Please Pri	nt)		Date of Inspe	ection		
Un o Holt			4/10/98	<u> </u>		
/ Inspector's Signature			Approximate Date of	next In	spection	

### ADDITIONAL SITE INFORMATION:

- Machine into Multimatic Cop, Mulei E. 27.RR Steam

  SIN 9-1079-816 Capacity 45 4

  gr built 1979

  Unit has a retrigerated condenser.
- · Machine has no spill containment pun under it.
- · No start-up, shutdown, or malfunction plan-
- Store manger indicated records are kept at main facility where R.O. affice is located (Tender Touch, 3519 Henderson Blod). Inspection at this facility was conducted an 4/10/87 and there were no records available conducted on 4/10/87 and there were no records available for leak checks, repairs / maintenance (if any were required), Refrigerated Condenser exhaust temperature. Per consumption Refrigerated Condenser exhaust temperature. Per consumption loss (receipts) appeared to be incomplete only 7 months of receipts were available act of the last 12 months. In average of 50 gallons per month were used on 5186, An average of 50 gallons per month were used on 5186, 4196-1197, 3187. At this rate, it is assumed that 9196-1197, 3187. At this rate, it is assumed that 9196-1197, month were used in 4186, 6196-8186, 5 2187, 50 gallons / month were used in 4186, 6196-8186, 5 2187, which would indicate a 12-month consumption of 600 gallons.
- A.O. indicated company was in process of opening a new facility across the street and with a new machine, facility across this mechine. This statement was also made and retiring this mechine. This statement was also made during the previous inspection conducted on 7/24/96.
- observation by Inspector: There appears to be a communication problem between the 6.0. and the store manager. This observation was made based on lack of records for this facility.
- · Informed R.D. that a copy of sec all records are supposed to be kept at the facility.
- · A copy of this report was provided to Waste as a result of the muchine not having a containment pan.

DRY CLE	ANER AIR QUALITY GEN	NERAL PERMIT
	AL COMPLIANCE CERTIFICA	AMTONETONA
	AIRS ID#057109 NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609	RECEIVE FEB 26 1998 Bureau of Air Monitoring & Mobile Sources 6
	Do <u>NOT</u> Remove Label	
Annual Reporting Period:		2/1/ 1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		
If NO, complete the following:		
#1. Term or condition of the general permit th	at has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	to	0
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit the	at has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	to_	·.
Action(s) taken to achieve compliance:	•	
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on notification are true, accurate and complete. Furt does not exceed 2,100 gallons per year for dry-to do	ther, my annual consumption of perchloroe	thylene solvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: Jechen	LeBretter Styple	Libral 2/1/98

<sup>\*</sup>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.

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10=30  TIME OUT: 11=30  TYPE OF FACILITY: PERC DRY CLEAR  FACILITY NAME: QUALITY CLEAR  FACILITY LOCATION: 7737 W. HILLS B  TAMPA, 1=L 33	DATE: 2/19/98 DATE: 2/19/98  OROCGH AVE
RESPONSIBLE OFFICIAL: STEPHEN LEGRETTO	PHONE NUMBER: (813) 877 - 8282
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	strative Code (F.A.C.).
NO WEEKLY LEAK INSPECTION	BEGIN RECORDS REEPING IMMEDIATEL
NO WEEKLY TEMPERATURE MEASUREM' FOR REFRIGERATED COUDENSER	
NO RECORDS OF PERC CONSUMPTION	v ., «, «, «,
NO REPAIR / MAINTENANCE	(1) (1)
NO STARTUP/SHUTDOWN/MALFUNCT. PLA	TO THE FACILITY
COMMENTS:	<u>.</u>
ISSUED A WARNING AND MAILED OUT ON	NETICE ON 2/24/98
AND MAILED OUT ON	THE SAME DAY
The Annual Compliance Certification form has been properly cert $\lambda$	<u>-</u>
	ijHL pproximate)
NSPECTION CONDUCTED BY:	ER Zahi
NSPECTOR'S SIGNATURE: CP	lease Print)  PHONE NUMBER: \$13-272-5530

Page of \_\_\_\_.

Revised 10/96

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION X
TIME IN: 10=00 TIME OUT: 11=0  TYPE OF FACILITY: PERC- DRY CLEANS  FACILITY NAME: QUALITY CLEANS	E-L'
FACILITY LOCATION: 7737 W. HULS BOKS	UGH AVE
RESPONSIBLE OFFICIAL: STEPHEN LEBRETTON	
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	nated during this inspection, the facility is found to be in rative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE MACHINE WAS DISABLED	THE WAR, UING NOTICE # 16354 15 CLOSED
	PE
	May May De Co
	Mobile Soll Monte of the Soll Control of the S
	The The
COMMENTS:	
The Annual Compliance Certification form has been properly certification	
DATE OF MEAT MISIECTION.	proximate)
INSPECTION CONDUCTED BY:	CER ZHU / BRUCE KING  PASSE Print)  PHONE NUMBER: (813) 272-5530
INSPECTOR'S SIGNATURE: / Lufffh	PHONE NUMBER: (813)272-5530

Page of

Revised 10/96

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION X
TIME IN: 9:30	TIME OUT:	AIRS ID#:	571096
TYPE OF FACILITY: FOR	c Dry Citaval		
FACILITY NAME:	DUALITY CLEANERS		DATE: 4/30/98
FACILITY LOCATION:	1737 W. Hussi	ROUGH AF	
THOMITT BOOMING.	TAMPA, FL 33615	/1.VI	
RESPONSIBLE OFFICIAL:	STEVE LEBRETTON	PHONE NUMBER:	813-877-8282
	the compliance requirements evalua Rule 62-213.300, Florida Administra		cility is found to be in
Based on the results of discrepancies were note	the compliance requirements evalua	ated during this inspection, the fo	llowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ON REQUIRED
			P
	· 	<u> </u>	, Cr
		e Mobile	MAY LOSON PO
			Sources oring
COMMENTS:		·	
			NA
The Annual Compliance Certific	cation form has been properly certifi	A	r. YES NO
DATE OF NEXT INSPECTIO		1 YEAR	
INSPECTION CONDUCTED		proximate)	
INSPECTOR'S SIGNATURE:	(Ple	ase Print)	813-272-5530
	Page \	1	Revised 10/96

	<del></del>					
ENTAR O		INSPECTION RI		~~~~		COUNTY & SU
		ECTION COMM	IISSION OF HILL	SBORO	UGH C	COUNTY & SE
FACILITY: Quality Cl				P.4	4GE	1 OF 705 7.
FACILITY ADDRESS:	7737 W. Hills	borough Ave.		CITY	': Tan	npa S 3
						npa 813) 884-1231
MAILING ADDRESS:			CITY: Tampa		FLA	ZIP: 33615
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYF	E:	STATUS:
Apr 22, 1998	10:00	11:30	non-C	DS		
	71096					
SOURCE DESCRIPTIO	N: Perc Dry	Cleaner				
~	dine Kurji					
Today's visit was to v	erify whether	this facility w	as shutdown of	r illst a	drop	store as I was told by

the responsible official, Mr. Stephen LeBretton.

The machine seems to have not been operated for a quite time period. However, it can be started

The machine seems to have not been operated for a quite time period. However, it can be started up anytime without any difficulties because it was not disconnected.

I talked to Mr. Nurdine Kirji (the owner of the cleaners chain, he manages this facility now because the store manager left the job) about our concern that this machine needs to be disabled completely, which means disconnection of the electrical and the pipes. Mr. Kirji said that this machine hasn't been used for a while and he plan to get rid of it. While we were there, he cut the rubber drive belts to disable the machine for now and he said he will disconnect the electrical and the pipes by end of this month. He also said he will call me next week to notify me about the disconnection.

Based on the fact of that the machine was disabled, we decided to close the Warning Notice # 16354 - Violation of record keeping. Also, I will go one more time to check if the machine is disconnected completely.

Follow-up on 4/30/98: I was notified by Mr. Kirji today that this machine was disconnected by a electrician. I went there and saw all the electrical wires were disconnected. Mr. Kirji told me that he didn't disconnect anything else because of economic reasons. He will remove this machine when a new facility across street opens next month. Then this store is going to be a drop store after remodeling.

1

INSPECTED BY:

Roger Zhu / Bruce King

DATE: Apr 22

Apr 22, 1998

TITLE	HYLENE DRY CLEANERS (COMPLAINTS)  COMPLAINTSDISCOVERY
TYPE OF INSPECTION: ANNUAL RE-INSPECTI	ON A Mobile 1/2
AIRS ID#: 571096 DATE: 4/22	198 TIME IN: 10:00 TIME OUT: 11:00
FACILITY NAME: QUALITY	CLEANERS
FACILITY LOCATION: 7737 W.	HILLS BURDUGH AVE
TAMPA,	FL 33615
	-EDRETTON PHONE: (813)877-8282
CONTACT NAME: NURDINE KU	RJI (OWNER)PHONE: (813) 884 - 1231
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	
2. Facility failed to notify DARM to use general pe	ermit // 📮 🛙
	//
DADE W. CY ASSETYCATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	□ No nonfication form □ Drop store/out of business/petroleum  2. New small area source
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	☐ No nonfication form ☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr
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	□ No notification form □ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	☐ No nonfication form ☐ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr
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	□ No nonfication form □ Drop store/out of business/petroleum  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
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)	□ No nonfication form □ Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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)  3. Existing large area source dry-to-dry only, 140 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr	□ No nonfication form □ Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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)  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	No nonfication form  □ Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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)  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)	□ No nonfication form □ Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)
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)  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	No nonfication form  □ Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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)  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)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge	□ No nonfication form □ Drop store/out of business/petroleum  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 $12/9/91$ )  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 $12/9/91$ )  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	QY QN
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 refrige (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 mus 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).	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?	MD YD
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the 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?	OY ON
/	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN DN/A

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?	QY QN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls 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?	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?	□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?	UZ UN
2. Maintained rolling monthly averages of perc consumption?	OY □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
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	VI: LEAK DETECTION AND	REPAIRS				
I. Doe	es the responsible official conduct	a weekly (for	small source	ces, bi-weckly) leak detection a	ınd repa	air
ins	pection?			•	$\Box$ Y	N
2. Has	the facility maintained a leak log	?			ΠY	ND
3. Doe	es the responsible official check the	following a	reas for leal	cs?		
	Hose connections, fittings, couplings, and valves	OY ON	□N/A	Muck cookers	ΩY	ON ON/A
	Door gaskets and seating	OY ON	□N/A	Stills	ΠY	□N □N/A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	QY	□N □N/A
	Pumps	OY ON	□N/A	Diverter valves	ПY	□N □N/A
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	ΩY	□N □N/A
	Water separators	OY ON	□N/A			
4. Whi	ch method of detection is used by	the responsib	ole official?			
	Visual examination (condensed	solvent on ex	terior surfac	ces)		
	Physical detection (airflow felt th	rough gaske	ts)			
	Odor (noticeable perc odor)	para di salah				
	Use of direct-reading instrument	ation (FID/PI	D/calorime	tric tubes)		
	Halogen leak detector					
	If using direct-reading instr	umentation.	, is the equi	ipment:	□N/A	A.
	a. Capable of detecting	perc vapor co	oncentration	ns in a range of 0-500 ppm?	QY	ΠN
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and	l after each use	□Y (	
	c. Inspected for leaks ar	nd obvious si	gns of wear	on a weekly basis?	□Y (	ПN
	d. Kept in a clean and s	ecure area w	hen not in u	ise?	□Y (	ח□
	e. Verified for accuracy	by use of du	plicate samp	oles (calorimetric only)?	QY (	□N
			•			
	206ER Z	11-1		4/22/	98	
	Inspector's Name (Please Prin	nt)		Date of Inspe	ction.	
	Cix So	u-		60 M	-45	
	Inspector's Signature			Approximate Date of 1		spection

		INSPECTION RE	PORT FORM		Ø <sub>Z</sub>	MAL	Ī
ENVIRO	NMENTAL PROT	ECTION COMMI	ISSION OF HILLS	SBOROUG	H COUNT &	2 1	
FACILITY: Quality Cl	eaners			PAG	E I M	OF 1 1900	
FACILITY ADDRESS:	7737 W. Hills	sborough Ave.		CITY:	Tampa		
				PHONE	(813) 884	1-1234 700 700 700 700 700 700 700 700 700 70	
MAILING ADDRESS:	Same		CITY: Tampa	FL	A ZIP: 3.	3615 % %	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	S	TATUS:	
Apr 22, 1998	10:00	11:30	non-Cl	DS			
NEDS NUMBER: 57	71096						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Nur	dine Kurji						

Today's visit was to verify whether this facility was shutdown or just a drop store as I was told by the responsible official, Mr. Stephen LeBretton.

The machine seems to have not been operated for a quite time period. However, it can be started up anytime without any difficulties because it was not disconnected.

I talked to Mr. Nurdine Kirji (the owner of the cleaners chain, he manages this facility now because the store manager left the job) about our concern that this machine needs to be disabled completely, which means disconnection of the electrical and the pipes. Mr. Kirji said that this machine hasn't been used for a while and he plan to get rid of it. While we were there, he cut the rubber drive belts to disable the machine for now and he said he will disconnect the electrical and the pipes by end of this month. He also said he will call me next week to notify me about the disconnection.

Based on the fact of that the machine was disabled, we decided to close the Warning Notice # 16354 - Violation of record keeping. Also, I will go one more time to check if the machine is disconnected completely.

Follow-up on 4/30/98: I was notified by Mr. Kirji today that this machine was disconnected by a electrician. I went there and saw all the electrical wires were disconnected. Mr. Kirji told me that he didn't disconnect anything else because of economic reasons. He will remove this machine when a new facility across street opens next month. Then this store is going to be a drop store after remodeling.

INSPECTED BY:	Roger Zhu / Bruce King	DATE:	Apr 22, 1998

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	
FACILITY NAME: DATE: 2/19/	198 TIME IN: 10=30 TIME OUT: 11=30
FACILITY LOCATION: 7737 W.	HUS BOROVGH AVE
RESPONSIBLE OFFICIAL: STEPHEN CONTACT NAME: ZSST	FL 33615 LeBRETTON PHONE: (813)877-8282 TAY (813)884-1231
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general per	· / · / <del>/ ·</del>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
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	☐ Drop store/out of business/petroleum  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
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a get	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □ N □ Can not determine

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?	DY DN DNA				
2. Examining the containers for leakage?	DY DN <b>K</b> ON/A				
3. Closing and securing machine doors except during loading/unloading?	j <b>ø</b> jy □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ANO NO YA				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?					
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v				
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	igerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a 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?	ØY □N				
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?	YOY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DA <b>A</b> N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON TIN/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□y <b>¢</b> ́N				

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?	ΩY	×Ν	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	N	ÐN/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	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (Check appropriate boxes)						
1. Maintained receipts for perc purchased?	DY DÍN					
2. Maintained rolling monthly averages of perc consumption?	DY ØN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON KON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ÁNA					
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N <b>Ý</b> N/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PÁN/A					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?						
8. Maintained compliance plan, if applicable?	OY ON SIN/A					

PART	VI: LEAK DETECTION AND R	EPAIRS				,
1. Does	the responsible official conduct a	weekly (for	small sources.	oi-weekly) leak detection a	nd rep	air
inspe	ection?				ΠY	<b>136</b> 70
2. Has t	he facility maintained a leak log?				ΩY	MX
3. Does	the responsible official check the f	ollowing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ØN	□N/A	Muck cookers	QY	ØN □N/A
	Door gaskets and seating	□Y ØN	□N/A	Stills	ΩY	N/A
	Filter gaskets and seating	ΩY <b>ξ</b> ΩΝ	□N/A	Exhaust dampers	UY	N/A
	Pumps	OY N	□N/A	Diverter valves	ΠY	MN DN/A
	Solvent tanks and containers	□Y <b>Þ</b> ŰΝ	□N/A	Cartridge filter housings	ΩY	AND DNA
	Water separators	DY KN	□N/A			
4. Whic	h method of detection is used by th	e responsib	ole official?			
	Visual examination (condensed sol	ivent on ex	terior surfaces)		<b>Þ</b>	
	Physical detection (airflow felt thro	ough gaske	ts)		K	
ı	Odor (noticeable perc odor)				Œ	
	Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
:	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting pe	erc vapor co	oncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a sta (PID/FID only)?	ındard gas	prior to and afte	er each use	ΟY	N
	c. Inspected for leaks and	obvious si	gns of wear on a	weekly basis?	ΠY	□N
	d. Kept in a clean and sec	ure area w	hen not in use?		ΩY	ΩΝ .
	e. Verified for accuracy by	y use of du	plicate samples	(calorimetric only)?	ΠY	ПИ
		·				
	ROGER ZHU			2/19/9		
	Inspector's Name (Please Print)	)		Date of Inspec	ction	
	Duf Mu		<del></del>	1 40	he	
	Inspector's Signature Approximate Date of Next Inspection					spection

•	•
INSPECTION REPORT FO	ORM .
ENVIRONMENTAL PROTECTION COMMISSION (	OF HILLSBOROUGH COUNTY
FACILITY: Quality Cleaners	PAGE 1 OF 1
FACILITY ADDRESS: 7737 W. Hillsborough Ave.	CITY: Tampa PHONE: (813) 884-1231
MAILING ADDRESS: Same CITY:	Tampa FLA ZIP: 33615
INSPECTION DATE: TIME IN: TIME OUT: INSP	PECTION TYPE: STATUS:
Feb 19, 1998 10:30 AM 11:30 AM	non-CDS Out Compliance
NEDS NUMBER: 571096	
SOURCE DESCRIPTION: Perc Dry Cleaner	
CONTACT(S): Rosi Taylor	. •
The records keeping were very poor in this facility. Inspection, weekly temperature measurement of reconsumption and repair/maintenance records. Furthermosthe machine (already referred to Waste Dept. after last inspection). The Warning Notice # 16354 was is the facility on the same day.	refrigerated condenser, monthly percore, there was no containment pan under pection).
	•

INSPECTED BY: Roger Zhu DATE: Feb 19,1998

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY POP RE-INSPECTION AIRS ID#: 571094 DATE: 4/30/98 TIME IN: 9-30 TIME OUT: 11-00 FACILITY NAME: FACILITY LOCATION: 7737 W. HILLS BORDUCH AVE TAMPA, PL 33615 RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE: (813) 884-1231 CONTACT NAME: NURDINE KURTI PHONE: (813) 884-1231

# PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: Drop store/out of business/petroleum (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/vrdry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility plassification $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_ gallons.

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A				
2. Examining the containers for leakage?	OY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	MO AC				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A				
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	<b>'.</b>				
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	igerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a 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?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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-weekly 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 verifying that the coolant had been completely charged?	OY ON				

F	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?		_ □N	
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
Ï	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A
	/			
Ρ.	ART V: RECORDKEEPING REQUEREMENTS			
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	$\Box Y$	ΠN	
2.	Maintained rolling monthly averages of perc consumption?	$\Box Y$	□и	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ΠY	□и	□N/A
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΠY	□и	□N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	$\Box$ Y	ПΝ	□N/A
				□N/A □N/A
5.	Maintained calibration data? (for applicable direct reading instruments)		□и	
5. 6.	Maintained calibration data? (for applicable direct reading instruments)  Maintained exhaust duct monitoring data on perc concentrations?	□Y □Y	□и □и	

□Y □N □N/A

8. Maintained compliance plan, if applicable?

P.4	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY DN		
2.	Has the facility maintained a leak log?			אם עם		
3.	Does the responsible official check the	following areas for leaks	5?			
	Hose connections, fittings, couplings, and vaives	□Y □N □N/A	Muck cookers	□Y □N □N/A		
	Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	אואם אם צם	Cartridge filter housings	OY ON ON/A		
	Water separators	DY DN DN/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	□N/A					
	□Y □N					
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	□Y □N		
		d obvious signs of wear o	on a weekly basis?	OY ON		
		ecure area when not in us		QY QN		
		by use of duplicate sample		OY ON		
_	,		,			
			-			
	ROGER ZH		4/30			
	Inspector's Name (Please Prin	it)	Date of Inspe	ction		
	Ruff	·	1 YE	AR		
	Inspector's Signature Approximate Date of			Next Inspection		

	-	INSPECTION RI	EDODT CODA!			<del></del>	<del>77</del>
						4/2 ·	4/
ENVIRO	NMENTAL PROT	ECTION COMM	IISSION OF HILL	SBOROU	GHC	COUNTY & &	10
FACILITY: Quality Cl	_			PAG	ЭĒ	l OF	Ni 1
FACILITY ADDRESS:	7737 W. Hills	sborough Ave.		CITY:	Tan	nna 🦠	SOUPCORIE
		J				012) 004 1221	SOUTONION
					<u>e:</u> (,	813) 884-1231	ري کې
MAILING ADDRESS:	Same		CITY: Tampa	F)	LA	ZIP: 33615	- J
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE	: T	STATUS:	
Apr 22, 1998	10:00	11:30	non-C				
NEDS NUMBER: 5	71096						_
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Nuro	dine Kurji						

Today's visit was to verify whether this facility was shutdown or just a drop store as I was told by the responsible official, Mr. Stephen LeBretton.

The machine seems to have not been operated for a quite time period. However, it can be started up anytime without any difficulties because it was not disconnected.

I talked to Mr. Nurdine Kirji (the owner of the cleaners chain, he manages this facility now because the store manager left the job) about our concern that this machine needs to be disabled completely, which means disconnection of the electrical and the pipes. Mr. Kirji said that this machine hasn't been used for a while and he plan to get rid of it. While we were there, he cut the rubber drive belts to disable the machine for now and he said he will disconnect the electrical and the pipes by end of this month. He also said he will call me next week to notify me about the disconnection.

Based on the fact of that the machine was disabled, we decided to close the Warning Notice # 16354 - Violation of record keeping. Also, I will go one more time to check if the machine is disconnected completely.

Follow-up on 4/30/98: I was notified by Mr. Kirji today that this machine was disconnected by a electrician. I went there and saw all the electrical wires were disconnected. Mr. Kirji told me that he didn't disconnect anything else because of economic reasons. He will remove this machine when a new facility across street opens next month. Then this store is going to be a drop store after remodeling.

	_		
INSPECTED BY:	Roger Zhu / Bruce King	DATE:	Apr 22, 1998

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INS	PECTION _	]
TIME IN: /'30 /	TIME OUT:	2:30	PM_AIRS ID#:	571091	5	
TYPE OF FACILITY: Per						
FACILITY NAME: Ou	ality cleaner	S	· ·	DATE:	15/99	
FACILITY LOCATION: 7	137 West Hills	Boro sh	Anl			
Ta	mpa 17/ 336	15				
RESPONSIBLE OFFICIAL:_	Steve Lebertt	0~	PHONE NUME	BER:	· · ·	
	of the compliance requirement P Rule 62-213.300, Florida Ad			he facility is found	l to be in	
Based on the results of discrepancies were no	of the compliance requirement oted:	its evaluated d	uring this inspection, th	he following comp	oliance	
COMPLIANCE REC	QUIREMENT/PROBL	EM	FOLLOW-UP A	CTION REQU		ア
·					JUL   5 Bureau of Air & Mobile	
					1 5 1999 Air Monito	
					oring	
	•					
COMMENTS:		<del></del>		·.	<u> </u>	
	·					
The Annual Compliance Cert	ification form has been prope	•		pector. YES	NO	NA
DATE OF NEXT INSPECT	ION:	(Approxi				<u>.                                    </u>
DICHE CHION CONTROL	m nv. 1	(whh.ozi	matt)			
INSPECTION CONDUCTE	DDI: M. NOZUAL	(Please ]	Print)	10.23-		
INSPECTOR'S SIGNATUR	ve: pr.bozeri		PHONE NUM	BER: (813)27	12-5530	
	P	age of	•		Revised 1	10/96

# PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	P
•	YLENE DRY CLEANERS  GENERAL PERMIT  NSPECTION CHECKLIST  COMPLAINT/DISCOVERY  OF THE PROPERTY
PERCHLOROETH	YLENE DRY CLEANERS C
	GENERAL PERMIT
	NSPECTION CHECKLIST
	\$ OF THE PARTY OF
TYPE OF INSPECTION: ANNUAL	ZI COMPLAINT/DISCOVERY?
DE DIODEONIO	
RE-INSPECTION	1
	8 2
AIRS ID#: 57/096 DATE: 1:30P	M man ny 2120100 man over 6/15/99
AIRS ID#: 5 170 16 DATE: 1 - 301	TIME IN: 2.50 PT TIME OUT: 17 / 77
FACILITY NAME: Quality Clear	a x 8
·	
FACILITY LOCATION: <u>1737 W. H.</u>	11s Borough And
Tampa, K-1	33 <i>615</i>
DECHONORIE OFFICIAL	eton PHONE: (813) 877-8282
RESPONSIBLE OFFICIAL: 54606 CEBA	PHONE: <u>C8137 871-8282</u>
CONTACT NAME: Seme	PHONE: (813)854-12-3)
	(013)00
PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to start	tup DIA -
2. Facility failed to notify DARM to use general per	mit $\square$
2. I defintly failed to notify Drawl to use general per-	
,	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	Drop store/out of business/petroleum
A.	2,2.00 3.000 3.000 3.000
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classification	ation:
facility qualified for a gen	
	its and is not eligible for a general permit
	The state of the s
B The total quantity of perchloroethylene (perc) pu	
<b>B.</b> The four quantity of peremotoedly tene (pere) pu	rchased within the preceding 12 months by this dry cleaning
facility was gallons.	rchased 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 sealed and impervious containers?	DY DN DN/A			
2. Examining the containers for leakage?	DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	DY DN			
4. Draining cartridge filters in their housing or in-sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
Maintaining-solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מ/אם אם עם			
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 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?	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?	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?	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 verifying that the coolant had been completely charged?	OY ON			

BEST AVAILABLE COPY			
		012 1/ 192	
В.	Has the responsible official of an existing large or new large area source also:	And	
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?	OY ON C& OTH,	
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?	OY ON ON/A	
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A	

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly averages of perc consumption?	OY ON			
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			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	OY ON			
7. Maintained deviation reports?	DY DN DN/A			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	DY DN DN/A			

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weckly) leak detection ar	nd repair
inspection?			OY ON
2. Has the facility maintained a leak log?			ZY ON
3. Does the responsible official check the	following areas for leaks	? .	
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	□Y □N □N/A
Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A
Water separators	אואם אם צם		
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed s	olvent on exterior surface	es)	
Physical detection (airflow felt th	rough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instruments	vuon (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equi	pment:	□N/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
/ "	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s		•	DY DN
e. Verified for accuracy	•		DY DN
		,	
11 1200000		June 15 1	569
Inspector's Name (Please Pri	nt)	JUNE 15, 1 Date of Inspe	ection
1 1002 001		W/A	·
Ihspector's Signature		Approximate Date of	Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Quality Cleaners   PAGE 1 OF 1 FACILITY ADDRESS: 7737 W Hillsborough Ave.   CITY: Tampa   PHONE: (813)884-1231  MAILING ADDRESS: same   CITY: Tampa   FLA   ZIP: 33615  INSPECTION DATE:   TIME IN:   TIME OUT:   INSPECTION TYPE:   STATUS:   June 15, 1999   1:30pm   2:30pm   Annual   In Compliance  NEDS NUMBER: 571096  SOURCE DESCRIPTION: Perchloroethylene (Perc ) Dry Cleaner  CONTACT(S): Steve Lebertton  The existing dry cleaning machine in this facility was disconnected and won't be operate anymore.						
FACILITY: Quality Cleaners FACILITY ADDRESS: 7737 W Hillsborough Ave.    CITY: Tampa				SBOROUGH C	COUNTY	
MAILING ADDRESS: same CITY: Tampa FLA ZIP:33615 INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: In Compliance NEDS NUMBER: 571096 SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner CONTACT(S): Steve Lebertton The existing dry cleaning machine in this facility was disconnected and won't be operate anymore			DOTOTY OF THEBU			
MAILING ADDRESS: same CITY: Tampa FLA ZIP:33615  INSPECTION DATE: TIME IN: TIME OUT: June 15, 1999 1:30pm 2:30pm Annual In Compliance  NEDS NUMBER: 571096  SOURCE DESCRIPTION: Perchloroethylene (Perc ) Dry Cleaner  CONTACT(S): Steve Lebertton  The existing dry cleaning machine in this facility was disconnected and won't be operate anymore.	FACILITY ADDRESS: 7737 W Hillsbo	orough Ave.				
June 15, 1999 1:30pm 2:30pm Annual In Compliance  NEDS NUMBER: 571096  SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner  CONTACT(S): Steve Lebertton  The existing dry cleaning machine in this facility was disconnected and won't be operate anymore	MAILING ADDRESS: same		CITY: Tampa			,
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner CONTACT(S): Steve Lebertton The existing dry cleaning machine in this facility was disconnected and won't be operate anymore						
CONTACT(S): Steve Lebertton  The existing dry cleaning machine in this facility was disconnected and won't be operate anymore	NEDS NUMBER: 571096					
The existing dry cleaning machine in this facility was disconnected and won't be operate anymore	SOURCE DESCRIPTION: Perchloroeth	nylene ( Perc ) I	Ory Cleaner			
	CONTACT(S): Steve Lebertton					
	The existing dry cleaning machine in	this facility w	as disconnecte	ed and won	't be operate an	ymore.
				4.		
	,					
		•				
						•
			· ·			
					•	
		·				
INSPECTED BY: DATE:	·		· 			·

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE MACHINE WAS DISABLED	THE WARNING NOTICE # 16354 15 CLOSED
	Eureal of Air Monitoring Sources
COMMENTS:	
COMMENTS:  The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO NO
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO N/A  DO DMS  DO DMS

Page of

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS -

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	ά	COMPLAINT/DISCO	VERY C	1
AIRS ID#: 571096	· ·			E OUT: 1/2	00
FACILITY NAME:	QUALITY C				
FACILITY LOCATION: _					
	TAMPA, FL				
RESPONSIBLE OFFICIAL	. STEPHEN Leb	RETTON	PHONE: (813)8	77-828	2
CONTACT NAME: NU	RDINE KURSI	(OWNER	PHONE: (813) 8	384 - 12?	3/_
PART I: NOTIFICATION					
(check appropriate box)					. /
1. New facility notified DAR	M 30 days prior to startup			//5	
2. Facility failed to notify DA	ARM to use general permit				j :
					<del></del>
PART II: CLASSIFICATION	ΩN				
TAKT II. CLASSIFICATION		<del></del>			
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of bu		ım
Facility indicated on notification (check appropriate box) A.	ation form that it is:		□ Drop store/out of bu	ısiness/petrolet _	ım
Facility indicated on notification (check appropriate box)  A.  1. Existing small area so	ation form that it is:	New small a	☐ Drop store/out of bu		ım
Facility indicated on notification (check appropriate box) A.	ation form that it is:  urce		☐ Drop store/out of burea source x < 140 gal/yr	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	ation form that it is:  ource	r-to-dry only, nsfer only, x h types, x < 1	□ Drop store/out of burea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	ısiness/petrolet _	ım
Facility indicated on notification (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gates transfer only, x < 200 gal/y	ation form that it is:  ource	r-to-dry only, nsfer only, x h types, x < 1	☐ Drop store/out of burea source x < 140 gal/yr < 200 gal/yr	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so	ation form that it is:  ource	t-to-dry only, nsfer only, x by types, x < 1 nstructed on New large a	Drop store/out of burea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/stransfer only, x < 200 gal/sboth types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤	ation form that it is:  ource	r-to-dry only, nsfer only, x lx types, x < 1 nstructed on New large a r-to-dry only,	Drop store/out of but rea source x < 140  gal/yr < 200  gal/yr 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 galyr both types, x < 140 galyr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,	ation form that it is:  ource	r-to-dry only, nsfer only, x lx types, x < 1 nstructed on New large a r-to-dry only, nsfer only, 20	Drop store/out of but rea source x < 140  gal/yr < 200  gal/yr .40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/stransfer only, x < 200 gal/sboth types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤	ation form that it is:  ource	r-to-dry only, nsfer only, x lx types, x < 1 nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140	Drop store/out of but rea source x < 140  gal/yr < 200  gal/yr 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 galyr transfer only, x < 200 galyr both types, x < 140 galyr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is:  aurce	n-to-dry only, nsfer only, x ly types, x < 1 nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140 nstructed on	Drop store/out of but rea source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	ısiness/petrolet _	ım
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 galyr transfer only, x < 200 galyboth types, x < 140 galyr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility.  If no, please check the face of the constructed before 12/9/9.	ation form that it is:  aurce 2. al/yr dry yr trai bot 1) co urce 4. 2,100 gal/yr dry 800 gal/yr trai 0 gal/yr bot 1) co classification 3 are appropriate classification all appropriate classification all appropriate for a general ility exceeds above limits a	n-to-dry only, nester only, x by types, x < 1 nestructed on New large a r-to-dry only, nester only, 20 h types, 140 nestructed on New large and is not eligible.	□ Drop store/out of burea source  x < 140 gal/yr < 200 gal/yr  40 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine  mber above ible for a general permit	isiness/petrolet	·

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?	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
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 ref (complete A below).	rigerated 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 minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated 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?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Ү. □И
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 verifying that the coolant had been completely charged?	אם צם

В	. Has the responsible official of an existing large or new large area source also:		/
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם עם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	□Y □N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	NO YO	□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?	NO YO	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□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?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	□Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A
6. Maintained/startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	□Y □N □N/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair
inspection?			NO YO
2. Has the facility maintained a leak log?			אם עם
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	□Y □N □N/A
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A
Water separators	DY DN DN/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfaces	5)	a .
Physical detection (airflow felt th	rough gaskets)		<u> </u>
Odor (noticeable perc odor)		•	
Use of direct-reading instruments	ation (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			a ·
If using direct-reading instr	rumentation, is the equip	ment:	□N/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N
b. Calibrated against a : (PID/FID only)?	standard gas prior to and a	nfter each use	מם עם
g. Inspected for leaks an	nd obvious signs of wear o	n a weekly basis?	DY DN
	secure area when not in us		OY ON
/ *	by use of duplicate sample		OY ON
,		<b>.</b>	ŀ
	· ·		
206ER 2	HV	4/22/	198
Inspector's Name (Please Pri		Date of Inspe	· · · · · · · · · · · · · · · · · · ·
hispector's tvame (Flease Pfi	111.)	Date of hispe	Cugi
Luit 18	hu	Lac Na	LU S
Inspector's Signature		Approximate Date of	Next Inspection

		INSPECTION RE						
ENVIRO	NMENTAL PROT	ECTION COMM	IISSION OF HILLS	SBORG	OUGH (	COUNT	Y	
FACILITY: Quality Cl			*	P	AGE	1	OF	1
FACILITY ADDRESS:	7737 W. Hills	borough Ave.		CITY	Y: Tar	npa		
				PHO	<u>NE: (</u>	813) 88	84-1231	
MAILING ADDRESS:	Same		CITY: Tampa		FLA	ZIP:	33615	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TY	PE:		STATU	S:
Apr 22, 1998	10:00	11:30	non-C	non-CDS				
NEDS NUMBER: 57	71096							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner						
CONTACT(S): Nur	dine Kurji							

Today's visit was to verify whether this facility was shutdown or just a drop store as I was told by the responsible official, Mr. Stephen LeBretton.

The machine seems to have not been operated for a quite time period. However, it can be started up anytime without any difficulties because it was not disconnected.

I talked to Mr. Nurdine Kirji (the owner of the cleaners chain, he manages this facility now because the store manager left the job) about our concern that this machine needs to be disabled completely, which means disconnection of the electrical and the pipes. Mr. Kirji said that this machine hasn't been used for a while and he plan to get rid of it. While we were there, he cut the rubber drive belts to disable the machine for now and he said he will disconnect the electrical and the pipes by end of this month. He also said he will call me next week to notify me about the disconnection.

Based on the fact of that the machine was disabled, we decided to close the Warning Notice # 16354 - Violation of record keeping. Also, I will go one more time to check if the machine is disconnected completely.

Follow-up on 4/30/98: I was notified by Mr. Kirji today that this machine was disconnected by a electrician. I went there and saw all the electrical wires were disconnected. Mr. Kirji told me that he didn't disconnect anything else because of economic reasons. He will remove this machine when a new facility across street opens next month. Then this store is going to be a drop store after remodeling.

INSPECTED BY:	Roger Zhu / Bruce King	DATE:	Apr 22, 1998	

# TI E V AIR QUALITY GENERAL PET UIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMP	LAINT/DI	SCOVERY	RE-INSPECTION $X$
TIME IN: 9:30	TIME OUT:	11:00		AIRS ID#:	571096
TYPE OF FACILITY: PE	RC DRY CLUANE	al		·	
FACILITY NAME:	OUALITY CLEAR	NONS_			DATE: 4/30/98
FACILITY LOCATION:	7737 W. H	nusbox	20UGH	AVE	
		3615			
RESPONSIBLE OFFICIAL:	STEVE LEBRETT	700		_PHONE NUMBER	: 813-817-8282
	of the compliance requirem? Rule 62-213.300, Florida				acility is found to be in
Based on the results of discrepancies were no	of the compliance requirem oted:	nents evaluat	ed during t	his inspection, the fo	ollowing compliance
COMPLIANCE REC	QUIREMENT/PROB	LEM	FOI	LLOW-UP ACT	ION REQUIRED
					N.
		•			
				P. C.	<u> </u>
			-	JEC Nobile	,
				9, 7.	
				Monitorius	
				,	
		,		·	
				·	
COMMENTS:		<u>-</u>			
					NJA
The Annual Compliance Cert	ification form has been pro	operly certifi	ed and sub	mitted to the inspect	tor. YES NO
DATE OF NEXT INSPECT	ION:		L Yo	SAR	
INSPECTION CONDUCTE		ROUCH	roximate)		
HISEECTION CONDUCTE			ase Print)		<u></u>
INSPECTOR'S SIGNATUR	ve: Kif	m		_PHONE NUMBE	R: 813-272-5530
	•	Page lo	of		Revised 10/96

## PERCHLOROETHYLENE DRY CLLANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCOV	VERY Q
AIRS ID#: 571096 DEFACILITY NAME:				OUT:
RESPONSIBLE OFFICIAL :	MPA, FL STEVE LEGIO	33615 ETTON	PHONE: (8/3) 8	77-8282
CONTACT NAME: NURDIA	NE KURS	1	PHONE: (813)8	84-123/
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM			. /	0 0
•			<del></del>	
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ 2. dr tra	New small ar y-to-dry only, y ansfer only, x	: < 140 gal/yr : 200 gal/yr	siness/petroleum
Facility indicated on notification (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	dr d	y-to-dry only, x ansfer only, x < oth types, x < 1- onstructed on c New large ar y-to-dry only, 20 oth types, 140 <	prop store/out of buses a source $x < 140 \text{ gal/yr}$ and $x < 140 \text{ gal/yr}$ for after $12/9/91$ )  casource $x < 2,100 \text{ gal/yr}$ and $x < 2,100 \text{ gal/yr}$ and $x < 1,800 \text{ gal/yr}$	siness/petroleum
Facility indicated on notification (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	dr tra bo (£0 gal/yr gal/yr tra /yr bo (co	y-to-dry only, x sansfer only, x so the types, x < 1 on tructed on constructed on constructed on the types, 140 so the t	prop store/out of buses a source $x < 140 \text{ gal/yr}$ and $x < 140 \text{ gal/yr}$ for after $x < 12/9/91$ and $x < 12/9/91$ can source $x < 12/9/91$ by $x < 12/9/91$ and $x < 12/9/91$ can source $x < 12/9/91$ by $x < 12/9/91$ can source $x < 12/9/9$	siness/petroleum
Facility indicated on notification (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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility class.  If no, please check the appropriate the property of the propert	dr tra bo (consistication coropriate classification consisting description consisting description desc	y-to-dry only, ansfer only, x < only, ansfer only, 200 only, ansfer only, 200 only, ansfer only, 200 only, anstructed on only, 200 only, anstructed on only, anstructed on only, anstructed on only, anstructed on only.	rea source  x < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  rea source 40 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr \tau \le 1,800 gal/yr \tau \tau \tau \tau \tau \tau \tau \tau	siness/petroleum

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 DN/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?	□Y □N □N/A
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 refrige (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 musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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 DN DN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B.	. Has the responsible official of an existing large or new large area source also:	$\overline{/}$		
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?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
l	Is the temperature differential equal to or greater than 20° F?	ПY	ПИ	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: neck appropriate boxes)			

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	OY ON		
2. Maintained rolling monthly averages of perc consumption?	NO YO		
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		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	OY ON		
7. Maintained deviation reports?	OY ON ON/A		
Problem corrected?	OY ON ON/A		
8. Maintained compliance plan, if applicable?	OY ON ON/A		

PART VI: LEAK DETECTION AND REPAIRS .					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?		•	DY DX	
2. Has	the facility maintained a leak log?			מם עם	
3. Doe	s the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	□Y □N □N/A	
	Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A	
	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	□Y □N □N/A	
	Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A	
	Solvent tanks and containers	אואם אם אם	Cartridge filter housings	□Y □N □N/A	
	Water separators	OY ON ON/A			
4. Whi	ich method of detection is used by the	ne responsible official?			
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
	If using direct-reading instr	umentation, is the equipm	ent:	□N/A	
	a. Capable of detecting p	perc vapor concentrations is	n a range of 0-500 ppm?	UY UN	
Calibrated against a standard gas prior to and after each use (PID/FID only)?			□Y □N		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y □N		
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□У □И		
	<del></del>				
	ROSER 7HU 4/30/98				

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

NEDS NUMBER: 571096					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACTOR N. II. II. II.					
CONTACT(S): Nurdine Kurji					
( )					
- -					

Today's visit was to verify whether this facility was shutdown or just a drop store as I was told by the responsible official, Mr. Stephen LeBretton.

The machine seems to have not been operated for a quite time period. However, it can be started up anytime without any difficulties because it was not disconnected.

I talked to Mr. Nurdine Kirji (the owner of the cleaners chain, he manages this facility now because the store manager left the job) about our concern that this machine needs to be disabled completely, which means disconnection of the electrical and the pipes. Mr. Kirji said that this machine hasn't been used for a while and he plan to get rid of it. While we were there, he cut the rubber drive belts to disable the machine for now and he said he will disconnect the electrical and the pipes by end of this month. He also said he will call me next week to notify me about the disconnection.

Based on the fact of that the machine was disabled, we decided to close the Warning Notice # 16354 - Violation of record keeping. Also, I will go one more time to check if the machine is disconnected completely.

Follow-up on 4/30/98: I was notified by Mr. Kirji today that this machine was disconnected by a electrician. I went there and saw all the electrical wires were disconnected. Mr. Kirji told me that he didn't disconnect anything else because of economic reasons. He will remove this machine when a new facility across street opens next month. Then this store is going to be a drop store after remodeling.

		 		_
INSPECTED BY:	Roger Zhu / Bruce King	DATE:	Apr 22, 1998	

*	///-
TITLE V AIR QUALITY INSPECTION SUM	
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY [] RE-INSPECTION []
TIME IN: 10:30 TIME OUT: 11:3  TYPE OF FACILITY: Perc Dry Cleaner  FACILITY NAME: Quality Cleaner  FACILITY LOCATION: 7737 W. Hillsboro  Tampa FL	AINS ID#.
RESPONSIBLE OFFICIAL: Stephen Le Bretto	PHONE NUMBER: (\$1,3) 877-8282
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NOX
INSPECTION CONDUCTED BY: [Ap	proximate)
INSPECTOR'S SIGNATURE: ROJUME	PHONE NUMBER: (8/3)272-5530
Page	of Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS COMPLIANCE DISTRIBUTE COMPLIANCE COMPLIANCE DISTRIBUTE COMPLIANCE CO

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>x</b>	COMPLAINT/DISCO	VERY 🗆
FACILITY NAME:  FACILITY LOCATION:	DATE: 7/12/00 Quality C 7737 W. H			
RESPONSIBLE OFFICIAL	Tampa,	FL Bretton	33615	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	•	·	·•
(check appropriate box)	•			
1. New facility notified DAI	RM 30 days prior to startup			Ø
2. Facility failed to notify D	ARM to use general permit	t	, · · · · · · · · · · · · · · · · · · ·	. 🗖
PART II: CLASSIFICAT	ION			
Facility indicated on notific (check appropriate box)  A.	cation form that it is:		☐ No notification for ☐ Drop store/out of b	
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9)	gal/yr. di l/yr tr r b	ansfer only, $x$ oth types, $x < 1$	x < 140 gal/yr < 200 gal/yr	
3. Existing large area of dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,6 (constructed before 12/9)	≤ 2,100 gal/yr d 1,800 gal/yr t 300 gal/yr b	cansfer only, 20 oth types, 140	rea source  140 ≤ x ≤ 2,100 gal/yr  00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr  or after 12/9/91)	

B. The total quantity of perchloroethylene (perc) purchased 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 sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	DY 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?	בארם אם צם A/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:  If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).  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	ıst have been
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated 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?	OY 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-weekly 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 verifying that the coolant had been completely charged?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
D. And the responsible official of all existing fatge of her fatge area source 2150:	
<ol> <li>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?</li> </ol>	OY ON
2. Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	•
at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
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?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
, , , , , , , , , , , , , , , , , , , ,	
Has the responsible official: (check appropriate boxes)	
	OY ON
(check appropriate boxes)	מט עם מט עם
(check appropriate boxes)  1. Maintained receipts for perc purchased?	
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	OY ON
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc parchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a documentation of leaks repaired w/in 24 hrs? or,</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for applicable direct reading instruments)</li> </ol>	OY ON ON/A OY ON ON/A
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc parchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for applicable direct reading instruments)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	OY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc parchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a documentation of leaks repaired w/in 24 hrs? or,</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for applicable direct reading instruments)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for applicable direct reading instruments)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	OY ON OY ON ON/A

## PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?	DY DN		
2.	Has the facility maintained a leak log?	DY ON		
3.	Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A		
	Door gaskets and seating	OY ON ON/A		
	Filter gaskets and seating	OY ON ON/A		
	Pumps	OY ON ON/A		
	Solvent tanks and containers	OY ON ON/A		
	Water separators OY ON ON/A			
4.	. Which method of detection is used by the responsible official?	+4 · · · · · · · · · · · · · · · · · · ·		
	Visual examination (condensed solvent on exterior surfaces)			
	Physical detection (airflow felt through gaskets)			
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FID/PID/Ealorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:	□N/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN		
	d. Kept in a clean and secure area when not in use?	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON		

Roser Zhu	7/12/00
Inspector's Name (Please Print)	Date of Inspection
Roger Shu	1 Year
Inspector's Signature	Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Quality C		PAGE	1 OF	1			
FACILITY ADDRESS: 7737 W. Hillsborough Ave. CITY: Tampa PHONE: (813) 884-1231							
MAILING ADDRESS: Same CITY:				FLA	ZIP: 33615		
INSPECTION DATE: TIME IN: TIME OUT			INSPECTION	N TYPĖ:	STATU	JS:	
Jul 12, 2000 10:30		11:30	non-CI	OS	In Compl	iance	
NEDS NUMBER: 571096							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Step	phen LeBretton		· 		•		
The inactive dry clea	ining machine i	s still in the fa	cility, but disc	connected.	This facility	is a drop	
store only.							
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INSPECTED BY:	Roger Zhu		•	DA	TE: Jul 12,	2000	

### **BEST AVAILABLE COPY**



### Part III. Notification of Intent to Use General Permit

OUT STORY SOUTH OF THE SOUTH OF Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
2. Site Name (For example, plant name or number):					
2. Site Name (For example, plant name or number):					
Quality C/CAVEVS					
3. Hazardous Waste Generator Identification Number:					
A. Fadhari and an					
4. Facility Location: 7737 W. Hills borogh AVR. Street Address:					
City: T County: // / Zip Code: 22/15					
Street Address: City: Tampa   County: ///Shorogh  Sirect Address: City: Tampa   Sip Code: 33 6 15  Sign Code: 33 6 15					
5. Facility Identification Number (DEP Use ONLY > do not fill in):  057/096-002)					
057096.602					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: $\bigcirc \bigcirc \bot$ $\bigcirc \bigcirc \bigcirc$					
Olephen Lewrellon G.M.					
Name: Stephen Le Bretton Title: G.M.  7. Responsible Official Mailing Address: 35-19 Henderson Blvd. Organization/Firm:					
Street Address:					
Street Address: City: Tampa County: Historogic Zip Code: 33609  8. Responsible Official Telephone Number: Telephone: (8/3)877-8282 Fax: () Square					
8. Responsible Official Telephone Number:					
Telephone: (\$\frac{\partial}{2}\tag{\partial}\partial					
1010pilone: (8/3)8/1 828Z					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
No longer a Production Plant					
10. Facility Contact Address:					
$oldsymbol{\cdot}$					
Street Address:					
City: County: Zip Code:					
11. Facility Contact Telephone Number:					
Telephone: ( ) - Fax: ( ) -					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

## 

DEP Form No. 62-213.900(2) Effective: 2/24/99



September 27, 2001

Re: Quality Cleaners

7737 W. Hillsborough Ave.

Tampa, FL. 33615

L. S. B. B. Wall

The above facility has not done any dry cleaning since February 1998. All production is now done at, 7756 W. Hillsborough Ave., Tampa, FL. 33615.



# This portion must be attached to remittance for proper handling 303449

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#0571096

NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### 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: \$50.00**

#### Do NOT Remove Label

AIRS ID# 0571096

TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 265 302 194 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID#: 0571096 NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD **TAMPA FL 33609** 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 3800 \$ **TOTAL Postage & Fees** Postmark or Date Form 2/14/97 BS the right of the return address Fold at line over top of envelope to SENDER: wish to receive the ■Complete items 1 and or ■Complete items 3, 4a, and 4b. following services (for an ■Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not Service 1. Addressee's Address permit.

Write\*Return Receipt Requested\* on the mailpiece below the article number. 2. A Restricted Delivery The Return Receipt will show to whom the article was delivered and the date Receipt Consult postmaster for fee. delivered. 3. Article Addressed to: 4a. Article Number P 265 Return 4b. Service Type AIRS ID#: 0571096 NURDINE KURJI Certified ☐ Registered STEPHEN LEBRETTON using RETURN ADDRESS ☐ Express Mail ☐ Insured 3519 HENDERSON BLVD TAMPA FL 33609 ☐ Return Receipt for Merchandise ☐ COD ₫ 7. Date of Delivery Thank you

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested

Domestic Return Receipt

and fee is paid)

## Z- 333 612 961

## US Postal Service Receipt for Certified Mail

AIRS ID 0571096

NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609

	Postage	\$
2 Form <b>3800</b> , April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
80°,	TOTAL Postage & Fees	\$
S Form 3	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 spermit.  ■Write 'Return Receipt Requested' on the mailpiece below the are  ■The Return Receipt will show to whom the article was delivered delivered.	pace does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Addres 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  AIRS ID 0571096  NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609	4b. Service  Registere Express	Type  ad Certific  Mail Insure  ceipt for Merchandise   COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X MUMA ADMINI	Addressee's Address (Only if requested and fee is paid)	

U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only) No Ins				
Postage \$  Certified Fee    Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$  Rec 10 AIRS ID #  STEPHEN LEBRETTON Strei QUALITY CLEANERS 3519 HENDERSON BLVI	Postmark Here  0571096001AG  native(tions)			
SENDER: COMPLETE THIS SECTION  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.  AIRS ID # 0571096001AG STEPHEN LEBRETTON QUALITY CLEANERS	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X			
3519 HENDERSON BLVD TAMPA FL 33609	3. Service Type  Certified Mail			
2. Article Number (Copy from service label) 7000 05d 0 00d0 9372 6926				

Domestic Return Receipt

102595-00-M-0952

PS Form 3811, July 1999