



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 23, 2000

Mr. Julio Moran
South Dale Cleaners
2425 South Dale Mabry
Tampa, Florida 33629-6840

Re: Facility No.: 0571141-002

Dear Mr. Moran:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 21, 2000.

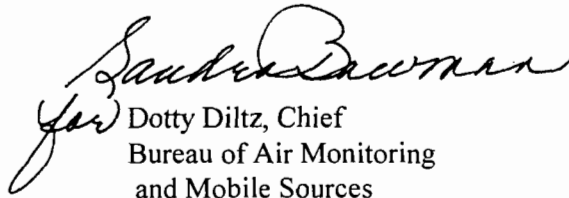
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

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JAN 21 2000

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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): SOUTH DALE CLEANERS |
| 2. Site Name (For example, plant name or number): SOUTH DALE CLEANERS |
| 3. Hazardous Waste Generator Identification Number: |
| 4. Facility Location: 2425 S. DALE MABRY Street Address: City: Tampa County: Zip Code: 33629-6840 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 0071141-00 |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: JULIO MORAN Title: OWNER |
| 7. Responsible Official Mailing Address: Organization/Firm: 2425 S. DALE MABRY Street Address: City: Tampa County: Zip Code: 33629-6840 |
| 8. Responsible Official Telephone Number: Telephone: (813)254-8573 Fax: (813)254-1983 |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): RAY OPRISKO PLANT MGR. |
| 10. Facility Contact Address: Street Address: 2425 S. DALE MABRY City: Tampa County: Zip Code: 33629-6840 |
| 11. Facility Contact Telephone Number: Telephone: (813)254-8573 Fax: (813)254-1983 |

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| 1/91 | Existing/New | RC/CA/None required | SAME |
| 1/91 | Existing/New | RC/CA/None required | SAME |
| | Existing/New | RC/CA/None required | |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |
| | Existing/New | RC/CA/None required | |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

72.6 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input checked="" type="checkbox"/> | |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Julio MORAN
Print name of responsible official

Julio Moran
Signature

1/19/00
Date

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|------------------------|-------------------------------------|
| TIME IN: <u>13:30</u> | TIME OUT: <u>14:45</u> | AIRS ID#: <u>571141</u> |
| TYPE OF FACILITY: <u>PERC DRY CLEANER</u> | | |
| FACILITY NAME: <u>SOUTH DALE CLEANERS</u> | | DATE: <u>3/9/00</u> |
| FACILITY LOCATION: <u>2425 S. DALE MABRY HWY</u> <u>TAMPA, FL 33629</u> | | |
| RESPONSIBLE OFFICIAL: <u>JULIO MORAN</u> | | PHONE NUMBER: <u>(813) 254-8573</u> |

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
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| | |
| | |

RECEIVED
 APR 13 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 571141 DATE: 3/9/00 TIME IN: 13:30 TIME OUT: 14:45
FACILITY NAME: SOUTH DALE CLEANERS
FACILITY LOCATION: 2425 S. DALE MARRY HWY
TAMPA, FL 33629
RESPONSIBLE OFFICIAL: JULIO MORAN PHONE: (813) 254-8573
CONTACT NAME: RAY OPRISKO PHONE: (813) 254-8573

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

Facility indicated on notification form that it is: No notification form
(check appropriate box) Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification Y 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 261 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or, Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

ROGER ZHU

Inspector's Name (Please Print)

Roger Zhu

Inspector's Signature

3/9/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

ACC

AIRS ID#: 571141

Revised 10/10/96

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

| | | | |
|--------------------|---|-------|---------------|
| FACILITY NAME: | <u>SOUTH DALE CLEANERS</u> | DATE: | <u>3/9/00</u> |
| FACILITY LOCATION: | <u>2425 S. DALE MABRY HWY TAMPA, FL 33629</u> | | |

Annual Reporting Period: Oct 1 1999 TO Mar 9 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Julio MORAN Julio Moran 3/9/00
Name (Please Print) Signature Date

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

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | | | | | |
|--|-------------------|--------------------|-----------------------------|--------------------------|------------|
| FACILITY: South Dale Cleaners | | | | PAGE 1 OF 1 | |
| FACILITY ADDRESS: 2425 S. Dale Mabry Hwy | | | CITY: Tampa | | |
| | | | PHONE: (813) 254-8573 | | |
| MAILING ADDRESS: Same | | CITY: Tampa | | FLA | ZIP: 33629 |
| INSPECTION DATE: Mar 9, 2000 | TIME IN: 13:30 | TIME OUT: 15:15 | INSPECTION TYPE: non-CDS | STATUS: In Compliance | |
| NEDS NUMBER: 571141 | | | | | |
| SOURCE DESCRIPTION: Perc Dry Cleaner | | | | | |
| CONTACT(S): Julio Moran | | | | | |

Today's visit was to contact the first annual inspection since the ownership changed. Both the machines are well maintained and kept clean. No leaks or odors were noticed. The plant manager, Ray Oprisko, keeps good records. He used to work for the previous owner, so he's knowledgeable about our inspection procedures. The perc usage was 261 gallons for the past 12 months.

| | |
|-------------------------|-------------------|
| INSPECTED BY: Roger Zhu | DATE: Mar 9, 2000 |
|-------------------------|-------------------|

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:00 TIME OUT: 9:45 AIRS ID#: 571141
 TYPE OF FACILITY: PERC DRY CLEANERS
 FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/13/00
 FACILITY LOCATION: 2425 S. DALE MABRY HWY
TAMPA, FL 33629
 RESPONSIBLE OFFICIAL: JULIO MORAN PHONE NUMBER: (813)254-8573

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---------------------------|
| NOTICED PERC ODORS DURING INSPECTION WHEN MACHINE # IN OPERATION. | RE-INSPECT IN 1~2 WEEK(S) |
| | |
| | |
| | |
| | |
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| | |

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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1~2 WEEK(S)

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)254-8573

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI)

| | | | | | | | |
|-----------------------|---|--------|----------------|----------|------|-----------|------|
| AIRS ID#: | 571141 | DATE: | 12/13/00 | TIME IN: | 9:00 | TIME OUT: | 9:45 |
| FACILITY NAME: | SOUTH DALE CLEANERS | | | | | | |
| FACILITY LOCATION: | 2425 S. DALE MABRY HWY TAMPA, FL 33629 | | | | | | |
| RESPONSIBLE OFFICIAL: | JULIO MORAN | PHONE: | (813) 254-8573 | | | | |
| CONTACT NAME: | RAY OPRISKO | PHONE: | (813) 254-8573 | | | | |

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

- | | | | | |
|---|-------------------------------------|-------------|-----|-------------------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input checked="" type="checkbox"/> | (ARMS Data) | MNC | <input checked="" type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> | | SNC | <input type="checkbox"/> |

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

No notification form

(check appropriate box)

Drop store/out of business/petroleum

A.

- | | |
|--|--|
| 1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) | 2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) |
|--|--|

- | | |
|---|--|
| 3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |
|---|--|

5. This is a correct facility classification Y 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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

PART VI: LEAK DETECTION AND REPAIRS

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

ROGER ZHU
 Inspector's Name (Please Print)

Roger Zhu
 Inspector's Signature

12/13/00
 Date of Inspection

1 ~ 2 WEEK(S)
 Approximate Date of Next Inspection

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
- Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: South Dale Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 2425 S. Dale Mabry Hwy CITY: Tampa
PHONE: (813) 254-8573

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33629

| | | | | |
|----------------------------------|------------------|-------------------|-----------------------------|------------------------------------|
| INSPECTION DATE: Dec 13, 2000 | TIME IN: 9:00 | TIME OUT: 9:45 | INSPECTION TYPE: non-CDS | STATUS: Minor Out Compliance |
|----------------------------------|------------------|-------------------|-----------------------------|------------------------------------|

NEDS NUMBER: 571141

SOURCE DESCRIPTION: Perc Dry Cleaner

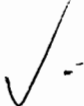
CONTACT(S): Julio Moran

Today's visit was to conduct the annual inspection.

There are two existing large machines in this facility. Both the machines were in operation during my inspection, I noticed strong perc odors from the back of the machine #1. I couldn't locate where the leaks actually occurred. Both the machines haven't been maintained properly. Both the machines looked unclean, particularly for those valves, pipes, connectors, and hoses on the back of the machines.

When the odors occurred, I noticed the machine #1 was "cooking" (muck cooker operating), and machine #2 was in drying cycle. The leaks could be attributed to the muck cooker, or something else. Therefore, I suggested the manager, Mr. Ray Oprisko, to clean the machines first, especially on the back, that may help him to diagnose the leaks. I also told him that the leaks should be fixed within 24 hours or advise me next day what was wrong with the machine #1 in case he needs to order parts.

| | |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Dec 13, 2000 |
|-------------------------|--------------------|



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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:00 AIRS ID#: 571141
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/27/00
 FACILITY LOCATION: 2425 S. DALE MABRY HWY
TAMPA, FL 33629
 RESPONSIBLE OFFICIAL: JULIO MORAN PHONE NUMBER: (813) 254-8573

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED
 JAN 1 2001
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: _____

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

DATE OF NEXT INSPECTION: 1 YEAR
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571141

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/27/00
 FACILITY LOCATION: 2425 S. DALE MABRY HWY
TAMPA, FL 33629

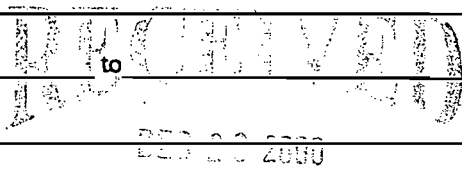
Annual Reporting Period: Mar 10 ²⁰⁰⁰ ~~20~~ TO Dec 27 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____



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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____



As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JULIO MORAN Julio Moran 12/27/00
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI)

| | | | | | | | |
|-----------------------|--|--------|----------------|----------|------|-----------|-------|
| AIRS ID#: | 571141 | DATE: | 12/27/00 | TIME IN: | 9:00 | TIME OUT: | 10:00 |
| FACILITY NAME: | SOUTH DALE CLEANERS | | | | | | |
| FACILITY LOCATION: | 2425 SOUTH DALE MABRY HWY TAMPA, FL 33629 | | | | | | |
| RESPONSIBLE OFFICIAL: | JULIO MORAN | PHONE: | (813) 254-8573 | | | | |
| CONTACT NAME: | RAY OPRISKO | PHONE: | (813) 254-8573 | | | | |

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
 1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
 2. Facility failed to notify DARM to use general permit SNC

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification Y 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 236 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

12/27/00

Date of Inspection

Roger

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | |
|-------------------------------|-------------|
| FACILITY: South Dale Cleaners | PAGE 1 OF 1 |
|-------------------------------|-------------|

| | |
|--|--------------------------------------|
| FACILITY ADDRESS: 2425 S. Dale Mabry Hwy | CITY: Tampa PHONE: (813) 254-8573 |
|--|--------------------------------------|

| | | | |
|-----------------------|-------------|-----|------------|
| MAILING ADDRESS: Same | CITY: Tampa | FLA | ZIP: 33629 |
|-----------------------|-------------|-----|------------|

| | | | | |
|----------------------------------|------------------|--------------------|-----------------------------|--------------------------|
| INSPECTION DATE: Dec 27, 2000 | TIME IN: 9:00 | TIME OUT: 10:00 | INSPECTION TYPE: non-CDS | STATUS: In Compliance |
|----------------------------------|------------------|--------------------|-----------------------------|--------------------------|

NEDS NUMBER: 571141

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Julio Moran

Today's visit was a follow-up inspection.

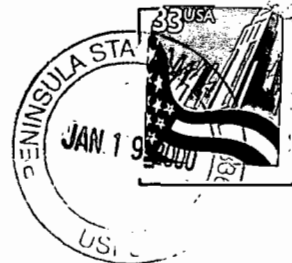
The manager, Mr. Jay Oprikko, called our office day after the last inspection. He said he found the leaks actually from the door seal of the muck cooker. Also he said he ordered the gaskets-muck cooker for both the machines.

I stopped by the facility today. Both the machines were in operation, I didn't smell perc odors. Both the machines are being cleaned, and both pans underneath the machines are re-painted with a white color. Mr. Oprisko showed me the installed gaskets-muck cooker (parts # 0080.0311, ½"x½"x3'). I noticed he also put new insulation on the condenser coils.

Mr. Oprisko keeps good records. The repair log is very detailed for each repair job, and most of them were not related to perc control device. The 12-month perc usage was 236 gallons according the perc log.

| | |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Dec 27, 2000 |
|-------------------------|--------------------|

SOUTH DALE CLEANERS
2425 S. DALE MABRY
TAMPA, FL 33629-6840



GENERAL PERMITS SECTION
BUREAU of AIR MONITORING & MOBILE SOURCES, MS 5510
DEPARTMENT of ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL. 32399-2400

32399-2400



| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i> | |
|---|--------------------------------|
| AIRS ID # 0571141 | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage | SOUTH DALE CLEANERS |
| Recipient's Name | JULIO MORAN |
| Street, Apt. No. | 2425 S DALE MABRY |
| City, State, ZIP | TAMPA FL 33629-6840 |
| PS Form 3800, February 2000 See Reverse for Instructions | |

| FOLD ALONG DOTTED LINE TO THE RIGHT OF RETURN ADDRESS PLACE STICKER AT TOP OF ENVELOPE | |
|--|---|
| SENDER | ACTION ON DELIVERY |
| <ul style="list-style-type: none"> 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. | <p>A. Received by (Please Print Clearly) L PRITCHETT B. Date of Delivery 2/9</p> <p>C. Signature L Pritchett <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0571141</p> <p>SOUTH DALE CLEANERS JULIO MORAN 2425 S DALE MABRY TAMPA FL 33629-6840</p> | <p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| <p>70000600002671286631</p> <p>2. Article Number (Copy from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2002

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

OFFICIAL USE

7000 2870 0000 7027 4338

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark
 Here
accept

Total Postage: 10 AIRS ID # 0571141001AG
 Sent To: JULIO MORAN
 Street, Apt. 1: SOUTH DALE CLEANERS
 City, State, Z: TAMPA FL 33629-6840

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.

| | | | |
|--|--|--|--|
| SENDER: COMPLETE THIS SECTION | | RECIPIENT: COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Received by (Please Print Clearly) L. PITCHETT | B. Date of Delivery 2/4 |
| 1. Article Addressed to: 10 AIRS ID # 0571141001AG JULIO MORAN SOUTH DALE CLEANERS 2425 S DALE MABRY TAMPA FL 33629-6840 | | C. Signature <i>L. Pitchett</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | | D. Is delivery address different from item 1? If YES, enter delivery address below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) | <input type="checkbox"/> Yes |
| 2. Article Number (Copy from service label) | | | |

3755
2273




SOUTH DALE CLEANERS
2425 S DALE MABRY HWY
TAMPA, FL 33629-6840

0643

DATE 2/25/00

PAY TO THE ORDER OF Dept of Environmental Protection \$ 50.00

Fifty & $\frac{00}{100}$ DOLLARS  Security features included. Details on back.

Manufacturers Bank OF FLORIDA 1701 S. Dale Mabry Hwy Tampa, FL 33629

FOR 0571141-002

Melia Moran

South Dale Cleaners
2425 S. Dale Mabry
Tampa, Fl. 33629-6840



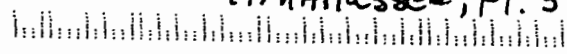
RECEIVED

FEB 29 2000

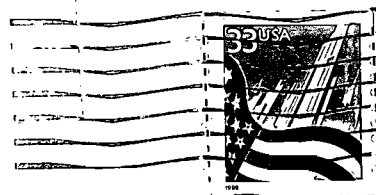
Bureau of Finance
and Accounting
REVENUE

Title V General Permits Office
Bureau of Air Monitoring & Mobile Sources MS-551C
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400

32399-6842



South Dale Cleaners
2425 S. Dale Mabry
Tampa, Fl. 33629-6840



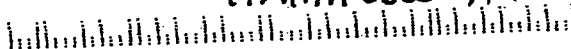
RECEIVED


FEB 29 2000

Bureau of Finance
and Accounting
REVENUE

32399-6342

Title V General Permits Office
Bureau of Air Monitoring & Mobile
Sources MS 5510
Dept. of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400



 South Dale Cleaners
2425 S Dale Mabry Hwy.
Tampa, FL 33629



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315X3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400794

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 # 0571141 |
| SOUTH DALE CLEANERS JULIO MORAN 2425 S DALE MABRY TAMPA FL 33629-6840 |

| |
|--------------------------------|
| FOR GOVERNMENT USE ONLY |
| Org.: 37550101000 EO: A1 |
| Fund: 20-2-035001 |
| Obj.: 002273 |

RECEIVED
MAIL ROOM
DEC 22 2001

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

CERTIFIED

Z 333 667 449

FEB 10 00
FL

POSTAGE
298
POSTALIA 512157

MC5521

MAIL

BAMMS/BCO
JOEY ROBE
5510

RETURNED TO SENDER
ATTEMPTED - NOT KNOWN

AIRPS ID# 0571141
\$1.49 CLEANERS
SAT DAILY
2425 DALE MABRY
TAMPA FL 33629

ANK

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2000

RECEIVED

BEST AVAILABLE COPY

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

1. Article Addressed to:

\$1.49 CLEANERS
 SAL DALY
 2425 S DALE MABRY
 TAMPA FL 33629

AIRS ID # 0571141

Z 333 667 449

2. Article Number (Copy from service label)

| | |
|--|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature | |
| X | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1769

Z 333 667 449
 US Postal Service
Receipt for Certified Mail
 \$1.49 CLEANERS AIRS ID # 0571141
 SAL DALY
 2425 S DALE MABRY
 TAMPA FL 33629

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

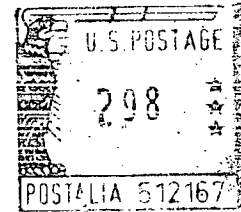
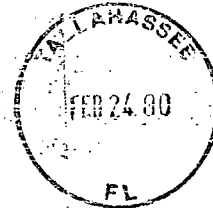
PS Form 3800, April 1995

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

CERTIFIED

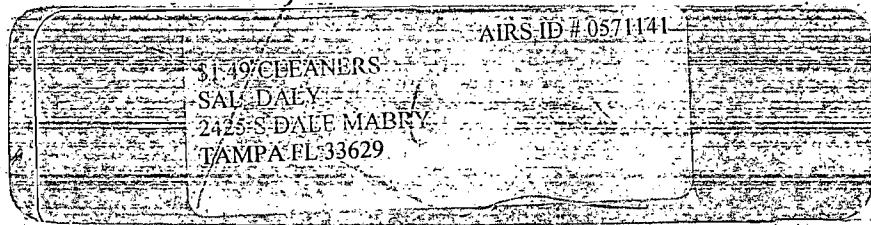
Z 210 662 467

MAIL



MC5521

BAMMS/BCO
JOEY ROBERTS
5510



Bureau of Air Monitoring
& Mobile Sources

MAR 7 3 20PM

RECEIVED

DATE 2/28

3262 3328669 4-03

BEST AVAILABLE COPY

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.

1. Article Addressed to:

\$1.49 CLEANERS
 SAL DALY
 2425 S DALE MABRY
 TAMPA FL 33629

AIRS ID # 0571141

2. Article Number (Copy from service label)

2210 662 467

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

2210 662 467
 US Postal Service
Receipt for Certified Mail 2000
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 Sent to AIRS ID # 0571141
 \$1.49 CLEANERS
 SAL DALY
 2425 S DALE MABRY
 TAMPA FL 33629

PS Form 3800, April 1995

| | |
|---|-----------|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |