



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 5, 1999

Ms. Margaret Rutherford
Ideal Cleaners
1411 Drive Martin Luther King Boulevard
Tampa, Florida 33603

Re: Facility No.: 0571223

Dear Ms. Rutherford:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 22, 1999.

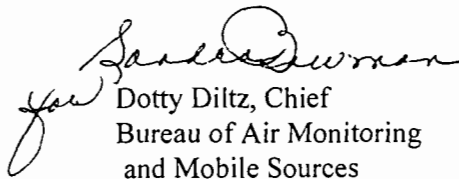
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

Ideal Cleaners, LLC
6210 North Florida Avenue
Tampa, Florida 33604
(813) 231-6992
(813) 231-7933 Fax

December 17, 2002

RECEIVED
DEC 20 2002
Bureau of Air Monitoring
& Mobile Sources

Department of Environmental Protection
Title V Air General Permits
P O Box 3070
Tallahassee, Florida 32315-3070

Re: Title V Air General Permit
AIRS ID# 0571223

To Whom It May Concern,

The Ideal Cleaners, LLC drycleaning and laundry plant located at 1411 East Martin Luther King Boulevard, Tampa, Florida 33603, is no longer functioning as an operating plant effective June 13, 2002.

This location is a drop-off facility, therefore, Ideal Cleaners, LLC would not claim entitlement to the use of a Title V Air General Permit.

Sincerely,



Henry McNatt, Jr.
Owner

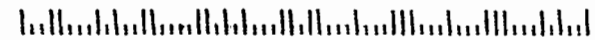
/bkm

IDEAL CLEANERS LLC
6210 N FLORIDA AVE
TAMPA FL 33604



TITLE V AIR GENERAL PERMITS
RECEIPTS
P-O BOX 3070
TALLAHASSEE FL 32315-3070

32315+3070 99





Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

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#0571223

IDEAL CLEANERS #1
CHUCK FARDY
6210 NORTH FLORIDA AVENUE
TAMPA FL
33604

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

COMMISSION
Stacy Esterling
Pat Frask
Chris Hart
Jim Noeman
Jan Platt
Thomas Scott
Ronda Storms



Administrative Offices,
Legal & Water Management Division
The Roger P. Stewart Environmental Center
1900 - 9th Ave. - Tampa, FL 33605
Ph. (813) 272-5960 - Fax (813) 272-5157

Air Management Fax 272-5605
Waste Management Fax 276-2256
Wetlands Management Fax 272-7144
1410 N. 21st Street - Tampa, FL 33605

Executive Director
Richard D. Garrity, Ph.D.

**ENVIRONMENTAL PROTECTION COMMISSION
of Hillsborough County**

FAX Transmittal Sheet

file
0571223

RECEIVED
JAN 08 2003
Bureau of Air, Water,
& Mobile Sources

DATE: 1-8-03

TO: Rick Butler

FAX Phone: 1-850-922-6979 Voice Phone: _____

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE: 2

EPC FAX Transmission Line: (813) 272-5605
For retransmission or any FAX problems, call:
(813) 272-5530 ext. _____

FROM: Mohammad NOZARI

(Circle applicable section below)

Air Division

-Compliance

-Monitoring/Toxics

-Enforcement/Analysis

-Permitting

SPECIAL INSTRUCTIONS: _____

ATTN: RICK BUTLER

BEST AVAILABLE COPY

McNatt's CLEANERS

Bureau of Air Monitoring
& Mobile Sources

JAN 08 2003

RECEIVED

0571223 "Our quality is noticeably better"

January 7, 2003

RECEIVED

JAN 08 2003

Mohammad Nozari
Environmental Protection Commission
Of Hillsborough County
1410 North 21st Street
Tampa, Florida 33605

EPC of HG
AIR MANAGEMENT

Dear Sir,

The Ideal Cleaners located at 1411 East Dr. Martin Luther King Boulevard, Tampa, Florida 33603, is functioning as a drop-off store and has not processed dry cleaning and laundry since June 13, 2002. Also, all hazardous materials were removed.

If any further information is needed, I can be reached at (813) 237-8861.

Sincerely,



Henry McNatt, Jr.
Owner

/bkm

RECEIVED

JAN 22 2002

Bureau of Air Monitoring
& Mobile Sources

IDEAL CLEANERS, LLC

6210 North Florida Avenue

Tampa, FL 33604

(813) 231-6992 Phone

(813) 231-7933 Fax

January 16, 2002

Florida Department of Environmental Protection

General Permits Section

BAMMS MS 5510

2600 Blair Stone Road

Tallahassee, FL 32399-2400

TO WHOM IT MAY CONCERN:

Chuck Fardy has my authorization to sign as the "responsible party" with regards to EPA.

The following location is included in the authorization:

Ideal Cleaners, LLC

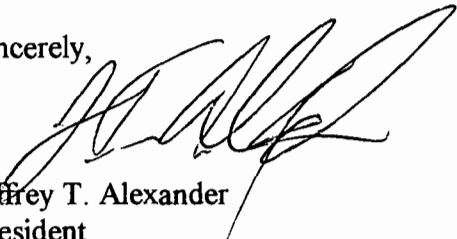
1411 E Dr MLK Jr Blvd

Tampa, FL 33603

AIRS ID# 0571223-001

If you have any further questions, please feel free to call me.

Sincerely,



Jeffrey T. Alexander
President

C: FDEP
Tampa, M. Nazzari

RECEIVED
MAR 22 1999
 Bureau of Air Monitoring
 & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
 AIR GENERAL PERMIT NOTIFICATION FORM

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): <i>Ideal Cleaners (owner) Jeff Alexander</i> |
| 2. Site Name (For example, plant name or number): <i>Ideal Cleaners #1</i> |
| 3. Hazardous Waste Generator Identification Number: <i>MCF-FLDCESQG manifest 45087</i> |
| 4. Facility Location: <i>1411 Dr. Martin Luther King Blvd.</i> Street Address: <i>same</i> City: <i>Tampa, Fl.</i> County: <i>Hillsboro</i> Zip Code: <i>33603</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) |

0571223

Responsible Official

| | |
|--|---|
| 6. Name and Title of Responsible Official: | |
| Name: <i>Margaret Rutherford</i> | Title: <i>Plant Mgr.</i> |
| 7. Responsible Official Mailing Address: | |
| Organization/Firm: <i>Majestic Ideal Cleaners</i> | |
| Street Address: <i>1411 Dr. Martin Luther King Blvd.</i> | |
| City: <i>Tampa, Fl. 33603</i> | County: <i>Hillsboro</i> Zip Code: <i>33603</i> |
| 8. Responsible Official Telephone Number: | |
| Telephone: (<i>813</i>) <i>247-2333</i> | Fax: (<i>813</i>) <i>870-3332</i> |

Facility Contact (If different from Responsible Official)

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

0571223

3/24/99

Spoke to Margaret Rutherford and she stated that she is a stockholder in Ideal Cleaners and is responsible for the overall operation of the facility. Ms. Rutherford has been the manager for the past 6 months and she has purchased 19.2 gals of persca. The previous operator did not keep records.

p15

2(a) add # of gals.

(b) add # of months + appropriate reason.

p16

5. "all co. units exempt should be marked. mark out other and initial.

p17

Responsible official sign and date for changes.

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") |
|--|---|--|---|
| 09/1995 | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC <input checked="" type="radio"/> CA <input type="radio"/> None required | Same |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | 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?

gallons (You must fill this in)

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

Margaret Rutherford
Print name of responsible official

Margaret Rutherford
Signature

March 17, 1999
Date

✓

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

TYPE OF INSPECTION: Fee ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 Pm TIME OUT: 2:00 Pm AIRS ID#: 571028
 TYPE OF FACILITY: Perc Dry cleaners
 FACILITY NAME: MAJESTIC Ideal Cleaners DATE: 5-7-99
 FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
 RESPONSIBLE OFFICIAL: Ms. Margaret Rutherford PHONE NUMBER: (813) 871-5707

- 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 |
|--|---------------------------|
| NOTE: THE FACILITY UNDER THE NEW OWNER IS IN COMPLIANCE. THE FAILURE TO PAY THE FEE BELONGS TO THE FORMER OWNER. | NONE |
| | |
| | |
| | |
| | |

RECEIVED
 JUN 14 1999
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: unpaid \$50 Annual Fee.

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

DATE OF NEXT INSPECTION: N/A
(Approximate)

INSPECTION CONDUCTED BY: Mohammad NOZARI
(Please Print)

INSPECTOR'S SIGNATURE: M. NOZARI 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#: 571124 DATE: 5-7-99 TIME IN: 1:30 PM TIME OUT: 2:00 PM
FACILITY NAME: MAJestic Ideal Cleaners
FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
RESPONSIBLE OFFICIAL: Ms. Margaret Rutherford PHONE: (813) 871-5707
CONTACT NAME: Jeff Alexander (owner) PHONE: (813) 837-8801

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:
(check appropriate box)

- No notification form
 Drop store/out of business/petroleum

A.

- | | |
|--|--|
| 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/> | 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/> |
| 3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ 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) <input type="checkbox"/> | 4. New 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 both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/> |
| 5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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

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 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

Mohammad Nozari
Inspector's Name (Please Print)

4-29-99
Date of Inspection

M. Nozari
Inspector's Signature

N/A
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Majestic Ideal Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 1411 M. L. K. Blvd. E. CITY: Tampa
PHONE: (813) 247-2333

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33603

| | | | | |
|----------------------------------|------------------|--------------------|-----------------------------|---------|
| INSPECTION DATE: Apr 27, 1999 | TIME IN: 8:30 | TIME OUT: 10:00 | INSPECTION TYPE: non-CDS | STATUS: |
|----------------------------------|------------------|--------------------|-----------------------------|---------|

NEDS NUMBER: 571223

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Margaret Rutherford

Today's visit was to inform the R.O. that there is an unpaid \$50 annual fee for the operation in 1998.

An employee told me that the responsible official, Ms. Rutherford, is sick for a whole week, and she'll have Ms. Rutherford to call me.

INSPECTED BY: Roger Zhu

DATE: Apr 27, 1999

Page

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:30 PM TIME OUT: 3:00 PM AIRS ID#: 057 H23
1223
 TYPE OF FACILITY: Peric Dry Cleaners
 FACILITY NAME: MAJESTIC Ideal Cleaners DATE: 12/12/00
 FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
 RESPONSIBLE OFFICIAL: Jeff Alexander PHONE NUMBER: (813) 871-5707

- 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 12 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: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

AIRS ID#:

057122³

1223

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majestic Ideal Cleaners

DATE: 12/12/00

FACILITY LOCATION: 1411 MLK Blvd.

Tampa, FL 33603

Annual Reporting Period: Dec 17 1999 TO Dec 12 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: _____

Name (Please Print)

J.T. Alexander
Signature

Date

12/12/00

*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)

PERMIT ID#: 057422 DATE: 12-12-00 TIME IN: 1:30 PM TIME OUT: 3:PM
1223
FACILITY NAME: Majestic Ideal Cleaners
FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
POSSIBLE OFFICIAL: Jeff Alexander PHONE: (813) 871-5707
CONTACT NAME: _____ PHONE: _____

T I: NOTIFICATION

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

T II: CLASSIFICATION

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

Existing small area source 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 before 12/9/91) (constructed on or after 12/9/91)

Existing large area source 4. New 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
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)

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 A-4 above
 facility exceeds above limits and is not eligible for a general permit

The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 206 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?
Is the temperature differential equal to or greater than 20° F?
 Y N N/A
 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?
 Y N N/A
 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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | |
|-----------------------------------|-------------|
| FACILITY: Majestic Ideal Cleaners | PAGE 1 of 1 |
|-----------------------------------|-------------|

| | |
|--|--------------------------------------|
| FACILITY ADDRESS: 1411 East Martin Luther King Boulevard | CITY: Tampa PHONE: (813) 837-8801 |
|--|--------------------------------------|

| | | | |
|-----------------------|-------------|-----|------------|
| MAILING ADDRESS: Same | CITY: Tampa | FLA | ZIP: 33603 |
|-----------------------|-------------|-----|------------|

| | | | | |
|---------------------------------------|---------------------|----------------------|----------------------------|--------------------------|
| INSPECTION DATE: December 12, 2000 | TIME IN: 1:30 PM | TIME OUT: 3:00 PM | INSPECTION TYPE: Annual | STATUS: In Compliance |
|---------------------------------------|---------------------|----------------------|----------------------------|--------------------------|

NEDS NUMBER: 0571¹²³₁₂₂₃

SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner

CONTACT (S): Mr. Jeff Alexander

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

1. The record keeping of the Perc purchases was very good and organized.
2. The gauge temperature reading was recorded weekly with an average of 42° F
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc was loaded directly with a hookup connection. No container of Perc was at the site.
5. The monthly averages for perc consumption were recorded correctly for the total for past 12 month was 206 gallons and it was verified.
6. The machine was in operation today. No leaks or odors were noticed.
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

| | |
|----------------------------------|------------------------------|
| INSPECTED BY: Mohammad Nozari | . DATE: December 12, 2000 |
|----------------------------------|------------------------------|

ADP

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:30 AM TIME OUT: 11: AM AIRS ID#: 0571228
 TYPE OF FACILITY: Peric Day cleaners
 FACILITY NAME: Majestic Ideal cleaners DATE: 12-5-00
 FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
 RESPONSIBLE OFFICIAL: Jeff Alexander PHONE NUMBER: (813) 871-5707

- 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 |
|---------------------------------------|---------------------------|
| <u>Owner was NOT available</u> | <u>REVISIT</u> |
| <u>to show me His Record Keeping.</u> | |
| | |
| | |
| | |
| | |

RECEIVED
 Bureau of Air Monitoring
 & Mobile Sources
 12-5-2000

COMMENTS:

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

DATE OF NEXT INSPECTION: 12/12/00
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

Handwritten initials/signature

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0571228 DATE: 12/5/00 TIME IN: 1:30 Am TIME OUT: 11:Am
FACILITY NAME: Musjestic Ident Dry cleaner
FACILITY LOCATION: 1411 MLK Blvd.
Tampa, FL 33603
RESPONSIBLE OFFICIAL: Jeff Alexander PHONE: (813) 871-5707
CONTACT NAME: _____ PHONE: _____

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 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 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, $140 \leq x \leq 2,100$ 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) (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

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

PART VI: LEAK DETECTION AND REPAIRS

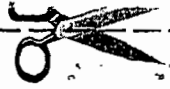
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, 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

Mohammad Nojari
Inspector's Name (Please Print)

12-06-00
Date of Inspection

M. Nojari
Inspector's Signature

12-12-00
Approximate Date of Next Inspection



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406173 FEB26 2001

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

pp 2/12/01
DAN HOSON
refund
Department of Air Management
of Florida
FEB 20 2001
RECEIVED
#6900

Do NOT Remove Label

| |
|--|
| AIRS ID # 0571223 |
| IDEAL CLEANERS #1 MARGARET RUTHERFORD 1411 MARTIN LUTHER KING BLVD TAMPA FL 33603 |

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

MAJESTIC - IDEAL DRY CLEANERS AND LAUNDRY, INC.

02/19/01

10043

010043

Payee DEPT. OF ENV. PROTECTION

| Ref # | Inv ID | Inv Date | Inv Bal | Amount Paid | Disc Taken | Description |
|-------|---------|----------|---------|-------------|------------|-------------|
| | TITLE V | 01/15/01 | 50.00 | 50.00 | | PERMIT |

| | |
|------------|--------------|
| Total Disc | Check Amount |
| 0.00 | 50.00 |



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.

412,862 X

1/10/02
pd.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0571223
IDEAL CLEANERS #1
MARGARET RUTHERFORD
1411 MARTIN LUTHER KING BLVD
TAMPA FL
33603

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

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405095 FEB12 2001

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

2/12/01

Do NOT Remove Label

AIRS ID # 0571223

IDEAL CLEANERS #1
 MARGARET RUTHERFORD
 1411 MARTIN LUTHER KING BLVD
 TAMPA FL 33603

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

FORM #PW1300 68809

010018

| Ref # | Inv ID | Inv Date | Inv Bal | Amount Paid | Disc Taken | Description |
|-------|--------|----------|----------|-------------|------------|--------------|
| | | TITLE V | 12/21/00 | 50.00 | 0.00 | |
| | | | | | | Check Amount |
| | | | | | | 50.00 |

Total Disc 0.00
 Check Amount 50.00

10018 01/26/01

MAJESTIC - IDEAL DRY CLEANERS AND LAUNDRY, INC.
 PAYEE FLORIDA DEPT OF

Z 210 662 483

US Postal Service
Receipt for Certified Mail 2000
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0571223

IDEAL CLEANERS #1
MARGARET RUTHERFORD
1411 MARTIN LUTHER KING BLVD
TAMPA FL 33603

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 | |

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:

AIRS ID # 0571223

IDEAL CLEANERS #1
MARGARET RUTHERFORD
1411 MARTIN LUTHER KING BLVD
TAMPA FL 33603

COMPLETE THIS SECTION ON DELIVERY

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

27-00

C. Signature
X *Margaret Rutherford* Agent Addressee

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

AM

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 210 662 483

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

7000 0600 0026 7825 6027

| | | |
|---|------------------------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total P | | |
| AIRS ID # 0571223 | | |
| Recipient: | IDEAL CLEANERS #1 | |
| Street, # | MARGARET RUTHERFORD | |
| | 1411 MARTIN LUTHER KING BLVD | |
| City, Sta | TAMPA FL 33603 | |
| PS Form | | Instructions |

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:

AIRS ID # 0571223
 IDEAL CLEANERS #1
 MARGARET RUTHERFORD
 1411 MARTIN LUTHER KING BLVD
 TAMPA FL 33603

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *Phil Traynor*
 X *Phil Traynor* 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

2. Article Number (*Copy from service label*)

7000 0600 0026 7825 6027

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|---|---|
| OFFICIAL USE | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| AIRS ID#0571223 | |
| Sent To | IDEAL CLEANERS #1 |
| Street, or PO Box | MARGARET RUTHERFORD 1411 MARTIN LUTHER KING BLVD |
| City, State | TAMPA FL 33603 |
| PS Form | Instructions |

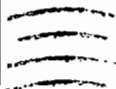
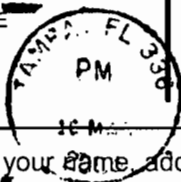
Zur
Service

Postmark Here

7001 0320 0001 7976 3651

| SENDER: COMPLETE THIS SECTION | 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3/8</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>1 Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0571223</p> <p>IDEAL CLEANERS #1 MARGARET RUTHERFORD 1411 MARTIN LUTHER KING BLVD TAMPA FL 33603</p> | <p>3. Service Type</p> <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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2 Article Number (Transfer from service label)</p> | <p>7001 0320 0001 7976 3651</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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 15510
2700 DEAR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2003

RECEIVED

32399-2400



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

7000 2870 0000 7027 5777

OFFICIAL USE

| | |
|---|---------------------------|
| Postage \$ | |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Post | IDEAL CLEANERS #1 |
| Sent To | CHUCK FARDY |
| | 6210 NORTH FLORIDA AVENUE |
| Street, Apt. | TAMPA FL |
| | 33604 |
| City, State, & | |

AIRS ID#0571223

PS Form 3800, May 2000 See Reverse for Instructions

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:

AIRS ID#0571223

IDEAL CLEANERS #1
 CHUCK FARDY
 6210 NORTH FLORIDA AVENUE
 TAMPA FL
 33604

COMPLETE THIS SECTION ON DELIVERY

| | |
|--|------------------------------------|
| A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery |
| <i>HARRY FARDY</i> | <i>2-8-03</i> |
| C. Signature | <input type="checkbox"/> Agent |
| <i>Harry Fardy</i> | <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | |
| If YES, enter delivery address below: <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

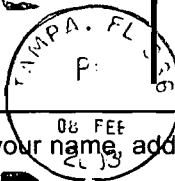
70002870000070275777

2 Article Number *(Copy from service label)*

BEST AVAILABLE COPY

mail
unit

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10610
2000 BLVD. S.E. 100
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

1-730

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

10

0571223001AG
 IDEAL CLEANERS
 1411 Martin Luther King Blvd
 TAMPA, FL 33603

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

7003 0500 0004 0140 7959

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:

0571223001AG 10
 IDEAL CLEANERS
 1411 Martin Luther King Blvd
 TAMPA, FL 33603

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Vincent Shannon Addressee

B. Received by (Printed Name) C. Date of Delivery
Vincent Shannon *2-17-04*

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

2 Article Number (Transfer from service label) 7003 0500 0004 0140 7959

ad to

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. •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 20 2004

RECEIVED

23048542





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422477 FEB 3 2003

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#0571223

IDEAL CLEANERS #1
CHUCK FARDY
6210 NORTH FLORIDA AVENUE
TAMPA FL
33604

Group of Air Monitors
& Mobile Sources

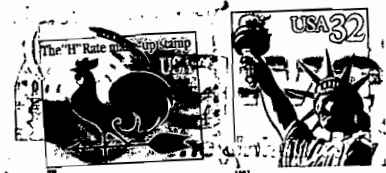
FEB 07 2003

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

RECEIVED

IDEAL PROFESSIONAL LAUNDRY
& DRY CLEANERS

P.O. Box 272088
Tampa, FL 33688-2088



General Permits Section
Bureau of Air Monitoring +
Mobile Source, MS 5590
Dept. of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

32399+6316





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPE.

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

0303215

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571223

IDEAL CLEANERS #1
 MARGARET RUTHERFORD
 1411 MARTIN LUTHER KING BLVD
 TAMPA FL 33603

Bureau of Air Monitoring
& Mobile Sources

MAR - 8 2000

RECEIVED

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

MAJESTIC-IDEAL DRY CLEANERS & LAUNDRY, INC./ GENERAL ACCOUNT

15481

DEPT OF ENVIRON PROTECTION

Check Number: 15481

Check Date: Mar 3, 2000

Duplicate

Check Amount: \$50.00

| Discount Taken | Amount Paid |
|----------------|-------------|
| | 50.00 |

Item to be Paid - Description

2000

50.00

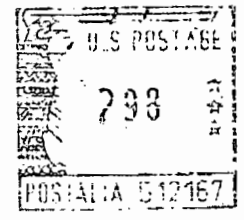
RECEIVED
MAIL ROOM
MAR - 6 00

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

CERTIFIED

Z 333 667 417

MAIL



AC5521

BAMMS/BCO
JOEY ROBERTS
5510

UNCLAS

AIRS ID # 0571223

IDEAL CLEANERS #1
MARGARET RUTHERFORD
1411 MARTIN LUTHER KING BLVD
TAMPA FL 33603

Handwritten signature/initials

FEB 23
FEB 29

33603+000

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:

AIRS ID # 0571223

IDEAL CLEANERS #1
 MARGARET RUTHERFORD
 1411 MARTIN LUTHER KING BLVD
 TAMPA FL 33603

2. Article Number (Copy from service label)

2333 667 417

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature 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

Z 333 667 417

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

Sent to AIRS ID # 0571223

IDEAL CLEANERS #1
 MARGARET RUTHERFORD
 1411 MARTIN LUTHER KING BLVD
 TAMPA FL 33603

| | |
|---|-----------|
| 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