

| | | | | | | | |
|---------------------|---|--------------|-----------------------------|---|----------------------------|---|---------------------|
| AREA | Office * SWPN | SW: PINELLAS | County * PINELLAS | AIRS ID | ARMINV01 | 1030413 | |
| Owner/Comp * | BETTY'S LAUNDERETTE INC | | Site | EXPRESS CLEANERS | | | |
| Directions | | | | | | | |
| Street | 8101 4TH ST N | | | | | | |
| City * | ST PETERSBURG | | Zip | 33702 | 3603 | Validate Address | |
| UTM Zone | 17 | East | 338.66 | North | 3081.26 | Latitude: 27 50 46.9385 Longitude 82 38 18.5044 | |
| Status * | <input type="checkbox"/> INACTIVE | | Maj Group SIC * | 72 PERSONAL SERVICES | | | |
| Reloc | <input type="checkbox"/> N | Shtdwn Dt | Stt Dt | Final Shtdwn Dt | | | |
| Gov Fac * | <input type="checkbox"/> NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE | | HAZ Waste Generator ID: FLD | | | | |
| AOR Req * | <input type="checkbox"/> N | | Ozone SIP Facility * | <input type="checkbox"/> N Type 10 PCE Drycleaning Facilities | | | |
| Compliance Tracking | <input type="checkbox"/> | | | | Current Permit Indicator | AG | |
| Title V | TITLE V | | non-HAP Class | MINOR | | HAP Class MINOR Public Exempt | |
| # of Emis Units | C <input type="checkbox"/> | | A <input type="checkbox"/> | | I <input type="checkbox"/> | | Generator Rating MW |
| Comment | 06/01/10-Inactive per letter from RO Elizabeth Stefani. | | | | | | |

RECEIVED

JUN 01 2010

Bureau of Air Monitoring
& Mobile Sources

BAY AREA LAUNDRY EQUIP.
6515 Haines Road
St Petersburg, Florida 33702

May 27, 2010

We are notifying you that we have removed the dry cleaning machine at our Business at 8101 4th St N, St Petersburg, Fl 33702. We are requesting to rescind The air quality permit #1030413 issued to Bettys Launderette Inc. Safety – Kleen Removed the filters, remainder of the perc, the tank and the machine itself To be destroyed. Enclosed are receipts and documents from the removal on May 25.

Thank You

Elizabeth Stefani

5400 Legacy Drive, Cluster II, B3
 Plano, Texas 75024
 CUSTOMER NO.

800-669-5740
 www.safety-kleen.com



DUNS NO. 05-397-6551 FED. ID NO. 396090019

CUSTOMER

| | | | | | |
|------------------|----------------|--------------|------------------------|---------------------|-------------------|
| FOR SERVICE CALL | BRANCH MANAGER | DOC. EXP. | SCHEDULED SERVICE WEEK | SCHEDULED TERRITORY | REFERENCE NUMBER |
| | | | CREDIT CODE | PREVIOUS BALANCE | BAL. OVER 60 DAYS |
| CUSTOMER SEGMENT | CHAIN | OUTER COUNTY | SVC. P/C | PROD. P/C | |
| LOCATION | | | TAX EXEMPTION NO. | | |

1 0 0 1 5 8 2 8

Bay Area Laundry Equipment
 8101 4th St. W.
 ST PETERSBURG, FL 33702

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|--------------|---------------|----------------------|------------------|----------|------------------------|-------------|--------------|-------------|
| SERVICE DATE | SALES REP NO. | CUSTOMER P.O. NUMBER | CUSTOMER PHONE # | TAX CODE | DATE EQPT/PROD ORDERED | SERVICE TAX | C.O.M.S. TAX | PRODUCT TAX |
| 5/25/10 | 435928 | | | | | | | |

| PT | SERVICE/PRODUCT | REMARKS/UNIT PRICE | QUAN. | CHARGE | SALES TAX | TOTAL CHARGE | WASTE MIN. | SOLVENT/DRUMS | | CC | SERVICE TERM | CHANGE SERVICE TERM (WEEKS)(INITIAL) | CHARGE SCH. DATE (M/YY) | INV. CODE | PROMO NO. | MSDS GIVEN |
|----|-----------------|--------------------|-------|--------|-----------|--------------|------------|---------------|-------|----|--------------|--------------------------------------|-------------------------|-----------|-----------|----------------------------|
| | | | | | | | | CLEAN | SPENT | | | | | | | |
| | 55360 | Porc. Fibz. | 1 | 136.- | - | 136.- | | | | | | | | | | Fiteps Porc |
| | 55367 | Porc. High Sludge | 1 | 136.- | | 136.- | | | | | | | | | | Porc Sludge via Recycle |

| | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|-------|-------------------------|---------------------------------|-------------------------|------|------|-----------------------------|------------------------|---------------------------------------|-----|----|---------------------------|--|---|-----|----|
| TOTAL-SERVICE/PRODUCTS | | | | 272.- | CHECK APPROPRIATE BOXES | MACHINE CONDITION & CLEANLINESS | LAMP ASSEMBLY CONDITION | GOOD | POOR | DECALS IN PLACE AND LEGIBLE | FUSIBLE LINK INSTALLED | EMERGENCY CLOSING OF LID UNOBSTRUCTED | YES | NO | MACHINE PROPERLY GROUNDED | LOCAL PHONE NO. STICKER AFFIXED TO MACHINE | SPENT SOLVENT MEETS ACCEPTANCE CRITERIA | YES | NO |
|------------------------|--|--|--|-------|-------------------------|---------------------------------|-------------------------|------|------|-----------------------------|------------------------|---------------------------------------|-----|----|---------------------------|--|---|-----|----|

| | | | | | | | | | |
|----------------------------|----------------------------|------------------------|------------------------|--|--------------------|--------------------|-----------------|---------------|---|
| USEPA TRANSPORTER 1 ID NO. | USEPA TRANSPORTER 2 ID NO. | GENERATOR USEPA ID NO. | GENERATOR STATE ID NO. | 11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | 12. CONTAINERS NO. | 13. TOTAL QUANTITY | 14. UNIT WT/VOL | SK DOT NUMBER | 15. I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 220 LBS./MONTH INITIALS _____ 220 LBS. TO 2,200 LBS./MONTH INITIALS _____ GREATER THAN 2,200 LBS./MONTH INITIALS _____ |
|----------------------------|----------------------------|------------------------|------------------------|--|--------------------|--------------------|-----------------|---------------|---|

| | | |
|--------------------------------------|----------------|--------------|
| DESIGNATED FACILITY NAME AND ADDRESS | USA EPA ID NO. | STATE ID NO. |
|--------------------------------------|----------------|--------------|

| | | | |
|-------------------------------|-----------------|--|-----------|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: | |
| CHECK NUMBER 6977 | 272.00 | <input checked="" type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS | |
| INVOICE # | AMOUNT \$ | INVOICE # | AMOUNT \$ |
| | | | |
| PREVIOUS CREDIT CARD NO. | CREDIT CARD NO. | AMEX VISA MC | EXP. DATE |
| | | | |

| | |
|------------------------------------|-------------|
| MANIFEST NO. | LDR MESSAGE |
| MANIFEST CODE | SEQ # |
| | |
| IN THE EVENT OF AN EMERGENCY CALL: | |

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Customer Name
 ELIZABETH STEFANI
 By: Elizabeth Stefani
 Customer's Authorized Representative

| | |
|--------------------------------|-------|
| TOTAL CHARGE (FROM ABOVE) | |
| WASTE MIN. (FROM ABOVE) | |
| TOTAL DUE | 272.- |
| DO NOT WRITE IN THE AREA BELOW | |

SERVICE AND SALES ACKNOWLEDGMENT
 PART 1366 (Rev. 05/07)



3400 Legacy Drive, Cluster II, B3
Plano, Texas 75024
CUSTOMER NO.

800-669-5740
www.safety-kleen.com



DUNS NO. 05-397-6551 FID. NO. 396090019

CUSTOMER

| | | | | | |
|------------------|----------------|-----------|------------------------|---------------------|------------------|
| FOR SERVICE CALL | BRANCH MANAGER | DOC. EXP. | SCHEDULED SERVICE WEEK | SCHEDULED TERRITORY | REFERENCE NUMBER |
|------------------|----------------|-----------|------------------------|---------------------|------------------|

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Bay Area Laundry Equip
81014th St N.
St. Petersburgs FL 33702

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|------------------|------------------|-------------------|----------|-------|
| CREDIT CODE | PREVIOUS BALANCE | BAL OVER 60 DAYS | | |
| CUSTOMER SEGMENT | CHAIN | OUTER COUNTY | SVC. P/C | PROD. |
| LOCATION | | TAX EXEMPTION NO. | | |

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|--------------|---------------|----------------------|------------------|----------|------------------------|-------------|--------------|-------------|
| SERVICE DATE | SALES REP NO. | CUSTOMER P.O. NUMBER | CUSTOMER PHONE # | TAX CODE | DATE EQPT/PROD ORDERED | SERVICE TAX | C.O.M.S. TAX | PRODUCT TAX |
| 5/27/10 | 435928 | | | | | | | |

| DEPT | SERVICE/PRODUCT | REMARKS/UNIT PRICE | QUAN. | CHARGE | SALES TAX | TOTAL CHARGE | WASTE MIN. | SOLVENT/DRUMS | | | | CC | SERVICE TERM | CHANGE SERVICE TERM (WEEKS)(INITIAL) | CHANGE SCH. DATE (YY MM) | INV. CODE | PROMO NO. | |
|------|-----------------|--------------------|-------|--------|-----------|--------------|------------|---------------|-------|------------|--------|----|--------------|--------------------------------------|--------------------------|-----------|-----------|---------------------|
| | | | | | | | | CLEAN | SPENT | # OF CONT. | SK DOT | | | | | | | |
| 1 | 87619 | | 1 | 300.00 | | 300.00 | | | | | | | | | | | | - Removal of RCRB |
| 2 | | | | | | | | | | | | | | | | | | Empty |
| 3 | | | | | | | | | | | | | | | | | | DR. in back of base |
| 4 | | | | | | | | | | | | | | | | | | base |
| 5 | | | | | | | | | | | | | | | | | | - Electric Power |
| 6 | | | | | | | | | | | | | | | | | | Repair Base |
| 7 | | | | | | | | | | | | | | | | | | the cost |

| | | | | | | | | | | | | | | | | |
|----------------------------|----------------------------|------------------------|------------------------|---------------------------------|--|-------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| TOTAL-SERVICE/PRODUCTS | | | | | | 300.00 | CHECK APPROPRIATE BOXES | | GOOD | POOR | DECALS IN PLACE AND LEGIBLE | YES | NO | MACHINE PROPERLY GROUNDED | YES | NO |
| USEPA TRANSPORTER 1 ID NO. | USEPA TRANSPORTER 2 ID NO. | GENERATOR USEPA ID NO. | GENERATOR STATE ID NO. | MACHINE CONDITION & CLEANLINESS | | LAMP ASSEMBLY CONDITION | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LOCAL PHONE NO. STICKER AFFIXED TO MACHINE | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--------------------|--------------------|-----------------|---------------|---|--|--|--|
| 11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) | | | | | | | | 12. CONTAINERS NO. | 13. TOTAL QUANTITY | 14. UNIT WT/VOL | SK DOT NUMBER | I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: | | | |
| A. | | | | | | | | | | | | 0 TO 220 LBS./MONTH | | | |
| B. | | | | | | | | | | | | INITIALS | | | |
| C. | | | | | | | | | | | | 220 LBS. TO 2,200 LBS./MONTH | | | |
| D. | | | | | | | | | | | | INITIALS | | | |
| D. | | | | | | | | | | | | GREATER THAN 2,200 LBS./MONTH | | | |
| D. | | | | | | | | | | | | INITIALS | | | |

| | | | |
|--------------------------------------|---|----------------|--------------|
| DESIGNATED FACILITY NAME AND ADDRESS | I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS. | USA EPA ID NO. | STATE ID NO. |
|--------------------------------------|---|----------------|--------------|

| | | | |
|--------------------------------|-----------------|---|--|
| CASH <input type="checkbox"/> | TOTAL RECEIVED | APPLY PAYMENT TO: | |
| CHECK NUMBER | | <input type="checkbox"/> TODAY'S SERVICE/SALE | <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS |
| INVOICE # | AMOUNT \$ | INVOICE # | AMOUNT \$ |
| PREVIOUS CREDIT CARD NO. | CREDIT CARD NO. | AMEX | EXP. DATE |
| | | VISA | |
| | | MC | |
| CUSTOMER REFERENCE INFORMATION | | | |

| | |
|---------------|-------|
| MANIFEST NO. | |
| LDR MESSAGE | |
| MANIFEST CODE | SEQ # |

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Doreen Steedman
Print Customer Name

By: *Doreen Steedman*
Customer's Authorized Representative

VISA
MasterCard
American Express

| | |
|---------------------------|--------|
| TOTAL CHARGE (FROM ABOVE) | |
| WASTE MIN. (FROM ABOVE) | |
| TOTAL DUE | 300.00 |

DO NOT WRITE IN THE AREA BELOW

SERVICE AND SALES ACKNOWLEDGEMENT

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE

BILL OF LADING/MANIFEST 1. Shipper's US EPA ID No. (If Applicable) Document No. **1730.4** 2. Page 1 of 1

3. Shipper's Name and Mailing Address **ARY AIR LAUNDRY EQUIPMENT**
8101 4TH ST N
SAINT PETERSBURG FL 33706-2600

4. Shipper's Phone (**727-930-8665**)

5. Transporter 1 Company Name 6. US EPA ID Number A. Transporter's Phone

7. Transporter 2 Company Name 8. US EPA ID Number B. Transporter's Phone

9. Designated Facility Name and Site Address 10. US EPA ID Number C. Facility's Phone

| 11. Shipping Name and Description | | 12. Containers | 13. Total Quantity | 14. Unit Wt/Vol |
|-----------------------------------|---|----------------|--------------------|-----------------|
| HM | | No. | Type | |
| a. | RESIDUE LAST CONTAINED <i>Residue</i> | 3 | DR | 500 |
| b. | | | | |
| c. | | | | |
| d. | | | | |

15. Special Handling Instruction and Additional Information

OK SHIP# 20101774 1001506

24 HR EMERGENCY #1-800-468-1760 (SAFETY-RELEASE) - 24/7

BY MAIL

IS AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

DOT/PHL H. 1082/100154 D. L. D.

16a. US DOT HAZARDOUS MATERIALS SHIPPER'S CERTIFICATION: This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Printed/Typed Name Signature required here if US DOT regulated Month Day Year

16b. NON-REGULATED SHIPPER'S CERTIFICATION: I certify the materials described above on this form are not subject to federal regulations for Transportation or Disposal.

Printed/Typed Name Sign here if material is not DOT regulated Month Day Year

ELIZABETH STEFANI *Elizabeth Stefani* **5 25 10**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

Mark Kundzid *Mark Kundzid* **5 25 10**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of materials covered by this form except as noted in Item 19.

Printed/Typed Name Signature Month Day Year

SHIPPER
OR
TRANSPORTER
OR
FACILITY

| | | | | | | | | | | | |
|---|--------|--|-----------------------|--|---|---|--|-------------------|------------------|-------------------|-------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number <i>Fluorog</i> | 2. Page 1 of <i>1</i> | 3. Emergency Response Phone <i>1-800-424-9303</i> | | 4. Manifest Tracking Number 002493701 SKS | | | | | |
| | | 5. Generator's Name and Mailing Address <i>AR. 414 LABORATORY EQUIPMENT SUNBELT ST. N. SAINT PETERSBURG FL 33712-1000</i> | | | | | Generator's Site Address (if different than mailing address) | | | | |
| 6. Transporter 1 Company Name <i>AR. 277 SHELBY ST. ST. PETERSBURG, FL 33712</i> | | | | | U.S. EPA ID Number <i>FLA000000000</i> | | | | | | |
| 7. Transporter 2 Company Name | | | | | U.S. EPA ID Number | | | | | | |
| 8. Designated Facility Name and Site Address <i>EMERGENCY RESPONSE CENTER 3000 24TH AVE SOUTH TAMPA, FL 33613</i> | | | | | U.S. EPA ID Number <i>FLA000000000</i> | | | | | | |
| Facility's Phone: <i>813-836-1100</i> | | | | | U.S. EPA ID Number | | | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | | | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | | | | | No. | Type | | | | | |
| | 1. | <i>HAZARDOUS WASTE (CORROSIVE, LIQUID, N.O.S.) SULFURIC ACID SOLUTIONS, FUMES/SMOKE FROM SULFURIC ACID (CORROSIVE)</i> | | | | | <i>175</i> | | | <i>1500</i> | <i>1600</i> |
| | 2. | <i>HAZARDOUS WASTE (CORROSIVE, LIQUID, N.O.S.) SULFURIC ACID SOLUTIONS, FUMES/SMOKE FROM SULFURIC ACID (CORROSIVE)</i> | | | | | <i>60</i> | | | <i>1500</i> | <i>1600</i> |
| | 3. | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 14. Special Handling Instructions and Additional Information <i>UN RECORDED</i> | | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name <i>ELIZABETH STEFANI</i> | | | | | Signature <i>Elizabeth Stefani</i> | | | Month <i>5</i> | Day <i>25</i> | Year <i>11</i> | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: <i>FL</i> Transporter signature (for exports only): _____ Date leaving U.S.: _____ | | | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | | |
| Transporter 1 Printed/Typed Name <i>MARK KUND</i> | | | | | Signature <i>Mark Kund</i> | | | Month <i>5</i> | Day <i>25</i> | Year <i>11</i> | |
| Transporter 2 Printed/Typed Name | | | | | Signature | | | Month | Day | Year | |
| 18. Discrepancy | | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ | | | | | | | | | | | |
| 18b. Alternate Facility (or Generator) U.S. EPA ID Number | | | | | | | | | | | |
| Facility's Phone: _____ | | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) Month Day Year | | | | | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | | |
| 1. _____ | | | 2. _____ | | | 3. _____ | | | 4. _____ | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | | |
| Printed/Typed Name | | | | | Signature | | | Month | Day | Year | |



BAY AREA COMM. LAUNDRY EQUIP.

6515 HAINES ROAD NORTH
ST. PETERSBURG, FL 33702

TAMPA FL 336

SAINT PETERSBURG FL

28 MAY 2010 PM 13 L



Dickson Dibble
General Permits Section
BAMMS-MS5510
Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, Fl. 32399-2400

3239932400

