0571044



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 16, 1996

Mr. Gary H. Kappes President Westwood Cleaners 4513 Gunn Highway Tampa, Florida 33624

Dear Mr. Kappes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 1996.

Please note that in November 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

cc: Ms. Liz Deken, Hillsborough County

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

,	0571044
14 م	
•	New large area source
<del></del>	should be marked
p.15	
	New large r. c. Should
	be marked
· · · · · · · · · · · · · · · · · · ·	
· Mar seen desperance of the	

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## Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	KAPLIN ENTER PRISES ONC						
2.	Site Name (For example, plant name or number):						
	WEST WOOD CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	7LD 982 136 699						
4.	Facility Location: Street Address: 4513 GUNN HIGHWAY						
	City: TAMPA FL County: HILLS BOROU 67 Code: 33624						
	-						
5.	Facility Identification Number (DEP Use):						
	05/11/044						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	GARYH. KAPPES PRES.						
7.	Responsible Official Mailing Address:						
	Organization/Firm: WESTWOOD CLEANERS Street Address: 4513 GUNN HIGHWAY						
	City: TAMPA, Fe County: HILLS BORONGH Zip Code: 33624						
8.							
	Telephone: (813) 961-750 Fax: ( )						
	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: Zip Code:						
13	Facility Contact Telephone Number:						
11.	Telephone: Fax: ( ) -						

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AUG 2 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-5
Dry-to-Dry Unit					_				
(1) w/ ref. condenser	ı	14TER 95	147ER95				_		
(2) w/ carbon adsorber			147EB95						
(3) w/ no controls									
Washer Unit		•			•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber					_				
(6) w/ no controls									
Dryer Unit		•			•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser	-								
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol Check why it is less	are re luant gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	ication only.)	)	initions foun nall area sou		3) of ]	Part II?	
Existing large are	ea so	urce 🔀	N	ew la	rge area soui	rce [	]		

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<ol> <li>What control technology is rec (Indicate with an "X".)</li> </ol>	quired on machines	s pursuant to section (5) of Part	II of this notification form?
Existing large area sourd Carbon adsorber	ce 🔀	Refrigerated condenser [	<b>X</b> J
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			·
5. A facility which contains non- to Rule 62-213.300, F.A.C. Veri exemption criteria or that no such	fy that all steam ar	nd hot water generating units o	
All steam and hot water generation boiler HP or less), and (2) are fir during which propane or fuel oil	ed exclusively by	natural gas except for periods	of natural gas curtailment
All steam and hot water generating No such units on-site	ng units exempt		
Equip	ment Monitoring	and Recordkeeping Informa	tion
Check all logs which are required	l to be kept on-site	in accordance with the require	ements of this general permit:
(a) Purchase receipts and solvent	purchases	[	<b>X</b> ]
(b) Leak detection inspection and	repair	. [	X.
		_	
(c) Refrigerated condenser tempe	rature monitoring	Į	X.
<ul><li>(c) Refrigerated condenser tempe</li><li>(d) Carbon adsorber exhaust perc</li></ul>	_		<b>×</b> 1 <b>X</b> 1
	_	nitoring [	•

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### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form: specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notig statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
$\mathcal{K}$	1/CaNS 8-20-96

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	a
AIRS ID#: 0571044 DATE: 6/17/97  FACILITY NAME: Westwood Clean  FACILITY LOCATION: 4517 Gunn  Tames F1	ers.	
, , , , , , , , , , , , , , , , , , ,		
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to startu	•	<b>a</b> .
3. Facility failed to notify DARM to use general perm	iit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	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)	
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" t<="" tboth="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	DY ON	
If no, please check the appropriate classification:	•	
facility qualified for a general permi facility exceeds above limits and is r		
B. The total quantity of perchloroethylene (perc) pure facility was(4/2) gallons.	chased within the preceding 12 months by this dry	cleaning

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxcs) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at QY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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) DY DN 1. Equipped all machines with the appropriate vent controls? DY ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QYY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated LIV LIN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON (NA) condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD AE verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	шУ □и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON WIA
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON BAN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON (NA)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ØŃ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON BYN/A
	·	•

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly averages of perc consumption?	DYÓ □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØÝ ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם עם
4. Maintained calibration data? (for direct reading instruments only)	OY ON EMYA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA
6. Maintained startup/shutdown/malfunction plan?	⊡rý □n
7. Maintained deviation reports?	OY ON
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON OM/A

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

2. Which metho	od of detection is used by the	e respon	sible offici	al?			
Visual	examination (condensed so	lvent on	exterior su	irfaces)			
Physical detection (airflow felt through gaskets)							
Odor (r	noticeable perc odor)				9		
Use of	direct-reading instrumentat	tion (FID	PID/calor	rimetric tubes)			
If using	g direct-reading instrume	ntation,	is the equi	ipment:			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a st (PID/FID only)?	andard g	gas prior to	and after each use	ΩY	ШN	
	c. Inspected for leaks and	d obvious	s signs of v	vear on a weekly basis?	ПY	ПN	
	d. Kept in a clean and se	cure area	a when not	in use?	ПY	□N	
	e. Verified for accuracy l	by use of	duplicate	samples (calorimetric only)?	ПY	ПN	
3. Has the facili	ty maintained a leak log?				QY	ПN	
4. Does the resp	onsible official check the f	ollowing	g areas for	leaks?			
	onnections, fittings, ngs, and valves	œY.	□N	Muck cookers (NA)	ΩY	Πи	
Door ga	askets and seating	<b>U</b> Ý	ПΝ	Stills	OY.	□и	
Filter g	askets and seating	<b>Q</b> Y	ПN	Exhaust dampers (.V.A)	ΠY	ПN	
Pumps		ON.	□и	Diverter valves	OY.	□N	
Solvent	tanks and containers	₽Ý	ПN	Cartridge filter housings	ΘY	ПN	
Waters	separators	o Y	ПИ				
C-any Kapper Name of Responsible Official							
T	Janor O. Holf pector's Name (Please Prin	<u>0.1</u>		6/17/57	otio=		
Ins	Inspector's Name (Please Print)  Date of Inspection						
	420Hret		<del></del>	-/4 Ra			
	Inspector's Signature		-	Approximate Date of	Next	Inspection	

### ADDITIONAL SITE INFORMATION: Westwood Cleaners

- This facility has a perc dry-to-dry machine, model Real Star Fresca RS 473, S/N 42 A5-077. Capacity is 55#, and unit construction date was 1995.
- Has an additional perc carbon filter to remove trace perc from water discharging from water separator.
- Facility keeps good records, and the facility is kept clean.
- Perc supply is from Tampa Bay Cleaning Supply, and Waste pick-up is by MCF.
- R.O. keeps running total of perc consumption, but his purchase receipts were at
  home at the time of this inspection. He was instructed to make sure that copies of
  the receipts are kept at the store at all times. This should be verified at the next
  inspection.

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPEC	TION

ANNUAL

RE-INSPECTION

CLEANERS IT ECKLIST OUT OF THE COMPLAINT/DISCOVERY OF THE COMPLAINT/DISCOVE AIRS ID#: 571044 DATE: 4/1/98 TIME IN: 9:30 TIME OUT: FACILITY NAME: FACILITY NAME:

FACILITY LOCATION: 4517 SUNN HWY

TAMPA, FL 33624

RESPONSIBLE OFFICIAL: GARY KAPPES PHONE: (813) 961-7750

SAME PHONE: SAME CONTACT NAME:

PART I:	NOTIFICA	MOIT
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(check appropriate box)

- New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

N/A

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

- (check appropriate box)
  - 1. Existing small area source dry-to-dry only, x < 140 gai/yr transfer only, x < 200 gal/yr both types, x < 140 gal/vr (constructed before 12/9/91)
  - 3. Existing large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
  - 5. This is a correct facility classification

- ☐ No notification form
- ☐ Drop store/out of business/petroleum
- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/vr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only,  $140 \le x \le 2.100$  gal/vr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)
- □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 scaled and impervious containers?	אואו אם אם
2. Examining the containers for leakage?	DY DN XXVIA
3. Closing and securing machine doors except during loading/unloading?	ÀN □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN XXVIA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אועלל אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	AL ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVUD ND YES
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	My on ona
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>≱</b> Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ONIA
<ol> <li>Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?</li> </ol>	AY ON

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	DA DN
2. Maintained rolling monthly averages of perc consumption?	άξι αν
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN PNIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	· OY ON MANA
4. Maintained calibration data? (for applicable direct reading instruments)	ANA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	ANAK NO YO
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY DN PANA
Problem corrected?	DY ON MINA
Maintained compliance plan, if applicable?	מיא מט אים

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the respo	nsible official conduct a	wceki	y (for	smail sources.	bi-weckly) leak detection a	ınd repa	air
inspection?						XΥ	ロと
2. Has the facility	maintained a leak log?					XY	ND
3. Does the respo	nsible official check the t	oilow	ing a	reas for leaks?			
	nections, fittings, gs, and valves	ÄX	ПN	□N/A	Muck cookers	₩Ā	ON ON/A
Door gas	kets and seating	) Y Y	ΩΝ	□N/A	Stills	A.	ON ONA
Filter gas	kets and seating	Ψ̈́Υ	□N	□N/A	Exhaust dampers	MY (	□N □N/A
Pumps		ŽΥ	ПN	□N/A	Diverter valves	άγγ (	□N □N/A
Solvent ta	nks and containers	ØY	ПN	□N/A	Cartridge filter housings	άY (	□N □N/A
Water sep	arators	Ϋ́Υ	ПN	□N/A			
4. Which method	of detection is used by the	resp	onsib	le official?		,	
Visual ex	amination (condensed soi	vent (	on ext	erior surfaces)		N N	
Physical d	letection (airflow felt thro	ugh g	asket	(2)		×	
Odor (noticeable perc odor)						Ċ <b>X</b> K	
Use of dire	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen le	ak detector						
If usin	g direct-reading instru	nenta	tion,	is the equipme	nt:	YZÍN/A	
a.	Capable of detecting pe	rc vap	or co	ncentrations in	a range of 0-500 ppm?	QY C	אכ
ზ.	Calibrated against a sta (PID/FID only)?	ndard	gas p	prior to and afte	r each use		אב
c.	Inspected for leaks and	obvio	us sig	ms of wear on a	weekly basis?	QY C	מנ
d.	Kept in a clean and seco	ıre ar	ea wh	en not in use?			מנ
e.	Verified for accuracy by	use o	of dup	licate samples (	calorimetric only)?	QY C	מנ
R	OGEN ZH	7			. 4/1/9	8	
Inspect	or's Name (Please Print)				Date of Inspec	tion	
	Dix Mn				1 40	4/2	
Ins	pector's Signature			_	Approximate Date of N	ext Ins	pection

ACILITY: Gary Kapp	NMENTAL PROTE	TO LION COMIN	TIOCHAN OF FIILLS		
	OS			PAG	<i></i>
ACILITY ADDRESS:	4517 Gunn Hy	vy.		CITY: 7	Tampa & St.
					: (813) 961-765 or
MAILING ADDRESS:			CITY: Tampa		0.2
NSPECTION DATE:	TIME IN: 9:30	TIME OUT: 10:15	INSPECTIO non-C		0 0
April 1, 1998 EDS NUMBER: 5	71044	10:15	non-C	D3	In Compliands 7
OURCE DESCRIPTION		Nooner.			
		Lieaner			
ONTACT(S): Gar Today's visit was to o	y Kapps				
ondenser and the leak oor seal of the machin This facility's classis	inspection con ne was replaced fication is a "N 12 month was	sistently on a in Sep, 199' New large a	a weekly basis. 7. rea source".	Also his	haust temperature of the records indicated that the perc usage of the Kapps's perc purchase

per

AIRS ID#: 057/044

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WEST WOOD C	LEANE	ERS	DATE: _	6-17-91
FACILITY LOCATION: 4517 GUNN H	16HW79			
-0 ( )0 (				
	· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period:	19 <i>_\$6</i> 7	ro <i>6/</i>	17	19_5°7
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	-	-		PRule NO
If NO, complete the following:				
#1. Term or condition of the general permit that has not been	in continuous cor	-	e reporting period	
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:			JUL 1 4	
Method used to demonstrate compliance:		<u>.</u>	Bureau of Air   & Mobile S	Monitoring <del>curces</del>
#2. Term or condition of the general permit that has not been	n in continuous co	mpliance during th	e reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		<u> </u>		
As the responsible official, I hereby certify, based on informal made in this notification are true, accurate and complete. For upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: CFC H. (LIP)  Name (Please Print)	urther, my annual	consumption of pe	rchloroethylene s	solvent, based

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

# TITLE V AIR QUALITY GENERAL PERMIT VINSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION				
	AIRS ID#: 057 1044				
TYPE OF FACILITY: PERC Dy Charer					
TYPE OF FACILITY: DERC Dy Clevers  FACILITY NAME: Westwood Clever	DATE: 6/17/97				
FACILITY LOCATION: 4517 Gran Highway					
Tank F1 33624					
FACILITY LOCATION: 4517 Gran Highway  Temps, F1 73624  RESPONSIBLE OFFICIAL: Gary Kapped	PHONE NUMBER: (817) 2-72-3-5-30				
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	ed during this inspection, the facility is found to be in				
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	,				
,					
COMMENTS:	. ;				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO					
DATE OF NEXT INSPECTION:	roximate)				
INSPECTION CONDUCTED BY: Janes O	the 1 ton				
INSPECTION CONDUCTED BY: Jenes O. (Plessinspector's signature: Q2 0 14et	ase Print) PHONE NUMBER: <u>(8/2)とフネージジョン</u>				

Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

B

TYPE OF INSPECTION:	ANNUAL 🔀 COM	MPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 9:30  TYPE OF FACILITY:  FACILITY NAME:  FACILITY LOCATION:	TIME OUT: 10:15 PERC DRY CLEAN WESTWOOD CLEAN 4517 GUNN HWY	VER NERS	571044 DATE: 4/1/98		
RESPONSIBLE OFFICIAL:	GARY KAPPS		(813) 961 - 7750		
compliance with DEF	of the compliance requirements evalue? Rule 62-213,300, Florida Administration of the compliance requirements evalue.	rative Code (F.A.C.).			
discrepancies were no	oted: QUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED		
		P	•		
		Q <sub>1</sub> M <sub>4</sub>	18 19 ED		
		e Nobile Still	18 1998 ED		
			Contraction of the contraction o		
-					
COMMENTS:					
			NA		
The Annual Compliance Certific	carion form has been properly certifi	_	YES NO		
DATE OF NEXT INSPECTIO		YEAR roximate)			
INSPECTION CONDUCTED	BY: 20	GER ZITU			
NSPECTOR'S SIGNATURE: PHONE NUMBER: (813) 272 - 5530					

Page of \_\_\_\_

Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 3:15 PM	TIME OUT:	3:15 Pm	AIRS ID#:@	571044
TYPE OF FACILITY: $\rho_{e}$	-c Dry Clear	vers		
FACILITY NAME: Wes	stwood Clear	ers		DATE: 5-14-99
FACILITY LOCATION: 451	7 BUNN HWC	<u> </u>		
_	<u> </u>			
RESPONSIBLE OFFICIAL:	acy Kapp	) <b>c</b>	_PHONE NUMBER	1:(813)961-7750
	the compliance requirement Rule 62-213.300, Florida Ad			acility is found to be in
Based on the results of t discrepancies were note	the compliance requirement d:	ts evaluated during	this inspection, the f	ollowing compliance
COMPLIANCE REQU	JIREMENT/PROBLE	EM FO	LLOW-UP ACT	TON REQUIRED
				. · · · ·
	<del></del>			
				1
				ζC*
	·			4. 6/
			oures & N	Sources oring
				Sources oring
		·		
COMMENTS:			<del>.</del>	
COMMENTS.				
			·	
The Annual Compliance Certific	cation form has been prope		• -	tor. YES NO
DATE OF NEXT INSPECTIO	N:	1 year		
	4 7-1	(Approximate	(0.36 1	
INSPECTION CONDUCTED	BY: Monan	(Please Print)	)	
INSPECTOR'S SIGNATURE	M.NORCON	:,	PHONE NUMBE	R: (813) 277-5730
	P	age of .		R: (813) 277-5730  Revised 10/9

AIRS ID#: 057 10 44

Pall

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Wes Two	ol cleaners		DATE:	5/14/99
FACILITY LOCATION: 4517 Go	NN May			
				· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period:	19 <u>.99</u>	то5	5/14/	19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			<u> </u>	P Rule
If NO, complete the following:	,,, a	-, <u></u>		
#1. Term or condition of the general permit	that has not been in continuous of	compliance during	the reporting perio	d 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	t that has not been in continuous	compliance during	the reporting perio	d 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annu	al consumption of	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: 6 F R Nai	H H KAPPES me (Please Print)	K (M) Signali	inc	5-14-99 Date

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

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	□ Æ	COMPLAINT/DISCOVERY	
AIRS ID#: <u>0571044</u> D	DATE: 5-14-99	TIME IN	: 2:15 TIME OUT	: 3:5pm
FACILITY NAME: <u>Nest</u>	Wood Clean	1018		
FACILITY LOCATION: 45	517 GUNN	Hwy		
	mpn, K/ 3			
RESPONSIBLE OFFICIAL :	Gary KA	ppes	phone: <u>(813)961- &gt;7</u>	50
CONTACT NAME:	. '//			
PART I: NOTIFICATION				
(check appropriate box)			· .	
1. New facility notified DARM 3	30 days prior to startup		NIA	۵
2. Facility failed to notify DARN	I to use general permit		· · · · · · · · · · · · · · · · · · ·	۵
PART II: CLASSIFICATION				
Facility indicated on notificatio				
(check appropriate box)	on form that it is:		☐ No notification form ☐ Drop store/out of business	/petroleum
11	ce 🛭 2. T dry trai bot	New small ary-to-dry only, x < 1. types, x < 1. onstructed on constructed on constructed on the small area.	Drop store/out of business  rea source  x < 140 gal/yr  200 gal/yr	/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce	y-to-dry only, x insfer only, x < th types, x < 1- onstructed on c New large ar y-to-dry only, 1 insfer only, 200 th types, 140 <	Drop store/out of business  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g</li> </ul>	te	y-to-dry only, x insfer only, x < th types, x < 1- onstructed on o New large ar y-to-dry only, 1- unsfer only, 200 th types, 140 < onstructed on o	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 40 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$ $x < 40 < 10 < 10 < 10 < 10 < 10 < 10 < 10$	/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility class of the second property of th	te	y-to-dry only, x insfer only, x < th types, x < 1- constructed on c  New large ar y-to-dry only, 2- insfer only, 20- th types, 140 < constructed on c  Y	Drop store/out of business  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr  0 ≤ x ≤ 1,800 gal/yr  x ≤ 1,800 gal/yr  or after 12/9/91)  □ Can not determine  The proposition of the control o	/petroleum

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN ØN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? M□ YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XDY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? M□ YE 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after AY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>4</b> 1Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΔY	N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	D		
	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПN	□N/A
4.	perc concentrations is at least & duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ωY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

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

PART VI: LEAK DETEC	TION AND REPAIR	<u> </u>	· · · ·		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?	,			ÞΥ	□N
2. Has the facility maintain	ed a leak log?			ΠY	□N
3. Does the responsible offi	cial check the following	g areas for leaks?			
Hose connections, couplings, and va	•	N □N/A	Muck cookers	<b>Ø</b> Y (	□N □N/A
Door gaskets and s	eating <b>M</b> Y C	ON □N/A	Stills	ΔY	□N □N/A
Filter gaskets and	seating ADY [	ON □N/A	Exhaust dampers	ŻY (	ON ON/A
Pumps	אָסָאַ ד	ON □N/A	Diverter valves	Ž Y	□N □N/A
Solvent tanks and	containers ZY C	DN/A	Cartridge filter housings	ØY (	□N □N/A
Water separators	<b>Æ</b> Y □	ON □N/A			
4. Which method of detecti	on is used by the respon	nsible official?			
Visual examination	n (condensed solvent or	exterior surfaces)		Ø	
Physical detection	(airflow felt through ga	skets)		P	
Odor (noticeable p	erc odor)			Þ	
Use of direct-readi	ng instrumentation (FII	D/PID/calorimetric	tubes)		
Halogen leak detec	ctor				
If using direct	-reading instrumentat	tion, is the equipme	ent:	ØN/A	A
a. Capab	le of detecting perc vap	or concentrations ir	a range of 0-500 ppm?	$\Box$ Y	□N
II .	ated against a standard FID only)?	gas prior to and aft	er each use	ΠY	ПN
	ted for leaks and obviou	e cians of wear on	a weekly hagis?		
_	n a clean and secure are	_	-	ΟY	
_	ed for accuracy by use o			ΟY	
C. VCIMA	A for accuracy by use o	r dupiteate samples	(calorimente omy):	۵,	<b>-</b>
	······································				
<b>A</b>			•		
wohammad	Nozari_		05-14-99	ž	
	me (Please Print)		Date of Inspe		
$M \cdot Ne $ $q$	v		1 year		

Approximate Date of Next Inspection

Inspector's Signature

ENVIRONM		NSPECTION RE ECTION COMM	PORT FORM ISSION OF HILLS	SBORG	OUGH (	COUNTY
FACILITY: Westwood Clea					AGE 1	
FACILITY ADDRESS: 451	7 Gunn High	ıway		CIT	Y: Tar	npa
				PHO	<u>`</u>	313)961-7750
MAILING ADDRESS: Sam	·				FLA	ZIP: 33613
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE:				PE:	STATUS:	
May 14, 1999         2:15 PM         3:15 PM         Annual         In Compliance           NEDS NUMBER: 0571044						
			D 01			
SOURCE DESCRIPTION:		ylene ( Perc ) l	Dry Cleaner			
CONTACT(S): Gary Kappe	es					
The purpose of the visit w	as an annual	l inspection.	We found the f	follow	ving:	
1. The record keeping of	•			organ	nized.	
2. The gauge temperature	_		•			
3. The vicinity around the	•		•			
4. The Perc was loaded d						
5. The monthly averages	_	-	s recorded cor	rectly	and t	he total for past 12
months was 200 gallor			No toolee en			
The machine was in cooling	ng mode ope	eration today.	No leaks or o	odors	were i	noticed.
·						•
INSPECTED BY:	_					DATE:
Mohammad Nozari						May 14, 1999

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	, <u> </u>
AIRS ID#: 57/044 I				: 32 <b>E</b> M
FACILITY LOCATION: <u>45</u>	517 GUNN.	Hwy		
	4 milla, F-1	33624		·
RESPONSIBLE OFFICIAL :	Gary KAP	Pes	PHONE: (S13) 961-	7250
CONTACT NAME:	Same		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	ıp	NA	
2. Facility failed to notify DAR!	M to use general perm	uit	10///	
PART II: CLASSIFICATION	<b>-</b>			
	l		<u> </u>	
Facility indicated on notification (check appropriate box) A.			☐ No notification form ☐ Drop store/out of business	s/petroleum
Facility indicated on notification (check appropriate box)	on form that it is:  ce	2. New small a dry-to-dry only, a transfer only, x both types, x < 1 (constructed on	☐ Drop store/out of business  trea source  x < 140 gal/yr < 200 gal/yr	s/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	dry-to-dry only, transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20 toth types, 140	☐ Drop store/out of business    rea source	s/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth typ	on form that it is:  ce	dry-to-dry only, transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20 toth types, 140	☐ Drop store/out of business  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source $240 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$	s/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91)  5. This is a correct facility classification. If no, please check the angle of the source of the so	on form that it is:  ce	dry-to-dry only, transfer only, x both types, x < (constructed on dry-to-dry only, transfer only, 20 toth types, 140 (constructed on dry-to-dry only), transfer only, 20 toth types, 140 (constructed on dry-to-dry dry-to-dry-transfer only, 20 toth types, 140 (constructed on dry-to-dry-transfer only, 20 toth types, 20 toth types, 140 (constructed on dry-to-dry-transfer only, 20 toth types, 20	☐ Drop store/out of business  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ Trea source $240 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  ☐ Can not determine	s/petroleum

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

_		
В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מע בא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
	Is the perc concentration equal to or less than 100 ppm?	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	ar an ana
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN DN/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
_	7	

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?	DY DN
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?	OY ON
7. Maintained deviation reports?	□Y □N □N/A
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?			אבן צם	
2. Has	the facility maintained a leak log?			DY DN	
3. Doe	es the responsible official check the f	following areas for leaks?			
	Hose connections, fittings,				
	couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A	
	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	OY ON ON/A	
	Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	OY ON ON/A			
4. Whi	ich method of detection is used by th	ne responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces	3)		
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				
	If using direct-reading instru	imentation, is the equip	ment:	□N/A	
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	DY DN	
	d. Kept in a clean and se		•	DY DN	
	e Verified for accuracy l			DY DN	
	c. vermou for accuracy (	by use of duplicate sample	es (calorimetric only):	di un	
_	rohammad Nozar	^ <u>;                                     </u>	5/13/99	1	
	Inspector's Name (Please Prin	t)	Date of Inspe	ection	
			Λ \ , <i>I</i>		
	Inspector's Signature		Approximate Date of	Next Inspection	
	HISDECIOL & SIEHAIIIE		הטטוטאווומוכ שמונ טו	TACKE THE DOCUMENT	

### ADDITIONAL SITE INFORMATION:

the owner was not available at the time of inspection.

The manager of the Drycleoner said she would Call

me and make AN Appointment For Annual INSPETIG

## TITLE V AIR QUALITY GENERAL PERMIT - INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 13-00 TIME OUT:	14:15 AIRS ID#:_	571044
THE OF TACKETT.	WEL	
FACILITY NAME: WESTWOOD CLE	ANCRS	DATE: 5/2/80
	wy	
TAMPA FL	33624	
RESPONSIBLE OFFICIAL: GARY KAPPES	PHONE NUME	BER: (813) 961-7750
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm		ne facility is found to be in
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the	ne following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP A	CTION REQUIRED
· ·		
· .	·	
	·	
		•
		_
		<b>.</b>
COMMENTS:		
		·
The Annual Compliance Certification form has been proper		spector. YES NO
DATE OF NEXT INSPECTION:	1 YEAR	·
	(Approximate)	
INSPECTION CONDUCTED BY:	OBER ZHU	
0	(Please Print)	BER: (813)272-553E
INSPECTOR'S SIGNATURE: Coguilly	PHONE NUM	TREK:
Pa	geof	Revised 10/9

Revised 10/96

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	<i> </i> ≱\	COMPLAINI/DISCOVERY	
AIRS ID#: 571044  FACILITY NAME:		CLEANE		14:15
FACILITY LOCATION:	TAMPA, FL		4	
RESPONSIBLE OFFICIAL CONTACT NAME:	: GARY KAPP SAME	res	PHONE: (813) 961- PHONE: SAME	7150
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DA		•		≱ <b>x</b>
PART II: CLASSIFICATIO	)N			
Facility indicated on notificated (check appropriate box)  A.	tion form that it is:		☐ No notification form☐ Drop store/out of business.	petroleum/
1. Existing small area so dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y	al/yr d yr tr	. New small a ry-to-dry only, ransfer only, x	x < 140 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/9)		ooth types, x < 1 constructed on		r
	1) (durce □ 4 2,100 gal/yr d 800 gal/yr tr 0 gal/yr b	New large a lry-to-dry only, ransfer only, 20 ooth types, 140	40 gal/yr or after 12/9/91)	•
<ul> <li>(constructed before 12/9/9)</li> <li>3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80</li> </ul>	1) (continuation of the continuation of the co	New large a lry-to-dry only, ransfer only, 20 ooth types, 140	40 gal/yr or after 12/9/91)  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
<ul> <li>(constructed before 12/9/9)</li> <li>3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)</li> <li>5. This is a correct facility</li> <li>If no, please check the face</li> </ul>	1) (continued on the appropriate classification continued continued on the appropriate classification continued	i. New large a lry-to-dry only, ransfer only, 20 ooth types, 140 constructed on IY IN ion:	or after 12/9/91)  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)  Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN MANA
2. Examining the containers for leakage?	DY DN <b>M</b> N/A
3. Closing and securing machine doors except during loading/unloading?	Ma ⊓N ¥M
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON DINA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XINA
PART IV: PROCESS VENT CONTROLS	· · ·
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	•
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	XY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO Y
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND ND YA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>Д</b> У ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY DN

B.	Has the responsible official of an existing large or new large area source also:			
٠.	and the respondence strong of the real gent and 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?	XX	ПN	ļ
	Manuscript and manufact the symbol subsequence and the second second	•		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Dv	רות	□N/A
	·			
	Is the temperature differential equal to or greater than 20° F?	ΠY	אַם	ØN/A ∣
3	Measured and recorded the perc concentration in the exhaust stream weekly	/		
1	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box$ Y	$\square N$	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
1	Assured that the sampling port on the carbon adsorber exhaust for measuring			
٦.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
ļ	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
_	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.	condenser coils?	ΩY	ΠN	□N/A
		_ •	_ <b>_</b> .	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	Πи	□N/A
<u> </u>				<del></del>

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) $M \square M$ 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? ØY □N 3. Maintained leak detection inspection and repair reports for the following: □Y □N ÄN/A a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN \$MN/A and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? for applicable direct reading instruments) DY DN DNA 5. Maintained exhaust duct monitoring data on perc concentrations? ЙУ □И 6. Maintained startup/shutdown/malfunction plan? AND NO YOU 7. Maintained deviation reports? DY DN XNA Problem corrected? DY DN XN/A 8. Maintained compliance plan, if applicable?

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΠИ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YA XY ON ON/A Muck cookers couplings, and valves MY ON ON/A MY ON ON/A Stills Door gaskets and seating MY ON ON/A AND ND YX Exhaust dampers Filter gaskets and seating MY ON ON/A YY ON ON/A Pumps Diverter valves XY ON ON/A Cartridge filter housings DY ON ON/A Solvent tanks and containers MY ON ON/A Water separators 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 N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN ROGER ZHU 5/2/00

Inspector's Name (Please Print)

Date of Inspection

| Year
| Inspector's Signature | Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Westwood Cleaners					1	OF 1	
					CITY: Tampa PHONE: (813) 961-7750		
MAILING ADDRESS:	Same		CITY: Tampa				
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATUS:	
May 2, 2000	13:00	14:15	non-C	DS	In	Compliance	
NEDS NUMBER: 57	71044					-	
SOURCE DESCRIPTIO		Cleaner		٠,			
CONTACT(S): Gary	y Kappes						
The machine was in o The facility is very clo	Today's visit was to conduct the annual inspection.  The machine was in operation during my visit. No leaks or odors were noticed.  The facility is very clean and the machine is well maintained.  Mr. Kappes's recordkeeping is in good shape. The perc usage was 140 gallons for the past 12						
monus according to the	o puromuo ro					•	
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						•	
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,							
INSPECTED BY:	Roger Zhu			DA	TE:	May 2, 2000	
Into De IDD D I .	10501 2110	•				1.14, 2, 2000	

AIRS ID#: 571044

# Revised 10/10/96

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

FACILITY NAME:	NESTWOOD CO	LEANER	5	1	DATE: _	5/2/00
FACILITY LOCATION: _	4517 GUNA	Hwy				
	Tompa,	FL 3	3624			
	·	•				
Annual Reporting Period:	May 15	19 55	7 то	May	2	20_00
Bornd on each term or condi	tion of the Title V general air	nermit my facilit	v has remained	in compliance	with DED	Dula
	strative Code (F.A.C.), during	<del>-</del>	-	<u> </u>	_	NO NO
If NO, complete the followin					•	
in 110, complete the lone will	<del>o</del> .					•
#1. Term or condition of the	e general permit that has not b	een in continuous	s compliance du	ring the reporti	ing period	stated above:
·		. <u> </u>				
Exact period of non-complia	nce: from	. •	to			
		•		<del></del>		
Action(s) taken to achieve or	ompliance:			•		
Method used to demonstrate	compliance:					
						•
#2. Term or condition of the	e general permit that has not b	een in continuou	s compliance di	iring the report	ing period	l stated above:
——————————————————————————————————————	-				•	
Exact period of non-complia			to			
Action(s) taken to achieve of	ompliance:					_
Method used to demonstrate	compliance:					ť
		<u> </u>				
As the responsible official, i	I hereby certify, based on info	rmation and beli	ef formed after	reasonable inq	uiry, that	the statements
	true, accurate and complete.					
year for transfer or combine	rchase receipts, does not exce ation facilities.	eu 2,100 ganons	per year jor ar	y-io ur y jaciilli	es <i>u</i> r 1,01	o gunoris per
RESPONSIBLE OFFICIA		APPEC_	///	ante		5-2-200
RESPUNSIBLE UFFICIA	Name (Please Pr		$\frac{1}{s}$	ignature		Date
	,	-		<i>T</i> '		

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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

305278

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

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AIRS ID 0571044

KAPLIN ENTERPRISES INC GARY H KAPPES 4513 GUNN HIGHWAY TAMPA FL 33624

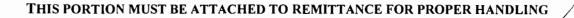
R GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Ot adopanua to dot take of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered an delivered.	can return this e does not e number.	also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Receipt Service.
ADDRESS completed	AIRS ID#: 0571044  KAPLIN ENTERPRISES INC  GARY H KAPPES 4513 GUNN HIGHWAY  TAMPA FL 33624	4b. Service ☐ Registere ☐ Express I	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return
Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank

	P 265 302 174						
	US Postal Service  Receipt for Certified Mail						
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WESTWOOD CLEANERS GARY H KAPPES 4513 GUNN HIGHWAY TAMPA FL 33624

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

		'}
SENDER:  Complete items 1 and/or 2 for additional se Complete items 3, 4a, and 4b.  Print your name and address on the revers card to you.  Attach this form to the front of the mailpiece permit.  Write 'Return Receipt Requested' on the mailpiece permit.	se of this form so that we can return this e, or on the back if space does not nailpiece below the article number. article was delivered and the date	1. Addressee's Address 2. Restricted Delivery  Consult postmaster for fee: 68
3. Article Addressed to:  AIRS  KAPLIN ENTERPRISES INC  GARY H KAPPES  4513 GUNN HIGHWAY  TAMPA FL 33624	4a. Article N	Type  ed
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)  X  PS Form <b>3811</b> , December 1994	8. Addresse and fee is	e's Address (Only if requested s paid)

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	Sent to			
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	4513 GUNN HIGHWAY			
	TAMPA FL 33624			
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			4	
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	Postmark or Date		1 .	

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Оы.: 002273



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GARY H KAPPES
4513 GUNN HIGHWAY
TAMPA FL
33624

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Obj.: 002273

Call Sig Froit Delgate Call 813-493-0566



### Z 333 667 405

US Postal Service
Receipt for Certified Mail

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<u></u>	PS Form 3800, February 2	2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the mail or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID # 057 WESTWOOD CLEANERS GARY H KAPPES 4513 GUNN HIGHWAY	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
ΓΑΜΡΑ FL 33624	3. Service Type Certified Mail
2. Article Number (Copy from service label) . 700006 4/2	61768
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PLACE STICKER AT TOP OF ENVELOP TO THE RIGHT OF RETURN ADDRES	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
IO AIRS ID # 0571044001AG GARY H KAPPES WESTWOOD CLEANERS	JUN 1 1 2001
4513 GUNN HIGHWAY TAMPA FL 33624	3. Service Type Dobile Sources 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) 6/5630	
PS Form 3811, July 1999 Domestic Ret	

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	WESTWOOD CLEANERS					
70.0.0	TAMPA FL 3362					
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Fund: 20-2-035001 Obj.: 002273