



05 71049

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1996

Mr. Richard D. Rentz
Vice President
Chambless Corporation, Store 101
1501 Venera Avenue, Suite 223
Coral Gables, Florida 33146

Dear Mr. Rentz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

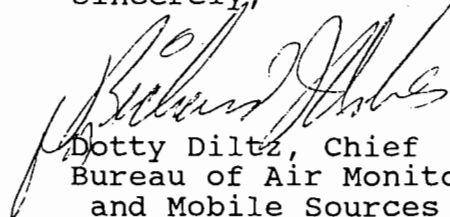
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0571049

P. 13



7. add org/firm name

P. 14

1. (c) should not be
marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CHAMBLESS CORP
2. Site Name (For example, plant name or number):	STORE 101
3. Hazardous Waste Generator Identification Number:	FLD 174 485 730
4. Facility Location: Street Address: City:	809 E. BLOOMINGDALE AVE BRANDON
County: Zip Code:	HILLSBOROUGH 33511
5. Facility Identification Number (DEP Use):	0571049

Responsible Official

6. Name and Title of Responsible Official:	RICHARD D. RENTZ V.P.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	1501 VENERA AVE - STE 223 CORAL GABLES
County: Zip Code:	DADE 33146
8. Responsible Official Telephone Number: Telephone:	(305) 665-5922
Fax:	(305) 665-4823

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROBERT HUMBERT G.M.
10. Facility Contact Address: Street Address: City:	809 E BLOOMINGDALE AVE BRANDON
County: Zip Code:	HILLSBOROUGH 33511
11. Facility Contact Telephone Number: Telephone:	(813) 681-8700
Fax:	() -

RECEIVED

AUG 26 1996

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>1</i>	<i>11 Nov 87</i>	<i>11 Nov 87</i>						
(2) w/ carbon adsorber									
(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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

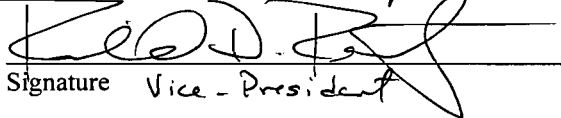
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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.

The Chambliss Corporation

Signature Vice - President

8/24/96
Date

RECEIVED

APR 31 1997

THE CHAMBLESS CORPORATION

Bureau of Air Monitoring
& Mobile Sources

620 N.W. 16th Avenue

Gainesville, FL 32602

352-336-8282

Fax 352-336-2276

April 28, 1997

Department of Environmental Protection
2600 Blair Stone Road
MS 5510
Tallahassee, FL 32399-2400

Re: General Air Permit #0571049
General Air Permit #0571050

To Whom It May Concern:

The two Cachet Cleaners operated by The Chambless Corporation under the above referenced general air permits were sold to Rema Investments in January of 1997. The contact person at Rema Investments is Peter Patel and his business address is 3312 Lithia Pinecrest Road, Valrico, FL. Please adjust your records to reflect this change of ownership.

Sincerely,
The Chambless Corporation



Richard D. Rentz, Vice-Pres.

THE CHAMBLESS CORPORATION

620 N.W. 16th Avenue
Gainesville, FL 32602
352-336-8282
Fax 352-336-2276

April 17, 1997

James Holton
EPC of Hillsborough County
1410 North 21st Street
Tampa, FL 33605

RECEIVED
APR 21 1997

Re: General Air Permit #0571049
General Air Permit #0571050

**EPC of HC
AIR MANAGEMENT**

Dear Mr. Holton:

This is to follow up on our telephone conversation earlier today regarding the two Cachet Cleaners operating under the above referenced general air permits. In January, both stores were sold to Rema Investments. The contact person at Rema is Peter Patel and his business address is 3312 Lithia Pinecrest Road, Valrico, FL 33146. Should you require any additional information regarding this matter, please call me.

Sincerely,
The Chambless Corporation


Richard D. Rents, Vice Pres.



Majik Touch Cleaners

RECEIVED

APR 29 1997

April 28, 1997

EPC of HC
AIR MANAGEMENT

Jim Holton
EPC Hillsborough County
1410 N. 21st Street
Tampa, FL 33605

Dear Mr. Holton,

In January of 1997 REMA Investments purchased from the Chamblis Corp. two Dry Cleaning Plants. These are located at:

809 Bloomingdale Ave	- Clean Air Permit #0571049
1965 W. Lumsden	- Clean Air Permit #0571050

We would like to cancel the Clean Air Permit on each of these store as we are operating both of these locations strictly as drop stores. The Dry Cleaning Machine located at 809 Bloomingdale has been relocated to our facility at 3312 Lithia Pinecrest Rd. - Clean Air Permit #0571080.

The Dry Cleaning Machine located at 1965 W. Lumsden has had the electrical disconnected and will be moved within the next six months. We will notify you at that time of the new location.

If I can be of any further assistance, please let me know.

Sincerely,

Peter Patel
Owner

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0800 TIME OUT: 0825 AIRS ID#: 0571048
 TYPE OF FACILITY: PERC Dry Cleaner
 FACILITY NAME: Cochet Cleaners DATE: 4/17/97
 FACILITY LOCATION: 809 Bloomington Ave
Braselton, FL 33511
 RESPONSIBLE OFFICIAL: Richard Reatz PHONE NUMBER: _____

- 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
<p><i>This facility is now a drop store</i></p>	

COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____
(Approximate)

INSPECTION CONDUCTED BY: Jones O Holton
(Please Print)

INSPECTOR'S SIGNATURE: J O Holton PHONE NUMBER: (813) 272-5530

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>Cochet Cleaners</u>	DATE: <u>4/17/97</u>
FACILITY LOCATION: <u>809 Bloomingdale Ave</u>	
<u>Bradon, FL 33511</u>	

Annual Reporting Period: _____ 19__ TO _____ 19__

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:

THIS FACILITY IS NOW A DROP STORE

#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: _____	Signature _____	Date _____
Name (Please Print)		

*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.

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
- 2. Examining the containers for leakage? Y N
- 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
- 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 basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 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
Is the temperature differential equal to or greater than 20° F? Y N
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
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
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
 - 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
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

If using direct-reading instrumentation, is the equipment:

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

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

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

Hose connections, fittings, couplings, and valves Y N Muck cookers Y N

Door gaskets and seating Y N Stills Y N

Filter gaskets and seating Y N Exhaust dampers Y N

Pumps Y N Diverter valves Y N

Solvent tanks and containers Y N Cartridge filter housings Y N

Water separators Y N

Richard Reutz

Name of Responsible Official

Jones O Holton

Inspector's Name (Please Print)

4/17/87

Date of Inspection

J O Holt

Inspector's Signature

none

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Upon visiting the cleaning store at this location, it was discovered that Cachet Cleaners has been sold, and the machine is no longer @ this facility.

This store is now a drop store for
REMA Investments (Majik Touch / Masters Cleaners)

THE CHAMBLESS CORPORATION

620 N.W. 16th Avenue
Gainesville, FL 32602
352-336-8282
Fax 352-336-2276

April 17, 1997

James Holton
EPC of Hillsborough County
1410 North 21st Street
Tampa, FL 33605

RECEIVED

APR 21 1997

Re: General Air Permit #0571049
General Air Permit #0571050

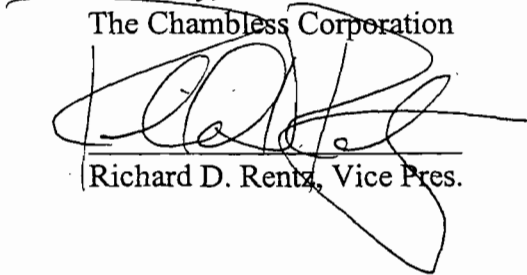
**EPC of HC
AIR MANAGEMENT**

Dear Mr. Holton:

This is to follow up on our telephone conversation earlier today regarding the two Cachet Cleaners operating under the above referenced general air permits. In January, both stores were sold to Rema Investments. The contact person at Rema is Peter Patel and his business address is 3312 Lithia Pinecrest Road, Valrico, FL 33146. Should you require any additional information regarding this matter, please call me.

Sincerely,

The Chamblless Corporation


Richard D. Rentz, Vice Pres.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1400 TIME OUT: 1420 AIRS ID#: 571050
 TYPE OF FACILITY: DRY CLEANER
 FACILITY NAME: CACHET CLASSIC CLEANER DATE: 4/17/97
 FACILITY LOCATION: 1965 W. LUMSDEN
BRANDON, FL
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- 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
	DROPS STORE

COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: Jim Houston

INSPECTOR'S SIGNATURE: [Signature] (Please Print) 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#: 0571050 DATE: 4/17/97 TIME IN: 1400 TIME OUT: 1420
FACILITY NAME: Cochet Classic Cleaners
FACILITY LOCATION: 1965 W Lumsden
Broadway, Ft Lauderdale

PART I: NOTIFICATION

(check appropriate box)

- Existing facility notified DARM by 9/1/96
- New facility notified DARM 30 days prior to startup
- Facility failed to notify DARM to use general permit

*Drop store
See Notes*

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

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

This is a correct facility classification Y N

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
2. Examining the containers for leakage? Y N
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
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 basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
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
Is the temperature differential equal to or greater than 20° F? Y N
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
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
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
 - 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
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

If using direct-reading instrumentation, is the equipment:

- 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

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

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

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

Current permit (previous owner) Richard Rantz - Now owner Pater Patel requested cancellation of permits
 Name of Responsible Official

James D Holton
 Inspector's Name (Please Print)

4/17/87
 Date of Inspection

James D Holton
 Inspector's Signature

none
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

This facility is now a drop store.
The machine is still located here, but
the electrical ~~to~~ connections have been
disabled according to the new owner,
REMA Investments - Peter Patel.

This machine will be relocated to another
facility later this year.

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: MAJIK TOUCH CLEANERS
ADDRESS: REMA INVESTMENTS 3312 LITHIA PINECREST ROAD VALRICO, FL 335
FEID OR SS NUMBER:
AMOUNT: \$50.00 DEPOSIT DATE: 27-FEB-97 DEPOSIT: 970835
DOCUMENT NUMBER: 261798 SYS RECEIPT#: 124098
REV OBJECT CODE: 2273 TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to
substantiate such claim the following facts are submitted:

REASON FOR CLAIM: OVER PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19__.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information
to substantiate such claim. \$50.00 was originally deposited into the State Treasury,
Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720203500137 _____ 00000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720203500137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19__.

Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION
SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3
YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."
Three years is interpreted as meaning three years from the date of payment into State
Treasury.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261798 ✓

RECEIVED
MAIL ROOM

FEB 27 97

TOTAL AMOUNT DUE: \$50.00

new ownership

Do NOT Remove Label

REMA INVESTMENTS

PETER PATEL

AIRS ID# 0571049

~~-CHAMBLESS CORP~~

~~-RICHARD D'RENTZ~~

~~-1501 VENERA AVE STE 223~~

~~-CORAL GABLES FL 33146~~

3312 Lethia Pines

Valrico, FL 33594

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

P 265 302 179

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 0571049

CHAMBLESS CORP
RICHARD D RENTZ
1501 VENERA AVE STE 223
CORAL GABLES FL 33146

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

PS Form 3800, April 1995

2/14/97

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 2, 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- wish to receive the following services (for an extra fee):
- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0571049

CHAMBLESS CORP
RICHARD D RENTZ
1501 VENERA AVE STE 223
CORAL GABLES FL 33146

4a. Article Number
P 265 102 179

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
Angela Palmer

7. Date of Delivery
2-25-97

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

Thank you for using Return Receipt Service.

Z 210 662-408

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 0571049001AG
RICHARD D RENTZ
STORE 101
1501 VENERA AVE STE 223
CORAL GABLES FL 33146

PS Form 3800, April 1995

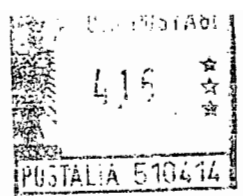
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

507

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Z 210 662 408

MAIL



REASON CHECKED _____
Unclaimed _____
Refused _____
Attempted No^r Known _____
Insufficient Address _____
No Such Street _____
No Such Number _____
No Such Office in State _____
Do not remain in this envelope _____

AF 6-11-01

ATTEMPT
LADK

[Handwritten signature]

10 AIRS ID # 0571049001AG
RICHARD D RENTZ
STORE 101
1501 VENERA AVE STE 223
CORAL GABLES FL 33146

[Handwritten initials]

Bureau of Air Monitoring
& Mobile Sources

JUN 02 2001

RECEIVED

