

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. Clifton C. Kim President Fabricare Cleaners and Laundry, Inc. 13541 North Florida Avenue Tampa, Florida 33613

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Fabritare Cleaners & Laundy Inc.					
2.	Site Name (For example, plant name or number):					
	Fabricare CLEANERS + Laundry Inc.					
3.	Hazardous Waste Generator Identification Number:					
	FLD 061438396					
4.	Facility Location:					
	Street Address: 13541 N. FLOR: da Ave City: Tampa County: Jip Code: 33613 Facility Identification Number (DEP Use):					
5.	Facility Identification Number (DEP Use):					
	057/056					
	Responsible Official					
6.	Name and Title of Responsible Official:					
0.						
	Cliffon C Kim - president					
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 13541 N. FLORIAC. 40e					
	City: County: / Zip Code:					
	City: Tampa: County: Hillsborough Zip Code: 33613 Responsible Official Telephone Number:					
8.	Responsible Official Telephone Number.					
	Telephone: $(8/3)$ 961 6423 Fax: $(8/3)$ 961 - 6423					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
	•					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
	RECEIVEL					

AUG 28 1996

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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-9
Dry-to-Dry Unit						:			والهار دايا.
(1) w/ ref. condenser	7	21-oct-89				1			
(2) w/ carbon adsorber	Ť	† <i>* </i>							
(3) w/ no controls									
Washer Unit					to the said		1.5		
(4) w/ ref. condenser		1	1			1			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1 5 m 1 m 2 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3			4		i Antolini s		alan 8 sams	laga, er
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	100	Light of The Charles		anaje:			4. 3.	AS ALIVE	
(10) w/ ref. condenser		T			<u> </u>				
(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 ro	equired to be ity of perchloons	installed [y perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce []	!	Part II?	
	,				J	·	•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ined on machines	pursuant to section (3) or	Fait ii of this nothication form:
Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	
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. Verif exemption criteria or that no such	y that all steam an	d hot water generating un	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil o	ed exclusively by n	atural gas except for peri	ods of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt	LXI L	
•		•	
Equipn	nent Monitoring	and Recordkeeping Info	rmation
Check all logs which are required	to be kept on-site	in accordance with the re-	quirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		للأنا
(b) Leak detection inspection and	repair		X
(c) Refrigerated condenser temper	rature monitoring		<u>LX</u>)
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	
(e) Instrument calibration			LX
(f) Start-up, shutdown, malfunction	on plan		<u>[_X]</u>
		•	

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

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)
Ŋ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
	nptly notify the Department of any changes to the information contained in this notification. 3/23/98
Signature	Date '



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

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

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

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

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571056 FABRICARE CLEANERS & LAUNDRY INC CLIFTON M KIM 13541 N FLORIDA AVE **TAMPA FL 33613**

FOR GOVERNMENT U Org.: 37550101000 EC

Fund: 20-2-035001 Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

 $[\mathcal{R}^{s}(\mathcal{H}_{\mathcal{N}}),\mathcal{H}_{\mathcal{N}}]$

INSPECTION SUN	IMARY REPORT
	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1115 TIME OUT: 444 TYPE OF FACILITY: Fabricare Cleaners 5' FACILITY NAME: PERC Dy Cleaner FACILITY LOCATION: 13541 N Florids Av	1145 AIRS ID#: 057/056
TYPE OF FACILITY: Fabricage Cleaners &	Lamba Inc.
FACILITY NAME: PERCO De Classes	DATE: Clarles
FACILITY LOCATION (AFEL)	DML
FACILITY LOCATION. 13347 N Florids AV	<u>e</u>
RESPONSIBLE OFFICIAL: Clifton Kin	
RESPONSIBLE OFFICIAL: Clifton Kin	PHONE NUMBER: (813) 961-6423
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS: Facility is exceeding the	requirements of their two measurements are logged performed weekly us bi-weekly
classification. R.C. tempera	two necessaries are logged
weekly, it leak charks are	performed weekly us bi-weekly
The Annual Compliance Certification form has been properly certification form has been properly certification.	
DATE OF NEXT INSPECTION: ~ / 5 e e ~ (Ap	nnmximate)
· •	•
INSPECTION CONDUCTED BY: Jenes C	ease Print)
INSPECTOR'S SIGNATURE: Oc. 2 Holk	PHONE NUMBER: (8/3) 2 72 - 5570

Page___of___.

Revised 10/96

P. 01

AIRS ID#: 571056

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			14			
FACILITY NAME:	Fobricane 13541	Cleano	15 8 El	aundry 2	OATE:	5/30/99
FACILITY LOCATION:	13541	North	Flor	ida Al	Je-	
Tame		33613.				
Annual Reporting Period:	1/1		19 <u>96</u> то	Dec	3/	1996
Based on each term or cone 62-213,300, Florida Admir			-			Rule
If NO, complete the follow	ing:	•				
#1. Term or condition of the	be general permit that ha	as not been in cont	innons sombli	ance during the re	porting period	stated above:
Exact period of non-compli	ance: from			_ to		
Action(s) taken to achieve	compliance:			·		
Method used to demonstrat	e compliance:				·	
#2. Term or condition of th	ne general permit that he	as not been in cont	inuous complia	ance during the re	porting period	stated above:
Exact period of non-compli	ance: from			10		
Action(s) taken to achieve o	compliance:					n
Method used to demonstrate	e compliance:		<u> </u>			
As the responsible official, made in this notification are upon rolling averages of puyear for transfer or combine RESPONSIBLE OFFICIA	e true, accurate and con rchase receipts, does no atton facilities.	nplete. Further, m ot exceed 2,100 ga	y annual const ilons per year	umption of perchic for dry-to dry fact	proethylene so littes or 1,800	ivent, based gallons per
	Name (Ple	ase Print)		Signature	·	Date

RECEIVED

^{*}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 afficial to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	0	COMPLAINT/DISC	COVERY	
AIRS ID#: 057/056 DAT FACILITY NAME: Fobois	egre Clean	es E' L	sunly, Inc.		
FACILITY LOCATION:			lve		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM b	y 9/1/96	٠.			٠
2. New facility notified DARM 30 da	ays prior to startu	p			D .
3. Facility failed to notify DARM to	use general perm	it			
PART II: CLASSIFICATION					
Facility indicated on notification fo (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)	2 2 0 c c c c c c c c c c c c c c c c c	ransfer only, x ooth types, x<1	, x<140 gal/yr <200 gal/yr	٥	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>☐ 4 /yr d t</td><td>i. New large a lry-to-dry only ransfer only, 2 both types, 140</td><td></td><td>٥</td><td></td></x<2,>	☐ 4 /yr d t	i. New large a lry-to-dry only ransfer only, 2 both types, 140		٥	
This is a correct facility classification	ı 6	אם אב			
If no, please check the appropriate cl	assification:				
facility qualified for facility exceeds abo	-	_			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was ~123 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?	DY DN NIA				
2. Examining the containers for leakage?	DY DY (NIA)				
3. Closing and securing machine doors except during loading/unloading?	ey on				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ey on				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON 12H7A				
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 refrige (complete A below).	gerated condenser /				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condensor 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 refrience (complete A and B below).	gerated 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 yent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	חם אם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מם צם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

ll		
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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	ОУ ОИ
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, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
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?	OY ON ON/A
		· · ·
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
(cl		חם אם
(cl	heck appropriate boxes)	אם עם אם עם
(cl 1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
(cl 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	מם צם
(cl 1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY DN REQUIRING
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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	REQUIRING OY ON
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt?	OY ON REQUIRING OY ON
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON REQUIRING OY ON
(cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON REQUIRING. OY ON OY ON OY ON OY ON OY ON M4
(cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON REQUIRING. OY ON OY ON OY ON BYNIA OY ON MA
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON REQUIRING OY ON
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON REQUIRING. OY ON OY ON
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON REQUIRING. OY ON OY ON

2.	Which method of detection is used by	the respo	nsible offi	cial?	
	Visual examination (condensed s	surfaces)	1		
	Physical detection (airflow felt the	.			
	Odor (noticeable perc odor)	a			
	Use of direct-reading instrument	orimetric tubes)	a		
	If using direct-reading instrum	entation	, is the eq	uipment:	
	a. Capable of detecting	perc vap	or concent	trations in a range of 0-500 ppm?	NO YC
	b. Calibrated against a (PID/FID only)?	standard	gas prior		אם צב
	c. Inspected for leaks a	nd obviou	ıs signs of	wear on a weekly basis?	NO YE
	d. Kept in a clean and s	secure are	ea when no	ot in use?	אם עכ
	e. Verified for accuracy	by use o	f duplicate	e samples (calorimetric only)?	NO YC
3.	Has the facility maintained a leak log?			Ţ	BY ON
4.	Does the responsible official check the	followin	g areas for	r leaks?	
	Hose connections, fittings, couplings, and valves	e Y	ПΝ	Muck cookers (MA)	אם עכ
	Door gaskets and seating	⊡ Ý	□и	Stills	DN PE
	Filter gaskets and seating	₫¥	□и	Exhaust dampers (NA)	ND AC
	Pumps	u Y	ΠN	Diverter valves	Y Y On
	Solvent tanks and containers	₫Y	ΠN	Cartridge filter housings	ZÝ □n
	Water separators	₫¥	ПΝ		
	Cliffon Kim	•			
	Name of Responsible Offici	al			•
	Inspector's Name (Please Pri			5/20/87	•
	Inspector's Name (Please Pri	nt)		Date of Inspect	1011
	Yan 7 Holl			~/year	
	Inspector's Signature			Approximate Date of No	ext Inspection

ADDITIONAL SITE INFORMATION: Fabricare Cleaners

- Spoke with Tito Gomez to obtain bulk of information.
- This facility has a perc dry-to-dry machine, and a petroleum washer with a separate reclaimer for the petroleum cleaned clothing. The information on the perc machine is as follows: Jensen Jenklean 453, S/N 04-19-060. Capacity is 45#, and unit construction date was 1989. The information on the petroleum washer is as follows: Marvel EP-45, S/N 1285. Capacity is 45#. The information on the Dryer/reclaimer is as follows: Petro-Miser PST-105, S/N 105.162.GE.
- This facility is registered with the FDEP as a "Existing Small Area Source". Based
 on their classification, they are not required to keep temperature logs weekly, and
 are only required to keep leak inspection logs bi-weekly. This facility is keeping
 records of R. C. exhaust temperature and leak inspections weekly.
- Facility keeps good records, and the facility is kept clean.
- R. O. (Clifton Kim) was on vacation during initial portion of inspection, and was given a message to contact inspector next week. Perc consumption logs were locked up in Mr. Kim's office and were not available.

Mr. Kim contacted me on 5/29/97, and faxed me a copy of the perc logs.

far received on 6/2/87

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📐 COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10=30	TIME OUT: ((=)		71056
TYPE OF FACILITY: P	ERC DRY CLEA	NER	
	ABRICARE CLEAN	IERS & CAUNDRY	DATE: 3/24/98
	54 N. FLORIDA	LUE	
	LMPA , FL 33613		
	CLIFTON KIM		813)961-6423
	the compliance requirements evalu Rule 62-213.300, Florida Administ		lity is found to be in
Based on the results of discrepancies were note	the compliance requirements evalu	ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			70
		Bureau & N	E C
		Nobile Sources	EIVED
		ces	Horing
OMMENTS:			
e Annual Compliance Certifica	nion form has been properly certifi	_	YES NO /
TE OF NEXT INSPECTION	(:	EAR	
SPECTION CONDUCTED B	V OV E	Proximate) PRZHU	
SPECTOR'S SIGNATURE:_		PHONE NUMBER:	813)272-5530
	Page	e	Revised 10/9

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571056 FABRICARE CLEANERS & LAUNDRY INC CLIFTON M KIM 13541 N FLORIDA AVE **TAMPA FL 33613** Do NOT Remove Label Annual Reporting Pe Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ministrative Code (F.A.C.), during the period covered by this statement. YES 62-213.300, Florida Ad If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in contactions confipliance during the reporting period stated above: Exact period of non-compliance: from 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 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. 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.

PERCHLOROETHYLENE DRY CLEANEDS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION

RE-INSPECTION U
AIRS ID#: 57/056 DATE: 3/24/98 TIME IN: 10=30 TIME OUT: 11=15
FACILITY NAME: FABRICARE CLEANERS & LAUNDRY, INC
FACILITY LOCATION: 13541 N. PLORIDA AVE
TAMPA, FL 33613
RESPONSIBLE OFFICIAL: CLIFTON KIM PHONE: (813) 961-6423 CONTACT NAME: SAME PHONE: SAME
CONTACT NAME: SAMEPHONE:SAME
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: □ No notification form □ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)

(check appropriate box)	☐ Drop store/out of business/petroleum		
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification	Y ON Can not determine		
	ation: leral permit as number above its and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pure facility was [37.1] gallons.	rchased 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 boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ZNIA
2. Examining the containers for leakage?	DY DN SONIA
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Yay □n □n/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated 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	
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?	OY ON
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?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט אם

E	l. Has the responsible official of an existing large or new large area source also:			/
j				
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?	1637		
1	of dry-to-dry, restainter, and dryet machines on a weekly basis	:		
1		•		
∥2.	Measured and recorded the washer exhaust temperature at the condenser			
1	inlet and outlet weekly?	\Box Y	\square N	QN/A
			_	
	Is the temperature differential equal to or greater than 20° F?	\Box Y	\square N	\square N/A
Ĭ				
∮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,			
l	if machines are equipped with a carbon adsorber?		$\bigcap XI$	□N/A
1	i machines are equipped with a carbon ausorber?	U Y	UIV.	UN/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	$\square N$	□N/A
l				
4	A coursed that the compling page on the company advantage subjunction managing			
→.	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?	\Box Y	$\square N$	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
٦.		775		
	condense coils?	ΨY	ЦM	□N/A
_				
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ПИ	□N/A
=-				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY □N			
2. Maintained rolling monthly averages of perc consumption?	ND YEN			
3. Maintained leak detection inspection and repair reports for the following:	•			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON PANIA			
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 MEN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON \$ N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN KONA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY DN 9 N/A			
Problem corrected?	OY ON \$N/A			
3. Maintained compliance plan, if applicable?	DY ON DANIA			

PART VI: LEAK DETECTION AND REPAIRS					
=					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
1	inspection?			ØY ⊒N	
2.	Has the facility maintained a leak log?			ďay □n	
3.	Does the responsible official check the	following areas for le	aks?		
	Hose connections, fittings,	<u>-</u>		,	
	couplings, and valves	AND ND YA	Muck cookers	OA ON ONY	
	Door gaskets and seating	\$Y □N □N/A	Stills	MY ON ONA	
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	Y ON ONIA	
	Pumps	ØY □N □N/A	Diverter valves	AND UD YA	
	Solvent tanks and containers	QİY ON ON/A	Cartridge filter housings	∳ Y □N □N/A	
	Water separators	ŪY □N □N/A			
4. \	Which method of detection is used by the	ne responsible official	?	·	
	Visual examination (condensed so	oivent on exterior surfa	aces)	₹ 1	
Physical detection (airflow felt through gaskets)				ŔĮ	
	Odor (noticeable perc odor)			K	
	Use of direct-reading instrumentat	ion (FID/PID/calorim	etric tubes)	а	
Halogen leak detector				a a	
	If using direct-reading instru	mentation, is the equ	ipment:	Á N/A	
	a. Capable of detecting p	ere vapor concentration	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st	andard gas prior to an	d after each use		
	(PID/FID only)?			OY ON	
	c. Inspected for leaks and	obvious signs of wear	r on a weekly basis?	QY QN	
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			UN UN		
	n n r - n	1	2/21/	90	
	LOGER ZH		3/24/	(3	
	Inspector's Name (Please Print))	Date of Inspec	tion	

Revised 8/11/97

1 YEAR

Approximate Date of Next Inspection

Inspector's Signature

•	'A.,			
*				
INSPECTION	REPORT FORM			
ENVIRONMENTAL PROTECTION COM		SBOROUGH	COUNTY	
FACILITY: Fabricare Cleaners & Laundry, Inc.		PAGE	1 OF	1
FACILITY ADDRESS: 13541 N. Florida Ave.		CITY: T	ampa	
			(813) 961-642	3
MAILING ADDRESS: Same	CITY: Tampa	FLA	ZIP: 33613	
INSPECTION DATE: TIME IN: TIME OUT	: INSPECTIO	N TYPE:	STAT	US:
Mar 24, 1998 10:30 11:15	non-C	DS	In Comp	liance
NEDS NUMBER: 571056	•			
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Clifton Kim				
Today's visit was to conduct the annual inspection. This facility has a perc dry-to-dry machine inspection. The perc dry-to-dry machine was in operation to This facility's classification is a "Existing smathe temperature and the leak inspection on a weer rolling total indicated that he purchased 137.1 gal Mr. Kim did not have an owners manual kept or to him tomorrow.	and a petroleur day. No leaks of the area source". kly basis. His p lons of perc ove	or odors w However, ourchase r	ere noticed. Mr. Kim has eceipts and the 2 months.	recorded e monthly

INSPECTED BY: Roger Zhu DATE: Mar 24, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL O	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:00 TIME OUT: 14 TYPE OF FACILITY: PERC DRY CLEAN	L: 45 AIRS ID#: 57/056
TYPE OF FACILITY: PERC DRY CLEAN	ER
FACILITY NAME: FABRICARE CLEA,	NORS & LAUNDRY DATE: 5/18/99
FACILITY NAME: FABRICARE CLEAR FACILITY LOCATION: 13541 N. FLORIS	DA AVE
TAMPA, FL 336	
RESPONSIBLE OFFICIAL: CLIFTON KIM	PHONE NUMBER: (813)961-6423
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements endiscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1 to
	PE
	Sures 100 CE
	*Nobje Sources on the
	8 7%
COMMENTS:	
COMMENTS.	
·	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
•	1 YEAR
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY:	ROGER ZHU
.A	(Please Print)
INSPECTOR'S SIGNATURE: Loge 18	PHONE NUMBER: (813) 272-5530
Page	Revised 10/96

Auc

AIRS ID#: 57/056

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			
FACILITY NAME: FABRE FACILITY LOCATION: 135	ICARE CLEANER	S & LAUNDRY DAT	E: 5/18/99
FACILITY LOCATION: 135	41 N. FLORIDA	AVE	
TAN	1PA, FL 33613	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	1AR 20 199	8 to MAY 18	19 <u>99</u>
Based on each term or condition of the 62-213.300, Florida Administrative (DEP Rule
If NO, complete the following:		1 A	
#1. Term or condition of the general	permit that has not been in continuou		
Exact period of non-compliance: fro	m	to	•
Action(s) taken to achieve compliance	e:		
Method used to demonstrate complia	nce:		
#2. Term or condition of the general	permit that has not been in continuou	us compliance during the reporting p	eriod stated above:
Exact period of non-compliance: fro	m	to	
Action(s) taken to achieve compliance	xe:		
Method used to demonstrate complia	nce:		· ·
As the responsible official, I hereby of made in this notification are true, ac upon rolling averages of purchase re year for transfer or combination fact	curate and complete. Further, my an eccipts, does not exceed 2,100 gallons lities.	nual consumption of perchloroethyle s per year for dry-to dry facilities or	ne solvent, based
RESPONSIBLE OFFICIAL:	Cliffon CKIM	Legener	- 5/12/35
	Name (Please Print)	Signature	Date '.

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

$\sqrt{}$

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: FABRICARE FACILITY LOCATION: 13541 N TAMPA,	TIME IN: 13:00 TIME OUT: 14:45 CLEANERS & LAUNDRY FLORIDA AVE FL 33613 KIM PHONE: (813) 961-6423 PHONE: SAME
PART I: NOTIFICATION	PHONE:
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	· / / A
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (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)	□ 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/yr (constructed on or after 12/9/91)
 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) 5. This is a correct facility classification 	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
☐ facility exceeds above lin	cation: neral permit as number above nits and is not eligible for a general permit urchased 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 boxes) □Y □N ØN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD Y 4. Draining cartridge filters in their housing or in sealed containers for at SIY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZNA 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? DY DN DY DN DN/A 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 DY DN DN/A condenser upon opening the door? 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 DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	ZY	N□	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПΝ	□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?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	□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,		-	i
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□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?	ØY □N			
2. Maintained rolling monthly averages of perc consumption?	Ø(Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DINA			
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 QÓN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PÁN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ØN/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?	DY DN XIN/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?			XXY □N		
2. Has the facility maintained a leak log?			χ ά Υ □Ν		
3. Does the responsible official check the f	ollowing areas fo	r leaks?			
Hose connections, fittings, couplings, and valves	אם אם צולן.	A Muck cookers	ØY □N □N/A		
Door gaskets and seating	MAC NO AM	A Stills	XIY ON ON/A		
Filter gaskets and seating	אומם מם צולף	A Exhaust dampers	MY ON ON/A		
Pumps	MAN ON ONY	A Diverter valves	XXY ON ON/A		
Solvent tanks and containers	MY ON ON	A Cartridge filter housings	XY ON ON/A		
Water separators	MY ON ON/	A	Ŧ.a.		
4. Which method of detection is used by the	e responsible off	icial?			
Visual examination (condensed so	lvent on exterior	surfaces)	⊠ i		
Physical detection (airflow felt thr	ough gaskets)		⊠		
Odor (noticeable perc odor)			⊠		
Use of direct-reading instrumentation					
Halogen leak detector					
If using direct-reading instru	mentation, is th	e equipment:	XIN/A		
a. Capable of detecting p	erc vapor concen	trations in a range of 0-500 ppm?	□Y □N		
b. Calibrated against a st (PID/FID only)?	andard gas prior	to and after each use	□Y □N		
c. Inspected for leaks and	d obvious signs o	f wear on a weekly basis?	□Y □N		
d. Kept in a clean and se	cure area when n	ot in use?	□Y □N		
e. Verified for accuracy	by use of duplicat	e samples (calorimetric only)?	□Y □N		
ROGER ZH	\mathcal{J}	5/18	/99		
Inspector's Name (Please Prin	t)	Date of Inspe	ection		
Roser M	· · ·	1 Y	EAR		
Inspector's Signature		Approximate Date of	Next Inspection		

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Fabricare Cleaners & Laundry, Inc.			PAGE	1 OF	1	
FACILITY ADDRESS:	13541 N. Florid	da Ave.		CITY: Tar	npa (813) 961-6423	
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33613	<u></u>
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	ECTION TYPE: STATUS:		JS:
May 18, 1999	13:00	14:45	non-CDS In Compliance			liance
NEDS NUMBER: 57	71056					
SOURCE DESCRIPTIO	N: Perc Dry	Cleaner				
CONTACT(S): Cliff	ton Kim					
Today's visit was to complete the machine was in one of the the transfer of transfer of the transfer of transfer o	peration today are log require s recorded the	 No leaks or ement for this temperature a 	odors were no machine class and the leak in	sified as an aspection or	n a weekly b	The state of the s
INSPECTED BY:	Roger Zhu			DA	<u>ГЕ: Мау 18</u>	, 1999
						,

٠

.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Yabricare	Clean	er			DATE:	5/30/00
FACILITY LOCATION: 13541 N. F	lozila	AND	_			·
Tampa, FI		•	_			
					2.0	
Annual Reporting Period: May		19 <u>44</u>	то _	Mag	50	20 00
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.						EP Rule NO
If NO, complete the following:						
#1. Term or condition of the general permit the	at has not been	in continuous	complianc	e during the re	porting peri	od stated above:
Exact period of non-compliance: from			t	o		
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
#2. Term or condition of the general permit th	at has not been	in continuous	complian	e during the r	eporting per	iod stated above:
Exact period of non-compliance: from			to		•	<u>. </u>
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:		-		_		¢
As the responsible official, I hereby certify, ba made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	i complete. Fi es not exceed :	erther, my ann	ual consum per year fo	nption of perci	hloroethylen	e solvent, based

^{*}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 INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 AM TIME OUT: 10	2: AM AIRS ID#: 0571056
TYPE OF FACILITY: Perc Dry cleaners	
FACILITY NAME: Fabricare cleaners of	Loundard DATE: 5-17-00
FACILITY LOCATION: 13541 N. Florida Ana	
Tampa, Fl 33613	
RESPONSIBLE OFFICIAL: CLIFTON RIM	PHONE NUMBER: (813) 961 - 6423
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
the owner was NO T	
	,
available to show me hi	
available to show me hi Record.	Burea &
recono.	8 2 7
	Air Monitoring Mobile Sources
	nitor Ces
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	30-60
· · · · · · · · · · · · · · · · · · ·	(Approximate)
INSPECTION CONDUCTED BY: Moham mad	(Please Print)
INSPECTOR'S SIGNATURE: M.NO.3 ou	PHONE NUMBER: (813)272-55 30

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS ID#: <u>057/056</u>				
FACILITY NAME: Yahri			•	
FACILITY LOCATION: 13	541 N. Florida	And		
Tu.	mpa, Fl 33	613		
RESPONSIBLE OFFICIAL :	clifton Kim		PHONE: (813) 961-6	423
CONTACT NAME:		1	PHONE:	·
PART I: NOTIFICATION		. ,		
(check appropriate box)			<u> </u>	
New facility notified DARM	f 30 days prior to startup		17/1	a
2. Facility failed to notify DAI	-		NIA	ם
		· .	<u> </u>	
PART II: CLASSIFICATIO	N			
Facility indicated on notification (check appropriate box)	ion form that it is:		☐ No notification form ☐ Drop store/out of business/	petroleum
1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr dry- r tran: both	sfer only, x < types, x < 1	: < 140 gal/yr 200 gal/yr	
3. Existing large area sou dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, 8 both types, $140 \le x \le 1$,800 (constructed before 12/9/91	2,100 gal/yr dry- 300 gal/yr tran 9 gal/yr both	sfer only, 200 types, 140 <	ea source \square $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
5. This is a correct facility	classification DY	□N	□Can not determine	·
☐ faci	e appropriate classification lity qualified for a general lity exceeds above limits ar	permit as nu		
B. The total quantity of perch facility was gallon		sed within th	e preceding 12 months by this	dry cleaning

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/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated 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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
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?	אם עם
2. Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	N/A N DY A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	NO YO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	A/ND ND YD
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 ON/Ą
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A

 \square Y \square N

□Y □N □N/A

□Y □N □N/A

QY QN QN/A

6. Maintained startup/shutdown/malfunction plan?

8/Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

PART VI: LI	EAK DETECTION AND RI	EPAIRS			
1. Does the re	esponsible official conduct a w	eekly (for small sources, b	oi-weekly) leak detection an	d repair	
inspection?	?			□Y □N	
2. Has the fac	ility maintained a leak log?		,	N□ YD	
3. Does the re	esponsible official check the fo	ollowing areas for leaks?			
i .	connections, fittings,		·		
coni	plings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A	
Door	gaskets and seating	DY DN DN/A	Stills	□Y □N □N/A	
Filter	r gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A	
Pump	ps	OY ON ON/A	Diverter valves	□Y □N □N/A	
Solve	ent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Wate	er separators	DY DN DN/A			
4. Which me	thod of detection is used by th	e responsible official?			
Visu	al examination (condensed so	lvent on exterior surfaces)	•	ا ، ا	
Phys	<u> </u>				
Odo	r (noticeable perc odor)	,			
Use	of direct-reading instrumenta	tion (FID/PID/calorimetric	c tubes)		
Halo	ogen leak detector	•			
]	If using direct-reading instr	umentation, is the equipm	nent:	□N/A	
	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 (PID/FID only)?				OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				□Y □N	
	DY DN				
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON	
	· · · · · · · · · · · · · · · · · · ·		,	·	
<u> </u>		 	,	-	
Moham	mad Mozan		5-17-00		
	Inspector's Name (Please Prin	nt)	Date of Insp	ection	
\	1, NQ Zori		5/30/00		
	Inspector's Signature		Approximate Date of	Next Inspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 📜 COM	PLAINT/DISCOVERY
TIME IN: 9: AM TIME OUT: 10: A	M AIRS ID#: 57/056
TYPE OF FACILITY: PERC DOY Cleaners	
FACILITY NAME: Fabricare Cleaners &	LAUNCING DATE: 5/30/00
FACILITY LOCATION:	
RESPONSIBLE OFFICIAL: CLIFTON KIM	PHONE NUMBER: (815)961-6423
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
- .	e e e e e e e e e e e e e e e e e e e
	70
	Burrea S
	CEI JUN 15 & Mobile
	Monii Source
·	VED 2000 Monitorin Sources
	<u> </u>
	•
	* * * * * * * * * * * * * * * * * * *
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	pproximate)
INSPECTION CONDUCTED BY: Mohammad	Nozari
INSPECTOR'S SIGNATURE: M. NOZQV	lease Print) PHONE NUMBER: (\$13) 277-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 057/056 DATE: 5-30-00 TIME IN:	
FACILITY NAME: Yabricare cleaners & Law	welr f
FACILITY LOCATION: 13541 N. Floride, And	,
Tampa, F/ 33613	
RESPONSIBLE OFFICIAL: CC. F-ton KIM PE	IONE: (815) 961 - 6423
CONTACT NAME:PE	IONE:
,	

1. New facility notified DARM 30 days prior to star	tup \mathcal{N}/A	ļ.		
2. Facility failed to notify DARM to use general per	mit \square			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	e e		
5. This is a correct facility classification	□Y □N □Can not determine			
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) properties facility was 100 gallons.	urchased within the preceding 12 months by this dry cleanin	ıg		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD AM 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AMU UN PAR 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY AND 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 ON ON/A 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OV BY ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ØN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Ø(Y □N			
2. Maintained rolling monthly averages of perc consumption?	MD YM,			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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?	ADY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO YOU			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY MEN DEN/A			
6. Maintained startup/shutdown/malfunction plan?	MY DN			
7. Maintained deviation reports?				
Problem corrected?	DY DIN DINA			
8. Maintained compliance plan, if applicable?	OY 40 MON/A			

PA	PART VI: LEAK DETECTION AND REPAIRS						
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MD Y			
2.	Has the facility maintained a leak log?		•	DY DY			
3.	Does the responsible official check the fo	ollowing areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ÄΥ ΟΝ ΟΝ/Α			
	Door gaskets and seating	A/NO NO YO	Stills	AVA NO YK			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	XY ON ON/A			
	Solvent tanks and containers	A/M M M P	Cartridge filter housings	XIY ON ON/A			
	Water separators	MY ON ON/A	•				
4.	Which method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surfac	ces)	P			
	Physical detection (airflow felt three	ough gaskets)		<i>I</i> 20			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat	ion (FID/PID/calorime	etric tubes)				
	Halogen leak detector	o j					
	If using direct-reading instru	ipment:	□N/A				
	a. Capable of detecting p	erc vapor concentration	ns in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and	d after each use	OY ON			
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON			
١.	d. Kept in a clean and se	cure area when not in	use?	ØY ON			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON			
			•				
=							
	Mohammad Nozari 5/30/00						
_	Inspector's Name (Please Print) Date of Inspection						
	M. No 3 avi						
-	Inspector's Signature		Approximate Date of	Next Inspection			

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Fabricare C	leaners & Launo	dry		PA	GE 1	OF 1
FACILITY ADDRESS:	FACILITY ADDRESS: 6005 North Armenia Avenue CITY: Tampa PHONE: (813)961-6423					-
MAILING ADDRESS:	Same		CITY: Tampa	Ī	FLA	ZIP: 33604
INSPECTION DATE: May 30, 2000	TIME IN: 9:00AM	TIME OUT: 10:00AM	INSPECTIO Annı		E:	STATUS: In Compliance
NEDS NUMBER: 0571056						
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner						
CONTACT(S):Clifton K	Lim					

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

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 110 gallons and it was verified.
- 6. The machines were in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.
- 8. This facility has a petroleum-cleaning machine with a capacity 45 lbs. and it was in operation at the time of inspection.

INSPECTED BY:	DATE:
Mohammad Nozari	May 30, 2000

	Z 333 (73	P 7 5		
	US Postal Service Receipt for Cerl No Insurance Coverage Do not use for Internation Sent to	Provide nal Mai	ed. 1 <i>(See rever</i> s		
CL 135	BRICARE CLEANERS (IFTON M KIM 41 N FLORIDA AVE MPA FL 33613	AIR & LAU	S ID 057105 INDRY INC		
	Special Delivery Fee				
	Restricted Delivery Fee				
1995	Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to Whorn, Date, & Addressee's Address				
800,	TOTAL Postage & Fees	\$	_		
PS Form 3800 , April 1995	Postmark or Date				
				 -	

on the reverse side?	 Print your name and address on the reverse 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 	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
ADDRESS completed		4a. Article N 2333 4b. Service Registere Express Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261245

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

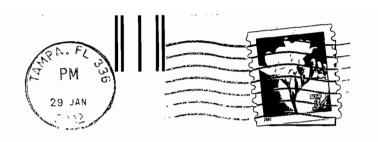
FEB 24 97

Do NOT Remove Label

AIRS ID# 0571056
FABRICARE CLEANERS & LAUNDRY INC
CLIFTON M KIM
13541 N FLORIDA AVE
TAMPA FL 33613

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413688 JAN312002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571056 FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE TAMPA FL 33613

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Z 510 PP3 512 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571056001AG CLIFTON C KIM FABRICARE CLEANERS & LAUNDRY 13541 N FLORIDA AVE **TAMPA FL 33613** | \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

Fold at line over top of envelope to	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0571056001AG CLIFTON C KIM FABRICARE CLEANERS & LAUNDRY 13541 N FLORIDA AVE TAMPA FL 33613 	A. Received by (Please Print Clearly) B. Mate of Delivery C. Signature Addressee Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No Reference Mail R
2. Article Number (Copy from service label) 2 2 10 (e (e 3 2 15	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404212

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE **TAMPA FL 33613**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EG:-A1 3 Fund: 20-2-035001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571056

FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE **TAMPA FL 33613**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391010

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571056 FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE TAMPA FL 33613

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	Z	333	6 60	504	MUN
I	US Postal Sen Receipt for No Insurance Co Do not use for	or Ce	Provide	d.	erse)
CL1	BRICARE CI FTON C KIN 41 N FLORII MPA FL 336	M DA AVI	RS & LA	SID#0 AUNDRY	
	Certified Fee	Fee			
1995	Restricted Deliver Return Receipt S Whom & Date Deliver	ery Fee Showing to		<u> </u>	
0, April 1	Return Receipt Sho Date, & Addressee's	wing to Who Address	-		
PS Form 3800 , April 1995	TOTAL Postage Postmark or Dat		\$		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse 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 and delivered.	e does not e number.	I 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 # 0571056 FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE TAMPA FL 33613	4a. Article N 2 3 4b. Service Registere Express I Return Rec 7. Date of De	Type ad	you tor using Return
Is your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent) P8 Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Inank

P 265 302 177 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0571056 **FABRICARE CLEANERS & LAUNDRY INC** CLIFTON M KIM 13541 N FLORIDA AVE **TAMPA FL 33613** | 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date 2/14/97

on the reverse side?	SENDER: Complete items 1 arrayol 2 for adultional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse 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 and delivered.	can return this e does not e number.	wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	ceipt service.
Is your <u>RETURN ADDRESS</u> completed o	AIRS ID#: 0571056 FABRICARE CLEANERS & LAUNDRY INC CLIFTON M KIM 13541 N FLORIDA AVE TAMPA FL 33613 5. Received By: (Print-Name) 6. Signature: (Addressee of Agent) X PS Form 3811, December 1994	4b. Service Registere Express Return Ret 7. Date of De 8. Addressee	Type ed Certified Mail Insured ceipt for Merchandise COD cellivery	I nank you ror using Heturn Rec

•	P 174 056	2 071 (Q)
	Receipt for Cert	tified Mail Provided. AIRS ID # 0571056
C	ABRICARE CLEANE CLIFTON C KIM 3541 N FLORIDA AV	ERS & LAUNDRY
	TAMPA FL 33613	/ E
	Postage	\$
	Certified Fee	
	Special Delivery Fee	ļ
	Restricted Delivery Fee	·
199(Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?	 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 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: AIRS ID # 0571056 FABRICARE CLEANERS & LAUNDRY CLIFTON C KIM 13541 N FLORIDA AVE	4a. Article Number P	
	TAMPA FL 33613	7. Date of Delivery	
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X 2011 Do 5. 2011	8. Addressee's Address (Only if requested and fee is paid)	
[_	PS Form 3811 , December 1994		Domestic Return Receipt