

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Anayat Nagyi Bayside Cleaners 4330 West Bay to Bay Boulevard Tampa, Florida 33761

Re: Facility I.D. No. 0571064

Dear Mr. Nagyi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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

Dolly Deltz

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Liz Deken, Hillsborough County

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



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

August 24, 2007

Mr. Shafkat Ali Gulfrin Inc. Bayside Cleaners 5625 Memorial Highway Tampa, Florida 33615

Re: I.D. No.: 0571064

Dear Mr. Ali:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the dry cleaning facility and your check (#7576) in the amount of \$100.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman, Administrator Mobile Source Control Section

Bureau of Air Monitoring

GULFRIN INC.
BAYSIDE CLEANERS

5625 MEMORIAL HWY

TAMPA, FL 33615

DATE

DATE

COLONIAL BANK NA
24 Hr Colonial Connection 187502-2265

FOR S71064 AIR TD

Memorial Adjusting the colonial connection 187502-2265

FOR S71064 AIR TD

AIRS 10#: 5"7 1064

1/

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

FACILITY NAME: BATYS	OF CLEANERS	,		DATE:	4 30 017
FACILITY LOCATION: 4					
	TAMPA, FL				
	,			<u> </u>	
Annual Reporting Period:	Sep	19 <u>~}</u>	то	HPR 36	19 <u>77</u>
Based on each term or condition of the 62-213.300, Florida Administrative	<del>-</del> -			<u> </u>	P Rule NO
If NO, complete the following:					
#1. Term or condition of the genera	al permit that has not been i	n continuous c	compliance during	the reporting perio	d stated above:
Exact period of non-compliance: from	om		to		
Action(s) taken to achieve complian	ce:			<i>,</i>	
Method used to demonstrate complia	ance:				
#2. Term or condition of the genera	al permit that has not been i	n continuous (	compliance during	the reporting perio	od stated above:
Exact period of non-compliance: from	om		to		
Action(s) taken to achieve complian	.ce:			_	
Method used to demonstrate compliant	ance:				
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase r year for transfer or combination fac	ccurate and complete. Fur- receipts, does not exceed 2,	ther, my annu	al consumption of	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	ANAJAT NA Name (Please Print)	651_	Signat	ure	Date

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

# 0571064 9-30 Spoke to Bayside Cleaners, Anayat Wagji is the Owner.

P.13 6. add title - Owner 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):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
FUCE SQ6  3. Hazardous Waste Generator Identification Number:  3. 1635/720 9808 4727/
4. Facility Location:
Street Address: 9330 WEST BAY 70 BAY BLOD
Street Address: 4330 WEST BAY TO BAY BLUD City: TAMPA County: All SBONO4GA 33761
5. Facility Identification Number (DEP Use):
0571064
Responsible Official
6. Name and Title of Responsible Official:
ANAYAT NAGSI
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:  Street Address:  Organization/Firm:  Organization/
Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (1/3) 137-5752 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ANAYAT NAGSI
10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (813) 837 - 57 52 Fax: ( ) -
RECEIVED

SEP 3 סעעו

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Initially Device Initially Device Initially Device			Date	Date		Date	Date		Date	Date
Type of Machine			Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-M.  Dry-to-Dry Unit  (1) w' ref. condenser #/ 6/4/6 6/4/6 (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 (12) w' no controls  (b) Control devices are required to be installed (12) w' no controls  (b) If less than 12 months, how many? [1] months  Check why it is less than 12 months: New owner: New store: Did not keep records: Indicate with an "X". Select one classification only.)			Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit   (1) w/ ref. condenser	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
(1) w/ ref. condenser	Dry-to-Dry Unit									
(2) w/ carbon adsorber   (3) w/ no controls   (4) w/ ref. condenser   (5) w/ carbon adsorber   (6) w/ no controls   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (9) w/ no controls   (10) w/ ref. condenser   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   (10) w/ ref. condenser   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (13) w/ carbon adsorber   (14) w/ carbon adsorber   (15) w/ no controls		#/	6196	6/96						T
Washer Unit    (4) w/ ref. condenser   (5) w/ carbon adsorber   (6) w/ no controls   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (13) w/carbon adsorber   (12) w/ no controls   (13) w/carbon adsorber   (14) w/carbon adsorber   (15) w/carbon adsorber   (16) w/carbon adsorber   (17) w/carbon adsorber   (18) w/carbon adsorber   (19) w/carbon adsorber   (11) w/carbon adsorber   (11) w/carbon adsorber   (11) w/carbon adsorber   (12) w/ no controls   (13) w/carbon adsorber   (12) w/ no controls   (13) w/carbon adsorber   (14) w/carbon adsorber   (15) w/carbon adsorber   (16) w/carbon adsorber   (17) w/carbon adsorber   (18) w/carbon adsorber   (19) w/carbon adsorber   (19) w/carbon adsorber   (10) w/carbon adsorber   (11) w/carbon adsorber   (12) w/carbon	(2) w/ carbon adsorber	,	-							<u> </u>
(4) w/ ref. condenser   (5) w/ carbon adsorber   (6) w/ no controls   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ ref. condenser   (9) w/ no controls   (10) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ ref. condenser   (11) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ no controls   (14) w/ carbon adsorber   (15) w/ no controls   (16) w/ ref. condenser   (17) w/ carbon adsorber   (18) w/ carbon adsorber   (19) w/ no controls   (19	(3) w/ no controls			_						
(5) w/ carbon adsorber   (6) w/ no controls   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (13) w/ carbon adsorber   (14) w/carbon adsorber   (15) w/ no controls   (15) w/ no controls   (15) w/ no controls   (15) w/ no controls   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (15) w/ no controls   (15) w/ no control	Washer Unit		•							
Columbia	(4) w/ ref. condenser				Τ					
Dryer Unit   (7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (13) w/ ref. condenser   (12) w/ no controls   (13) w/ no controls   (14) w/carbon adsorber   (15) w/ no controls   (16) Control devices are required to be installed	(5) w/ carbon adsorber				1			· · ·		1
(7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (110) w/ ref. condenser   (110) w/ ref. condenser   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no control devices are required to be installed	(6) w/ no controls			_						1
(7) w/ ref. condenser   (8) w/ carbon adsorber   (9) w/ no controls   (10) w/ ref. condenser   (110) w/ ref. condenser   (110) w/ ref. condenser   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ carbon adsorber   (12) w/ no control devices are required to be installed	Dryer Unit								•	
Reclaimer Unit   (10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (13) w/ control devices are required, but not yet installed   X   (14) w/carbon adsorber   (15) w/ no control devices are required to be installed   X   (15) w/ control devices are required to be installed   X   (16) w/carbon adsorber   (16) w/carbon adsorber   (17) w/carbon adsorber   (18) w/carbon adsorber   (19) w/carbon adsorber   (19) w/carbon adsorber   (19) w/carbon adsorber   (10) w/carbon adsorbe					T			Γ		
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?  [55] gallons  (b) If less than 12 months, how many? [4] months Check why it is less than 12 months: New owner: [New store: [X] Did not keep records: [New store: [X] Did not keep records: [Indicate with an "X". Select one classification only.)	(8) w/ carbon adsorber			<u> </u>						_
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?  [55] gallons  (b) If less than 12 months, how many? [4] months Check why it is less than 12 months: New owner: [New store: [X] Did not keep records: [New store: [X] Did not keep records: [Indicate with an "X". Select one classification only.)	(9) w/ no controls									
(10) w/ ref. condenser   (11) w/carbon adsorber   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (12) w/ no controls   (13) w/ no controls   (14) w/ no control devices are required to be installed   X   (15) w/ no control devices are required to be installed   X   (16) w/ no control devices are required to be installed   X   (16) w/ no control devices are required to be installed   X   (17) w/ no control devices are required to be installed   X   (18) w/ no control devices are required to be installed   X   (18) w/ no control devices are required to be installed   X   (18) w/ no controls   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be installed   (18) w/ no control devices are required to be instal			l .	1	-	1	1			
(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?  [					П			Τ	1	
(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?  [55] gallons  (b) If less than 12 months, how many?  [4] months Check why it is less than 12 months: New owner:  [New store: X] Did not keep records:  [17]  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.)					<del>                                     </del>			<del>                                     </del>		
(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?  [55] gallons  (b) If less than 12 months, how many? [4] months Check why it is less than 12 months: New owner: [8] New store: [8] Did not keep records: [8]  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.)				<del>                                     </del>	<del> </del>				1	<del>                                     </del>
(Indicate with an "X". Select one classification only.)	(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?  [55] gallons  (b) If less than 12 months, how many? [4] months									
Existing large area source [] New large area source []	(Indicate with an "X".  Existing small an	Selec ea so	et one classif	ication only.	) ew sr	nall area sou	rce 🔀		Part II?	

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4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[ X ]
(b) Leak detection inspection and repair	X
(c) Refrigerated condenser temperature monitoring	X
(d) Carbon adsorber exhaust perc concentration monitoring	X
(e) Instrument calibration	X
(f) Start-up, shutdown, malfunction plan	人

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#### Surrender of Existing Air Permit(s)

Please indicate	e 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 oper- this notification form.	ation of the facility indicated in						
	Responsible Officia	al Certification						
this notific statements maintain t comply wi	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.							
AL Signature		8-25-96 Date						

### RECEIVED

11/13/96

DEC 2 1996

Bureau of Air Monitoring & Mobile Source the understand conceptions

te the Notification

Form and Forward

to.

### Return completed form to:

Florida Department of Environmental Protection
Bureau of Air Monitoring and Mobile Sources
Mail-Station 5510
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program, (800)722-7457.

of you have ANY QUESTIONS PLASE

CAll Me.



Environmental Protection Commission of Hillsborough County

Bruce M. King, QEP
Engineer
Air Management Division

Air Management Di

1410 N. 21st Street Tampa, Florida 33605 Telephone: (813) 272-5530 Fax: (813) 272-5605

11.		
40571	CG4 BEST AVAILABLE COPY	$\cap$
9-30 Spoke to Cleaners,	Bayside t-nayat the Owner.	J. P. V.
Ra P.13	Ima	NOV 12 1896
2. Site Nam 6. add title -	0,,,,,,,	MANAGEMENT
3. Hazardo FUCE 1, (c) Should not	be marked 9808	47271
4. Facility Street A City:	*33°	761
5. Facility	7706	
6. Name		
7. Respo Organization/Firm: Street Address: City: County	As above Zip Code:	
8. Responsible Official Telephone Number: Telephone: (\$\int 1/3\) \$\int 7-\ 5752	Fax: ( ) -	
Facility Contact (If differen	t from Responsible Official)	
9. Name and Title of Facility Contact (For example, p	lant manager):	
ANAYAT NAGSI		
10. Facility Contact Address:	/ -	
Street Address: SAME AS ABOV		
City:	7in Code	

9. Name and Thie of Facility	y Contact (For example, plant mana	iger).
ANAYA	T NAGSI	
10. Facility Contact Address:		
5° A	ME AS ABOVE	
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephor	le Number:	
11. Facility Contact Telephor Telephone: (813) 8	37-5752 Fa	x: ( ) -
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-		RECEIVED
		in the best time to the terms

## RECEIVED

SEP 3 1770

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Bureau of Air Monitoring

& Mobile Sources

Bureau of Air Monitoring & Molillo Dources

### **BEST AVAILABLE COPY**

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Baysicle Cleaners (Sugarda Soon Inc.)
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: 7/D 98M 4727/
3. Hazardous Waste Generator Identification Number: 3 1635/720 9808 4727/
Street Address: 9330 WEST BAY TO BAY BLOD
4. Facility Location: Street Address: 4330 WEST BAY 70 BAY BLUD. City: TAMPA County: 4/11580N0464 City: 7/1178
5. Facility Identification Number (DEP Use):  057/064
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Owner  Owner  Zip Code:
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:  Same as above
City: County: Zip Code:
·
8. Responsible Official Telephone Number: Telephone: (8/3) 837-5752 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ANATHI NAGSIL OWNER
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (813) 837 - 5752 Fax: ( ) -
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#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					•	_			
(1) w/ ref. condenser	#/	6146	6196						
(2) w/ carbon adsorber		1 27 7 12							
(3) w/no controls									<del></del>
Washer Unit									
(4) w/ ref. condenser				T -					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•				•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•		•	ı		•	•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							$\vdash$		
(b) Control devices are (c) No control devices  2.(a) What was the total (	are re	equired to be ity of perchlo	installed [	20	J	n the latest 12	2 mo	nths?	
(b) If less than 12 mont Check why it is less	hs, he s than	ow many? [ 12 months:	H months New owner:	; [	_] New store	e: [X] Did	not l	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small ar	ea so	urce []	N	ew sr	nall area sou	rce X	]		
Existing large an	ea so:	urce [ ]	N	ew la	rge area sou	rce [	1		

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<ol> <li>What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)</li> </ol>	Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to	ouse the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
•	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	区
(e) Instrument calibration	[义] [义]
(f) Start-up, shutdown, malfunction plan	区

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

#### Surrender of Existing Air Permit(s)

ease indica	I hereby surrender all existing air per facility indicated in this notification	mits authorizing operation of the
	No air permits currently exist for the this notification form.	operation of the facility indicated in
	Responsible C	Official Certification
this notij statemen maintain	fication. I hereby certify, based on infor its made in this notification are true, acc the air pollutant emissions units and ai	ns defined in Part II of this form, of the facility addressed in rmation and belief formed after reasonable inquiry, that the curate and complete. Further, I agree to operate and ir pollution control equipment described above so as to eral permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any cha	anges to the information contained in this notification.
Ai	1 A	8-25-96

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

### PERCHLOROETHYLENE DRY CLEANERS

人名英格兰人 医电

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	IUAL NSPECTION	) <u>a</u>	COMPLAINT/DISC	OVERY	<u> </u>
AIRS ID#: 571064 DATE: FACILITY NAME: BAYLOGE	= CLEATOR	71-5		1E OUT: _ <u> </u>	100
FACILITY LOCATION: 433			AY BLUD		
PART I: NOTIFICATION					
(check appropriate box)					
I. Existing facility notified DARM by 9	/1/96				)M
2. New facility notified DARM 30 days	prior to startup				′ a.
3. Facility failed to notify DARM to use	general permit				a
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box)	that it is:				
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)	dry tra bo	New small a y-to-dry only, insfer only, x< th types, x<14 onstructed on	x<140 gal/yr 200 gal/yr	X	
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>dry tra bo</td><td>insfer only, 20 th types, 140&lt;</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td>0</td><td></td></x<2,>	dry tra bo	insfer only, 20 th types, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>	0	
This is a correct facility classification	<b>*</b>	N DN			
If no, please check the appropriate class	sification:				
facility qualified for a facility exceeds above					
B. The total quantity of perchloroethyle facility was 25 gallons.	ene (perc) purch	ased within th	e preceding 12 mont	hs 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?	ACIX NO YO
2. Examining the containers for leakage?	DY DN KINA
3. Closing and securing machine doors except during loading/unloading?	Ma du , ,
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואַלאַ אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	2
If classification 4 has been checked, the machine should be equipped with a refri (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?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AN ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DA AM
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON DEN
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DA ON

B. Has the responsible official of an existing large or new large area source also:			
II .	NA		
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted DY	DИ	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	
Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	
3. Measured and recorded the perc consentration 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?	ΟY	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	
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?	ΟY	ΩΝ	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	_ □Y	□и	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	УC	ПИ	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	X		
	ZI-X	ПN	
Maintained rolling monthly averages of perc consumption?	DY DY	□и □и	
	DX DX	□и	
2. Maintained rolling monthly averages of perc consumption?	DY DY	□И	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:</li> </ol>		ÞN □N	
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	ΩY	NIES VIES VIES VIES VIES VIES VIES VIES V	Z <sup>A</sup> N/A
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	QY QY	NIES VIES VIES VIES VIES VIES VIES VIES V	AVNEC
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	□Y □Y □Y	DN DN	A/N/E
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	OY OY OY		<b>Y</b> IN/A
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	OY OY OY OY	N N N N N N N N N N N N N N N N N N N	XIN/A KN/A
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	OY OY OY OY OY	N N N N N N N N N N N N N N N N N N N	/
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	OY OY OY OY OY	N N N N N N N N N N N N N N N N N N N	**************************************
<ol> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	OY OY OY OY OY OY	N N N N N N N N N N N N N N N N N N N	.KN/1 ÖRÎ/A

2.	Which method of detection is used by t	he respo	nsible offici	ial?		
	Visual examination (condensed s	olvent o	n exterior su	ırfaces)	<b>X</b> C	
	Physical detection (airflow felt th	rough ga	askets)		<b>D</b>	
	Odor (noticeable perc odor)				DEC	
	Use of direct-reading instrumenta	tion (FI	D/PID/calor	rimetric tubes)	o ţ	XN
	If using direct-reading instrume	entation	, is the equ	ipment:	·	
	a. Capable of detecting	регс уар	or concentr	ations in a range of 0-500 ppm?	ΠY	ПИ
	b. Calibrated against a s (PID/FID only)?	standard	gas prior to	and after each use	ΩY	ΩΝ
	c. Inspected for leaks an	ıd obvioı	is signs of v	wear on a weekly basis?	ΠY	□и
	d. Kept in a clean and s	ecure are	ea when not	t in use?	$\Box$ Y	□N
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	$\Box$ Y	ПN
3.	Has the facility maintained a leak log?				ΠY	□N
4.	Does the responsible official check the	followin	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	) YY	ПΝ	Muck cookers	DDY	ПN
	Door gaskets and seating	Ż(Y	ПИ	Stills	ØY	ПN
	Filter gaskets and seating	<b>Ģ</b> (Y	ПN	Exhaust dampers	XX	ПN
	Pumps	XX	ПN	Diverter valves	XY	ПN
	Solvent tanks and containers	XY	ПΝ	Cartridge filter housings	Ç <b>X</b> ∳Y	ПN
	Water separators	ŻΥ	ΠИ			
	AWAYAT NAGI	al		,		
				u/23/	97	
	Inspector's Name (Please Print)			Date of Inspe	ection	<del></del>
	TCSIM			171	2	•
	Inspector's Signature			Approximate Date of	Next I	nspection

#### ADDITIONAL SITE INFORMATION:

MR. NAGSI WAS NOT ON SITE. CONDUCTED INSPECTION W/ MR CIL MONTAWAY & JOSÉ LECARD

MACHINE IS FORENTA MIRACLEM 335

NO RECORDS ON SITE. ALL RECORDS AT 5625 MEMORIAL HWY LOCATION,

CHNTR HAS MAINT CONTRACT FOR A MAN

TO COME BY ONCE A WEER TO CHECK MACHINE

MACHINE WAS OPERATING. NO ODORS.

TEMP AT FIND OF DRYING CYCLE WAS

38° F

NOTE: MET WITH OWNER 4/30. EXAMINED RECORDS FOR THIS STORE. STORE IS NEW. ONLY 25 GALLOWS OF PERC PURCHASED



### Department of Environmental Protection

0571064

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

Virginia B. Wetherell Secretary

April 20, 1997

Gulfrin, Inc.
Bayside Cleaners
4330 West Bay to Bay Boulevard
Tampa, Florida 33761

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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

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

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: $08.00$ TIME OUT: $09.00$	45 AIRS ID#057106#
TYPE OF FACILITY: Any Cleaner	
FACILITY NAME: Because Cleaner	DATE: /2/2/97
FACILITY LOCATION: 433 C Brew.	_ +
Tremose	FI
RESPONSIBLE OFFICIAL: Anayot Nagic	PHONE NUMBER: \$\(\frac{\frac{7}{3}}{7}\)\(\frac{7}{3}\)\(\frac{7}{
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	trative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ro tempuature records	Left instructions to loy temperateur resols.
	·
<del></del>	
	<u> </u>
COMMENTS: Resords were availà Organizad.	ble but very poorly
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY:	pproximate)  Mr. XIV G  lease Print)
INSPECTOR'S SIGNATURE: Sure M Kine	PHONE NUMBER: 12/2/97
Page	of   Revised 10/9

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

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION -		
TIME IN: //3/	TIME OUT: 2 1/2	AIRS ID#:_	571064		
TYPE OF FACILITY:	Dry Cleaner				
FACILITY NAME: 150	ysele Cleoners	)	DATE: 1/14/97		
FACILITY LOCATION:	14330 Bay	to Boy			
-	Tampa FI	3376/			
RESPONSIBLE OFFICIAL:	noyat Nagic	PHONE NUMBI	IR: (8/3) 237-5752		
	the compliance requirements evaluate 62-213.300, Florida Administration		facility is found to be in		
Based on the results of discrepancies were note	the compliance requirements evalud:	nated during this inspection, the	following compliance		
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED		
		•			
			· · · · · · · · · · · · · · · · · · ·		
	;				
COMMENTS:	<del></del>	<del></del>			
•					
			NA.		
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO					
DATE OF NEXT INSPECTIO	N:	-y-			
INSPECTION CONDUCTED	10	pproximate) LING	· · · · · · · · · · · · · · · · · · ·		
INSPECTOR'S SIGNATURE:		lease Print)  PHONE NUMB	ER/813/272-553A		
	1	7	Paris 1 10/00		

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

AIRS ID#0571064

GULFRIN INC ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761

Do NOT Remove Label

Annual Reporting Period:	19TO	19
Based on each term or condition of the Title V go 62-213.300, Florida Administrative Code (F.A.C	eneral air permit, my facility has remained in complication.), during the period covered by this statement.	/ ance with DEP Rule YES
If NO, complete the following:		
#1. Term or condition of the general permit that	has not been in continuous compliance during the re-	porting period stated above:
	RECEIVED	- matrices
Exact period of non-compliance: from	to	<u> </u>
Action(s) taken to achieve compliance:	JAN 2 2 1998	EIV RC 20
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources	98 014 072
#2. Term or condition of the general permit that	has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	•	
Method used to demonstrate compliance:		<u>.</u>
notification are true, accurate and complete. Furthe does not exceed 2,100 gallons per year for dry-to dry Maya RESPONSIBLE OFFICIAL:	information and belief formed after reasonable inquiry, er, my annual consumption of perchloroethylene solvent, of facilities or 1,800 gallons per year for transfer or combined to the facilities of the faciliti	based upon purchase receipts,

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

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

0307970

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** 

HAR 30 98

Do NOT Remove Label

AIRS ID#: 0571064

**GULFRIN INC** ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD **TAMPA FL 33761** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT . COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	
AIRS 10#: 57/064 DATE: 1/14/98 TIME IN: 1:30 TIME O	UT: 21/5
FACILITY NAME: Brysile Cleeners	
FACILITY LOCATION: 4330 Boy to Boy	
Tampa, FL 33761	
RESPONSIBLE OFFICIAL: angest 1/24/1 PHONE: (813) 83	7-5752
CONTACT NAME: <u>Game</u> 7 PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	0
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	_
(check appropriate box)	ess/petroleum
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 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	
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	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N □N/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	□Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
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	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 ven controls?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	
Condenser exceeded 43 1 :	MY ON ON/A

В.	. Has the responsible official of an existing large or new large area source also:	_ へ	7	
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	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser	1		
	inlet and outlet weekly?	□Y (	ם אם	⊃N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y (	ם אם	□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 adsorbor?		ם אם	JN/A │
	Is the perc concentration equal to or less than 100 ppm?	<b>-</b> Y (	ו אב	⊃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 bond, contraction, or expansion; and downstream from no other inlet?	□Y (	ט אכ	IN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (	מ אכ	A/N <b>£</b>
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ם מב	IN/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? ØY DN 2. Maintained rolling monthly averages of perc consumption 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 24 DY ON DY/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN ØN/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PN/A DY DN ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DA DA 6. Maintained startup/shutdown/malfunction plan? DY DN DYNA 7. Maintained deviation reports? DY DN OM/A Problem corrected? □N □N/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AN	D REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	□Y □N					
2. Has the facility maintained a leak lo	g?		□Y □N			
3. Does the responsible official check to	he following areas for lead	ks?				
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A			
Door gaskets and seating	אומם מם אים	Stills	□Y □N □N/A			
Filter gaskets and seating	אומם אם צם	Exhaust dampers	□Y □N □N/A			
Pumps	אואבט אם אם	Diverter valves	□Y □N □N/A			
Solvent tanks and containers	טעם אם צם	Cartridge filter housings	□Y □N □N/A			
Water separators	OY ON ON/A					
4. Which method of detection is used by	y the responsible official?					
Visual examination (condensed	l solvent on exterior surfa	ces)				
Physical detection (airflow felt	through gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumen	ntation (FID/PID/calorime	etric tubes)				
Halogen leak detector		:				
If using direct-reading ins	strumentation, is the equ	ipment:	□N/A			
a. Capable of detectin	g perc vapor concentratio	ns in a range of 0-500 ppm?	NO. YO			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
c. Inspected for leaks and obvious signs of wear on a weekly basis? □X □N						
d. Kept in a clean and	□Y □N					
e. Verified for accurac	OY ON					

Inspector's Name (Please Print)

Succe M. Ling

Inspector's Signature

Date of Inspection

Approximate Date of Next/Inspection

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

300401

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#0571064

GULFRIN INC ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 ADDITIONAL SITE INFORMATION:

Temperature measurements being recorded properly.

The FOEP My cleaner Compliance Colendor for 1998 was given to the faulty manager.

No færther action necessary at this time

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/D	ISCOVERY	
AIRS ID#: <u>7/06</u> FACILITY NAME: <u>Ava</u>		7 TIME IN	1: <u>08/20</u> 1	TIME OUT: <u>(</u>	99:45
FACILITY LOCATION: 4	1	Buy 33	to face		
RESPONSIBLE OFFICIAL :	<i>y</i>	<i>(</i> ) 3	, .	337-5	752
CONTACT NAME:	5AM2		PHONE:	5 AM C	
PART I: NOTIFICATION					
(check appropriate box)			. /.		
New facility notified DARM			N/A		<u> </u>
Facility failed to notify DAR	M to use general permit		/	-	
ar . aarma . mvo.					
PART II: CLASSIFICATION					
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)			☐ No notification☐ Drop store/out		roleum
Facility indicated on notification	on form that it is:  ce	New small ar- to-dry only, x sfer only, x < h types, x < 14 nstructed on o	Drop store/out  ea source  c < 140 gal/yr  200 gal/yr		roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	to-dry only, x ansfer only, x < h types, x < 14 nstructed on on the large are to-dry only, 1 nsfer only, 200 h types, 140 \le	Drop store/out  ea source  < 140 gal/yr 200 gal/yr  f0 gal/yr r after 12/9/91)	of business/pet	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is:  ce	to-dry only, x ansfer only, x < h types, x < 14 nstructed on on the large are to-dry only, 1 nsfer only, 200 h types, 140 \le	Drop store/out  ea source $x < 140 \text{ gal/yr}$ $y < 200 \text{ gal/yr}$ $y < 30 \text{ gal/yr}$	of business/pet	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91)  5. This is a correct facility classification of the please check the afacility of the constructed before 12/9/91)	on form that it is:  ce	-to-dry only, x asfer only, x < h types, x < 14 nstructed on on the large are -to-dry only, 1 nsfer only, 200 h types, 140 < nstructed on on types, 140 < nstructed o	Drop store/out  ea source $x < 140 \text{ gal/yr}$ $y < 200 \text{ gal/yr}$ $y < 30  gal/yr$	of business/pet	roleum

### 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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? 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 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 condenser exceeded 45°F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:	
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY XN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON XINA
	Is the temperature differential equal to or greater than 20° F?	A/NK NO YO
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?	DY DN DAN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DYN/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?	OY ON XIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ANIA

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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 B 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			<b>X</b> Y	□N	
2.	2. Has the facility maintained a leak log?				□N	
3.	Does the responsible official check th	es the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers		N □N/A	
	Door gaskets and seating	AND NO THE	Stills	אם עם	N □N/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	XY DI	N □N/A	
	Pumps	AV ON ON/A	Diverter valves	XX OV	N/A □	
	Solvent tanks and containers	Xy on on/a	Cartridge filter housings	XX DV	I □N/A	
	Water separators	AVO NO YA				
4. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)				$\varkappa$		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:				XIV/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	1	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	1	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				OY ON	1	
d. Kept in a clean and secure area when not in use?				OY ON	1	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON	1	

Inspector's Name (Please Print)

| 2/2/97 |
| Date of Inspection |
| Inspector's Signature |
| Approximate Date of Next Inspection |

Resords some available, hasveur, they could be arganized better. The only record nett being beep was the temperature measurements.

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

1 4 May 648 30

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 1020 TIME OUT: 1106	AIRS ID#: 57,064					
TYPE OF FACILITY: FERC DRY CLEANER						
FACILITY NAME: DATE: 4/23/97						
FACILITY LOCATION: 4330 W. BAY TO BAY BUD						
RESPONSIBLE OFFICIAL: AND AND NACETI PHONE NUMBER: 813-837-5732						
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					
RECORDS NOT ON SITE.	ADVISED R.O. TO KEEP REORDS					
	ON SITE.					
NO TEMP RECORDS,	ADVISED R.O. TO START					
	RECURDING.					
STARTINE SHUT DOWN ON ATE	GAVE COPY OF EPA GENERI					
NO STARTUP/SHUTDOWN/MANT PLAN.	PLAN.					
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: LEZOY STEGON						
(Please Print)						
INSPECTOR'S SIGNATURE: PHONE NUMBER: 813 -2.72 -553 7						

Page of.

Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAI	NT/DISCOVERY	RE-INSPECTION
пме in: 9 = 30		11:00	AIRS ID#:	571064
TYPE OF FACILITY: PC	RC DRY CL	EANER		
ACILITY NAME: BA	YSIDE CLEA	NERS		DATE: 1/6/99
ACILITY LOCATION: 4	330 W. BAY	TO BAY	BLVD	
T	AMPA, FL	33761		
ESPONSIBLE OFFICIAL: A	VAYAT NAGS	i	PHONE NUMBER	<u>1:(813)837-5752</u>
	the compliance requiremental Acute 62-213.300, Florida A		uring this inspection, the f	acility is found to be in
Based on the results of a		nts evaluated d	uring this inspection, the f	following compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP ACT	TION REQUIRED
		ļ		
•				
<del></del> -				•
				Δ
			-	
				,C <sup>v</sup>
•				
	"			RIFERING PROPERTY OF ALL PROPE
			-	Sureau or 2 1999 ED
:				
•	•			
COMMENTS:				<u> </u>
				,
			•	
			·	•
The Annual Compliance Certifi	cation form has been pro	perly certified	and submitted to the inspe	ctor. YES NO NO
DATE OF NEXT INSPECTION	ON:	1 Y	EAR	
, , , , , , , , , , , , , , , , , , , ,		(Appro		
INSPECTION CONDUCTED	BY:	1206	ER ZHU	•
INSPECTOR'S SIGNATURI	1/	(Please	Print) PHONE NUMB	ER: (813)272-55
	•	Page of	1	Revised 10

Acc

AIRS ID#: 571064

# DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

	ANNUAL CO	OMPLIANC	E CERTIF	TICATION	N FORM	TODIE PI	Co A
FACILITY NAME:	BAYSIDE	CLEAN	ERS			O Z	1/6/99
FACILITY LOCATION: _		BAY T	O BAY	BLVE	7	P	Tillig
	TAMPA,	FL 3	3761				
Annual Reporting Period:	Jan 15		1998	то _ Э	an 6		1999
Based on each term or condit	strative Code (F.A.C	-			<u>·</u> /	_	Rule NO
If NO, complete the following	_						
#1. Term or condition of the	general permit that	; has not been is	n continuous o	compliance o	during the repo	orting period	stated above:
Exact period of non-complian	nce: from			to			
Action(s) taken to achieve co	mpliance:						
Method used to demonstrate	compliance:	_					
#2. Term or condition of the	general permit that	t has not been i	n continuous (	compliance o	during the repo	orting period	stated above:
Exact period of non-complian	nce: from		_	to			
Action(s) taken to achieve co	mpliance:						
Method used to demonstrate	compliance:			•			
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina RESPONSIBLE OFFICIAL	true, accurate and chase receipts, does tion facilities.  L:A WA	complete. Fur	ther, my annu 100 gallons po	al consumpler year for a	ion of perchlo	roethylene s	olvent, based

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

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1	COMPLAINT/DISC	OVERY	۵	
AIRS ID#: 571064 FACILITY NAME:	BAYSIDE C	LEANER	25	IE OUT: _	11:0	0
FACILITY LOCATION:	4330 W. B TAMPA,	AY TO	BAY BLVD			
RESPONSIBLE OFFICIA	L: ANAYAT N SAME	/A6J	_ phone: <u>(813)</u> _ phone:	837 - AME	575	2
PART I: NOTIFICATION	[					
(check appropriate box)  1. New facility notified DAI  2. Facility failed to notify D		•	N	/A		
PART II: CLASSIFICATI	ON					
Facility indicated on notific (check appropriate box) A.	ation form that it is:		☐ No notification fo	rm		
			☐ Drop store/out of	business/p	etroleun	n '
<ul> <li>1. Existing small area s dry-to-dry only, x &lt; 140 g transfer only, x &lt; 200 gal both types, x &lt; 140 gal/yr (constructed before 12/9/y)</li> <li>3. Existing large area s dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/y)</li> <li>5. This is a correct facilit</li> <li>If no, please check to face</li> </ul>	gal/yr /yr 91) ource	4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on MY	area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determine	Bureau of Air Monitoring  & Mobile Sources	FEB 1 2 1999	RECEIVED

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

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	OY ON ON/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? **Α**Υ □Ν 2. Maintained rolling monthly averages of perc consumption? $\Box Y \Box N$ 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN BINA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN SINA 5. Maintained exhaust duct monitoring data on perc concentrations? □Y □N \$N/A 6. Maintained startup/shutdown/malfunction plan? ĎY □N 7. Maintained deviation reports? DY DN SIN/A Problem corrected? DY DN QN/A DY DN SIN/A 8. Maintained compliance plan, if applicable?

P	PART VI: LEAR DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for	small sources, t	oi-weekly) leak detection ar	ıd rep	air	
	inspection?				$\mathbf{A}^{\mathrm{Y}}$		אב
2.	Has the facility maintained a leak log?			•	ØΥ	C	מב
3.	Does the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	NO Y	□N/A	Muck cookers	ΚY	ПN	□N/A
	Door gaskets and seating	<b>Ø</b> Y □N	□N/A	Stills	<b>X</b> Y	ΠN	□N/A
	Filter gaskets and seating	ofy □N	□N/A	Exhaust dampers	<b>Σ</b> Y	ΠN	□N/A
	Pumps	ØY □N	□N/A	Diverter valves	β	ΠN	□N/A
	Solvent tanks and containers	ØY □N	□N/A	Cartridge filter housings	ÞΥ	חΩ	□N/A
	Water separators	<b>⊅</b> Y □N	□N/A				
4.	Which method of detection is used by the	he responsit	ble official?				
	Visual examination (condensed so	olvent on ex	nerior surfaces)		箅		
	Physical detection (airflow felt the	rough gaske	ets)		<b>5Q</b>		
	Odor (noticeable perc odor)				χ		
	Use of direct-reading instrumenta	tion (FID/P	D/calorimetric	tubes)			
	Halogen leak detector		,				
	If using direct-reading instr	umentation	, is the equipm	ent:	M	/A	
	a. Capable of detecting p	perc vapor o	concentrations is	n a range of 0-500 ppm?	ŪΥ	ΠN	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas	prior to and af	ter each use	ΠY	ПN	
	c. Inspected for leaks an	d obvious s	igns of wear on	a weekly basis?	·□Y	ŪΝ	
	d. Kept in a clean and so	ecure area v	when not in use?		ΠY	ПN	
	e. Verified for accuracy	by use of du	uplicate samples	s (calorimetric only)?	ΠY	ПN	
	·						
		. 1			100	,	
_	206ER 2				99		
	Inspector's Name (Please Prin	nt)		Date of Inspe	ction		
	Roserla	3hm		1 40	EAT	_	
_	Inspector's Signature			Approximate Date of	Next	Inspc	ction

ENVIRON		NSPECTION REP		BOROUGH	COUNTY		
FACILITY: Bayside Cle				PAGE	1 OF	1	
FACILITY ADDRESS: 4330 W. Bay To Bay Blvd				CITY: Tampa			
MAILING ADDRESS: S	l'ama				813-837-5752		
INSPECTION DATE:	TIME IN:	TIME OUT:	CITY: Tampa INSPECTION	FLA			
Jan 6, 1999	9:30	11:00	non- CI		STAT In Comp	l l	
NEDS NUMBER: 57106							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Anay	vat Nagji		,				
Today's visit was to co	onduct the ann	ual inspection.		•			
Mr. Jose Lecaros, the							
No odors and leaks we			ection. There	e was tota	al 100 gallo	ns of perc	
purchased in the past 12	2-month period	1.					
			•				
						٠,	
INSPECTED BY:	D			DATE:	1/6/99		
INSPECTED DI.	Roger Zh	iu		DATE	1/0/33		

# T LE V AIR QUALITY GENERAL PF AIT INSPECTION SUMMARY REPOR.

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 08:00	TIME OUT: 09;	45AIRS ID#: 5	71064	
TYPE OF FACILITY:	y Cleaner	· · · · · · · · · · · · · · · · · · ·	· 	
FACILITY NAME:	expele Cleaner	<u> </u>	DATE: /2/2/97	
FACILITY LOCATION:	4330 Bayi	to boy	77	
	Tampa.	FI		
RESPONSIBLE OFFICIAL: A	nayet Nagji	PHONE NUMBER:	813 737-5752	
	ne compliance requirements evaluate 62-213.300, Florida Administ	nated during this inspection, the factorative Code (F.A.C.).	ility is found to be in	
Based on the results of the discrepancies were noted	<del>-</del>	nated during this inspection, the foll	lowing compliance	
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED	
no temperation	e Accords	Left instruction temperateur vin	ns to loy sids.	
		,	P	
			M	
		Burg	RECE.	
		EN NODIE SOUTCE		
		, co	litoring	
Otter Resord	s men availa	ble but very	poorly	
		· <u>-</u>	N/A	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTION		•		
INSPECTION CONDUCTED	BY: BOVCC	pproximate)		
INSPECTOR'S SIGNATURE:	Bruce M Kine	Please Print) PHONE NUMBER	: 12/2/97	
	Page		/ / Revised 10/9	

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	٦	COMPLAINT/DISCOVER	Y 🗆
	RE-INSPECTION	×		
AIRS ID#: 57/064	DATE: 12/2/	/57 TIME II	n: <u>08:00</u> time ou	r: <u>09.45</u>
FACILITY NAME:	ipide Cl	laners		
FACILITY LOCATION: 4	330 W.	Buy	to bay	
<u>Ta</u>	mpa, F	1 33	76/	
RESPONSIBLE OFFICIAL :	M. Anaya	+ Nagji	PHONE: (8/3)837	1-5752
CONTACT NAME:	5AMe		PHONE: 574M	<u>e.                                    </u>
PART I: NOTIFICATION				
(check appropriate box)			,	
1. New facility notified DARM	30 days prior to startu	ıp	N/A	ے ت
2. Facility failed to notify DARI	M to use general perm	uit		
PART II: CLASSIFICATION				
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification (check appropriate box) A.	on form that it is:	7 New small a	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification (check appropriate box)	on form that it is:	2. New small a dry-to-dry only,	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is:	dry-to-dry only, transfer only, x	☐ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourdry-to-dry only, x < 140 gal/y	on form that it is:  ce	dry-to-dry only, transfer only, $x < 1$ both types, $x < 1$	☐ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce	dry-to-dry only, a transfer only, x transfer only, x tooth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 tooth types, 140 transfer only, 20 t	□ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	ce	dry-to-dry only, a transfer only, x transfer only, x tooth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 tooth types, 140 transfer only, 20 t	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classification.	ce	dry-to-dry only, transfer only, x transfer only, x tooth types, x < 1 (constructed on dry-to-dry only, transfer only, 20 tooth types, 140 (constructed on dry	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  or after $12/9/91$ )	ss/petroleum

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

### 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).

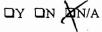
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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?
- 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

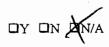














В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y XN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON XINA
	Is the temperature differential equal to or greater than 20° F?	OY ON XIVA
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 DAN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON DON/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?	OY ON XIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON MINA

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	. /		
1. Maintained receipts for perc purchased?	MO AN		
2 Maintained rolling monthly averages of perc consumption?	XY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ANA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ANA		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZXV/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON AVA		
6. Maintained startup/shutdown/malfunction plan?	XY ON		
7. Maintained deviation reports?	oy on <b>X</b> va		
Problem corrected?	DY DN ZWA		
8. Maintained compliance plan, if applicable?	DY ON DANA		

				· · · · · · · · · · · · · · · · · · ·		
P	ART VI: LEAK DETECTION AND R	EPAIRS			•	
1.	Does the responsible official conduct a w	veekly (for	small sources,	bi-weekly) leak detection a	nd rep	air
	inspection?				<b>M</b> Y	ПN
2.	Has the facility maintained a leak log?				<b>Ø</b> Y	ПИ
3.	Does the responsible official check the fo	ollowing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	XY ON	□N/A	Muck cookers	ΟY	□N □N/A
	Door gaskets and seating	MA DN	□N/A	Stills	ΠY	□N □N/A
	Filter gaskets and seating	MY DN	□N/A	Exhaust dampers	XY	□N □N/A
	Pumps	MY DN	□N/A	Diverter valves	XX	□N □N/A
	Solvent tanks and containers	MD YX	□N/A	Cartridge filter housings	YY	□N □N/A
	Water separators	MO TA	□N/A			
4.	Which method of detection is used by the	e responsib	ole official?			
	Visual examination (condensed sol	lvent on ex	terior surfaces)	)	X	
•	Physical detection (airflow felt thro	ough gaske	ts)		$\varkappa$	/
	Odor (noticeable perc odor)				×	
	Use of direct-reading instrumentat	ion (FID/P	ID/calorimetric	c tubes)	<u> </u>	
	Halogen leak detector					
	If using direct-reading instru	mentation	, is the equipn	nent:	XV	/A
	a. Capable of detecting pe	erc vapor c	oncentrations i	in a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a sta (PID/FID only)?	andard gas	prior to and a	fter each use	ΩY	□N
	c. Inspected for leaks and	l obvious si	igns of wear or	a weekly basis?	ΠY	□и

Bruce m. Ling	12/2/97
Inspector's Name (Please Print)	Date of Inspection
Drue M Kine	1 yr
Inspector's Signature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

OY ON

Records were available, however, they could be arganized bether. The only record nett being beep was the temperature measurements.

# T LE V AIR QUALITY GENERAL PY MIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: $1/30$ TIME OUT: $2/6$	AIRS ID#: 57/064
TYPE OF FACILITY: Dy Cleaner	
FACILITY NAME: Bousele Cleaners	DATE: //14/67
	DATE: //14/98_
FACILITY LOCATION: 14330 Boy	to boy
Janza ty	3376/
RESPONSIBLE OFFICIAL: Moyal Nogic	PHONE NUMBER: (8/3) 237-5752
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	$\mathcal{P}$
	DEC CK
·	30, 1
	DIE SO NO PLANTED TO THE SO NO
	& Mobile Sources
<u> </u>	· · · · · · · · · · · · · · · · · · ·
	·
COMMENTS:	
COMMENTS.	
	N/A
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	-y-
INSPECTION CONDUCTED BY: Bruce W	proximate)  /// 9
	ease Print)
INSPECTOR'S SIGNATURE: Sum MKm	PHONE NUMBER (8/3) 272-5536
Page /	Revised 10/9

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	O COMPLAINT/DISCOVERY O
FACILITY NAME: Source	198 TIME IN: 1:30 TIME OUT: 2:15
responsible official: Analyst	Pay 1 Boy 3376/ Hay 1 PHONE: (8/3) 837-575 2
PART I: NOTIFICATION	PHONE:
(check appropriate box)  1. New facility notified DARM 30 days prior to st  2. Facility failed to notify DARM to use general p	· 10/14
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
k	
Facility indicated on notification form that it is: (check appropriate box)	:   No notification form  Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	
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	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
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)  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	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)  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
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)  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  If no, please check the appropriate classif  facility qualified for a general source	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)  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)  □Y □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	חם אם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A
<u> </u>	
PART IV: PROCESS VENT CONTROLS	•
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B)below). Carbon adsorber musinstalled prior to September 22, 1993	st have been
If classification 4 has been checked, the machine should be equipped with a refri (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?	□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?	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?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	UY ON ON/A
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
1. Measured and recorded the exhaust temperature on the outlet side of the condenser loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated Y DN
2. Measured and recorded the washer exhaust temperature at the condenser	1
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for recasuring 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 ON/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? 2. Maintained rolling monthly averages of percyconsumption 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2\frac{1}{2} DY DN DN/A b. documentation of parts ordered to repain leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN ØN/A DY DN PN/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON ZÍNA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN MN/A Problem corrected? ZY ON ON/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	OY ON			
2.	Has the facility maintained a leak log?	OY ON			
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves $\square Y \square N \square N/A$ Muck cookers	OY ON ON/A			
	Door gaskets and seating	□Y □N □N/A			
	Filter gaskets and seating	OY ON ON/A			
	Pumps Diverter valves	OY ON ON/A			
	Solvent tanks and containers	OY ON ON/A			
	Water separators				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	□Y □N (			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ДУ ПИ			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	oX΄ ον			
	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)?	OY ON			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next/Inspection

### ADDITIONAL SITE INFORMATION:

Temperature measurements being school properly.

The FOEP Dry Cleaner Compliance Colendor for 1978 was given to the facility manager.

No further action necessary at this time

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF FACILITY: PERC DRY CLEANERS  FACILITY NAME: BAYSIDE CLEANERS  FACILITY LOCATION: 4330 W. BAY TO BAY BLVD  TAM DA, FL 3376   RESPONSIBLE OFFICIAL: ANAYAT NAGSI PHONE NUMBER: (813) 837-5752  [X]  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  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO.  [Approximate]  [Approximate]  [CHEASE Print)  INSPECTION CONDUCTED BY: (Please Print)  [Please Print]  [Please Print]  [Please Print)  [Please Print)	TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
COMMENTS:    Sased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:   COMPLIANCE REQUIREMENT/PROBLEM   FOLLOW-UP ACTION REQUIRED	TYPE OF FACILITY: PERC DRY CLEANET  FACILITY NAME: BAYSIDE CLEANER  FACILITY LOCATION: 4330 W. BAY TO B	2 RS DATE: 1/26/00 BAY BLVD 761
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:  (Please Print)  INSPECTOR'S SIGNATURE:  PHONE NUMBER: (8/3) 272 - 553 0	compliance with DEP Rule 62-213.300, Florida Administr  Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).  ated during this inspection, the following compliance
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:  (Please Print)  INSPECTOR'S SIGNATURE:  PHONE NUMBER: (813) 272 - 553 0		P
COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO.  DATE OF NEXT INSPECTION:  (Approximate) LOGER ZHO INSPECTION CONDUCTED BY:  (Please Print) INSPECTOR'S SIGNATURE:  PHONE NUMBER: (8/3) 272 - 553 O	•	3.50 6.21
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:    YEAR	· .	Sallo Co
DATE OF NEXT INSPECTION:  (Approximate)  LOCER ZHO  (Please Print)  INSPECTOR'S SIGNATURE:  PHONE NUMBER: (813) 272 - 553 0	COMMENTS:	
INSPECTION CONDUCTED BY:  CPlease Print)  INSPECTOR'S SIGNATURE:  PHONE NUMBER: (813) 272 - 553 0	DATE OF NEXT INSPECTION:	YEAR
	INSPECTION CONDUCTED BY:	lease Print)

### **BEST AVAILABLE COPY**

AIRS ID#: 571064

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					ero or mo	
FACILITY NAME:	BAYSIDE	CLEAT	VERS	AH	R MANAGEMEN Date	. 4 / - / 4 4
FACILITY LOCATION:	4330 W.	BAY 7	TO BAY	BLVD	>	
	TAMPA,					
				•		
Annual Reporting Period: _	Jan 7	,	1999	то	Jan 26	70200
Based on each term or cond	ition of the Title V	general air peri	nit, my facility	has remained	in complyance with I	DEP Rule
62-213.300, Florida Admin	istrative Code (F.A.	C.), during the	period covered	by this staten	nent. 🗹 YES	$\square$ NO
If NO, complete the followi	ng:					
#1. Term or condition of th	ne general permit tha	at has not been	in continuous o	ompliance du	ring the reporting per	riod stated above:
Exact period of non-compliant	ance: from			to		
Action(s) taken to achieve of	compliance:		· 			<del></del>
Method used to demonstrate	e compliance:					
#2. Term or condition of th	ne general permit tha	at has not been	in continuous o	compliance du	uring the reporting pe	riod stated above:
Exact period of non-compli	ance: from			to	•	
Action(s) taken to achieve of						
.,						
Method used to demonstrate	e compliance:			· ·		
As the responsible official, made in this notification ar upon rolling averages of puyear for transfer or combin	e true, accurate and urchase receipts, doe ation facilities.	complete. Fu	rther, my annu 1,100 gallons pe	al consumptio	n of perchloroethyler	ne solvent, based
RESPONSIBLE OFFICIA		(Please Print)	1161	Si	gnature	Date
	_ ·_ <del></del>	·		=-	<b>-</b>	

Page \_\_\_\_\_ of \_\_\_\_\_.

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

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Bayside Cleaners PAGE 1 OF 1						
FACILITY ADDRESS:	4330 W. Bay	To Bay Blvd		CITY: Ta		
·				PHONE: 8	313-837-5752	
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33761	
INSPECTION DATE:	TIME IN:	TIME OUT:			STATUS:	
Jan 26, 2000	9:30	11:00	non- C	DS	In Compliance	
NEDS NUMBER: 5710						
SOURCE DESCRIPTION	ON: Perc Dry	Cleaner		·		
CONTACT(S): Ana	ayat Nagji					
Today's visit was to	conduct the and	nual inspection	n.			
				The mad	chine was in operation	
during my inspection,				. 1110 11140	was in operation	
The recordkeeping is				was 110 o	allons	
The recordicephie is	executions. The	. 12 monur pe	ore ronning total	, was 110 g		
					_	
		•		•	·	
					•	
·						
					•	
				•		
					•	
INSPECTED BY:	Roger Z	Zhu		DATE:	1/26/00	

.



# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v 🗀	COMPLAINT/DISCOVE	ERY D	
AIRS ID#: 571064  FACILITY NAME:	,			UT: 11:00	
FACILITY LOCATION: _					
FACILITY LOCATION: _	TAMPA,				
RESPONSIBLE OFFICIAL				7-5752	
CONTACT NAME:	SAME		PHONE: SAW	16	
PART I: NOTIFICATION					
(check appropriate box)			· ·		
1. New facility notified DAF	RM 30 days prior to start	tup		Ø. ⊤	
2. Facility failed to notify D.	ARM to use general per	mit			
PART II: CLASSIFICATION					
PART II: CLASSIFICATI	ON				
Facility indicated on notific (check appropriate box)			☐ No notification form☐ Drop store/out of busin	ness/petroleum	
Facility indicated on notific	ource  gal/yr	transfer only, x both types, x <	Drop store/out of busing area source  , x < 140 gal/yr  < 200 gal/yr	ness/petroleum	
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	eation form that it is:  ource gal/yr /yr 91)  ource ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of busing area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)	ness/petroleum	
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/s)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is:  ource   gal/yr   /yr  91)  ource     < 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of busing area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	ness/petroleum	
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gall both types, x < 140 gat/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is:  ource	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \f{Y} \square N  ation: leral permit as not elicitis and is not elicitis.	Drop store/out of busing area source  , x < 140 gal/yr 140 gal/yr 140 gal/yr 1 or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 gal/yr 100 ≤ x ≤ 1,800 gal/yr 10 ≤ x ≤ 1,800 gal/yr 10 or after 12/9/91)  □Can not determine  umber above gible for a general permit		

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MYN/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? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? KAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? dy dn **M**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) MZY □N 1. Equipped all machines with the appropriate vent controls? XIY 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO YXX condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY 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? MD AM

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?	ΩY	ПN	
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?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•		
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	 <b>U</b> Y	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)	•					
1. Maintained receipts for perc purchased?	<b>⋈</b> Y □N					
2. Maintained rolling monthly averages of perc consumption?	M □N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>M</b> N/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XIN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>S</b> IN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>X</b> N/A					
6. Maintained startup/shutdown/malfunction plan?	Xay □n					
7. Maintained deviation reports?	OY ON XXIVA					
Problem corrected?	OY ON <b>A</b> N/A					
8. Maintained compliance plan, if applicable?	OY ON \$\frac{1}{2}N/A					

PA	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			<b>X</b> YY □N	
2.	Has the facility maintained a leak log?			<b>⁄</b> AY □N	
3.	Does the responsible official check the	following areas for leal	ks?		
	Hose connections, fittings, couplings, and valves	<b>%</b> Y	Muck cookers	MY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	XY □N □N/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	XY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	XY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	XY ON ON/A	
	Water separators	XY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?	•		
	Visual examination (condensed so	olvent on exterior surfa	aces)	<b>)</b>	
	Physical detection (airflow felt the	rough gaskets)		×	
	Odor (noticeable perc odor)			<b>×</b>	
	Use of direct-reading instrumenta	tion (FID/PID/calorim	netric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the eq	uipment:	<b>X</b> N/A	
	a. Capable of detecting j	perc vapor concentration	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to ar	nd after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wea	ar on a weekly basis?	OY ON	
	d. Kept in a clean and s	_	-	OY ON	
	<del>-</del>		nples (calorimetric only)?	OY ON	
		• • •			
-					
			, .	,	
	ROBER ZH	J	1/26,	100	
_	Inspector's Name (Please Prin	nt)	Date of Inspe	ection	
	Roger		1 YE	AR	
_	Inspector's Signature		Approximate Date of	Next Inspection	

Is your RETURN ADDRESS completed on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		vish to receive the following services (for an	
	AIRS ID#: 0571064 GULFRIN INC ANAYAT NAGUL 4330 WEST BAY TO BAY BLVD TAMPA FL 33761  5. Received By: (Print Name)  6. Signature: (Aednessee of Agent)  X	7. Date of De	Type  Insured  Delivery  Selivery  S	
	PS Form <b>3811</b> /December 1994		Domestic Return Receipt	

	P 265	302	1,67
	US Postal Service Receipt for ( No Insurance Cover		
	A GULFRIN INC ANAYAT NAGJI 4330 WEST BAY TO FAMPA FL 33761		0571064 .VD
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	Special Delivery Fee		
	Restricted Delivery Fee		
199	Return Receipt Showing Whom & Date Delivered	to	_
April	Return Receipt Showing to W Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date	14/9	77





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413000 JAN142002

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# **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0571064 BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD

TAMPA FL 33761

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

FOR GOVERNMENT USE ONLY

Obj.: 002273

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445017 JAN26 2005

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID# 571064 10 BAYSIDE CLEANERS 4330 West Bay to Bay Blvd TAMPA, FL 33761

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FOR GOVERNMENT USE THEY ORG.: 37550701000 EO:

FUND: 20-2-035001 **OBJECT: 002273** 

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FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 060200

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AIRS ID# 571064 **GULFRIN INC** 4330 West Bay to Bay Blvd TAMPA, FLORIDA 33761

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FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 



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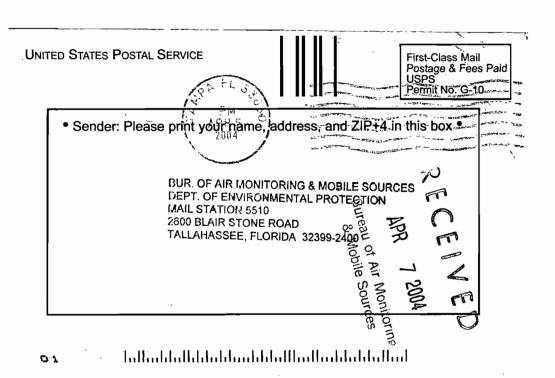
ID# 571064 ANAYAT NAGYI **BAYSIDE CLEANERS** 4330 W BAY TO BAY BLVD **TAMPA, FL 33761** 

FOR GOVERNMENT USE ONEY
Org.: 37550101000 EO: A1
Fund: 20-2-035001

Obj.: 002273

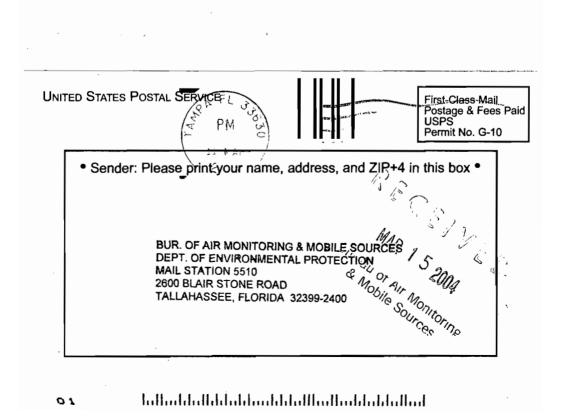
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1140	Sent To BAYSIDE CLEANERS ANAYAT NAGYI
1	Street, Apt. A 4330 West Bay to Bay Blvd
7007	or PO Box Ni TAMPA, FL 33761
75	PS Form 380 undellering Pour 1711 11 Description 1918

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X 7 LL Agent:  Agent:  Agent:  Agent:  Agent:  C. Date of Deliver	
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4330 West Bay to Bay Blvd TAMPA, FL 33761 # 057/064	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes	
2. Article Number 7 0 1 1140 0	101 7556 4156	



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<u> </u>	PS Form 3800, June 2002		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Frinted Name)  C. Date of Delivery  C. Date of Delivery		
ANAY'AT NAGYI	D. Is delivery address different from item 1?		
BAYSIDE CLEANERS 4330 West Bay to Bay Blvd TAMPA, FL 33761	3. Service Type    IZ Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.		
and the same of th	4. Restricted Delivery? (Extra Fee) ☐ Yes		
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PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			



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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes ☐ If YES, enter delivery address below: ☐ No
ID# 571064 ANAYAT NAGYI BAYSIDE CLEANERS	
4330 W BAY TO BAY BLVD TAMPA, FL 33761	3. Service Type  Charlified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 22	LO 0003 5L51 1700
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

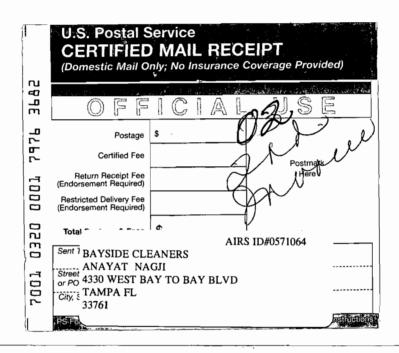
United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box •

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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	If YES, enter delivery address below:
AIRS ID#0571064	
BAYSIDE CLEANERS ANAYAT NAGJI	
4330 WEST BAY TO BAY BLVD TAMPA FL	3. Service Type
33761	☐ Certified Mail ☐ Express Mail
<u> </u>	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320	0001 7976 3682
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1035

United States Postal Service

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• Sender: Please print your name, address, and ZIR+4 in this box • Wobile of Air Mobile of Air Mobile of Air Mobile of Air Monitoring & Mobile Sources of Envir Onmental Protection Mail Station 5510
2600 Blair Stone Road TALLAHASSEE, FLORIDA 32399-2400

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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AIRS ID#0571064			
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TAMPA FL	3. Service Type		
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	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Transfer from service label) 7001 0320 0	001 7975 5960		
PS Form 3811, March 2001 Domestic Return Receipt			

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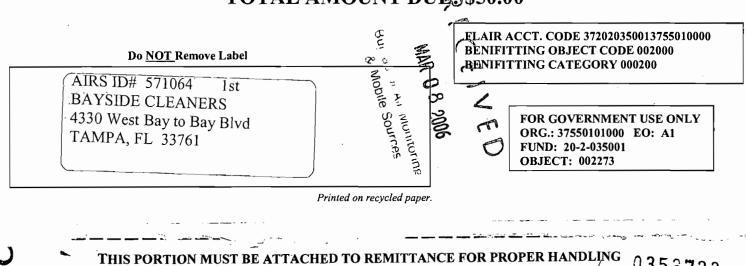
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION OF AIR MOLITORING & MOBILE SOURCES AIR MOLITORING & MOLITOR

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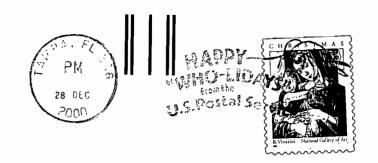
BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761

Bureau of Air Monitoring Bureau of Air Sources FOR GOVERNMENT USE ONLY GFg.: 37550101000 EO: B1 Fund: 20-2-035001 Obj. 002278

Fold at line over top of envelope to	MPLETE THIS SECTION ON DELIVERY		
<ul> <li>■ Complete items 1, Ձ, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  O. Signature  X  Agent  Addressee  D. Is delivery address different from tiern 1: Yes		
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10 AIRS ID # 0571064001AG ANAYAT NAGJI BAYSIDE CLEANERS	JUN 1 1 200 Bureau of Air Monitoring		
4330 WEST BAY TO BAY BLVD	3. Service Wee Mobile Sources		
TAMPA FL 33761	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)  Z 2/0 663 199			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

## \$ 510 PP3 144 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse). AIRS ID # 0571064001AG ANAYAT NAGJI BAYSIDE CLEANERS 4330 WEST BAY TO BAY BLVD TAMPA FL 3376I 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

BAYSIDE CLEANERS 5G25 MEMORIAL HWY. TAMPA, FL 33615 (813) 249-7377



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**TOTAL AMOUNT DUE: \$50.00** 

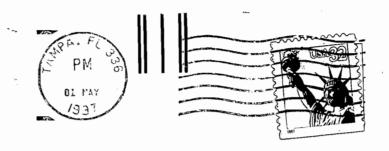
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AIRS ID # 0571064

BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761 FOR GOVERNMENT USE ONLY Org.: 37550101000 FO: AO Fund: 20-2-035001 Obj.: 002273

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Addressee  D. Is delivery address different from item 12   Yes
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4330 WEST BAY TO BAY BLVD TAMPA FL 33761	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
Z 210 663 159	4. Restricted Delivery? (Extra Fee) ☐ Yes
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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery 2-/2-0		
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  Agent  Addressee  Dis delivery address different from item 12 Yes		
Article Addressed to:	D√s delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No		
AIRS ID # 05/1064 BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761			
	.3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.		
2333 667 406	4. Restricted Delivery? (Extra Fee)		
Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789		

#### Z 333 667 406

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571064

**BAYSIDE CLEANERS** ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761

	Postage	<b>5</b>
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
900	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

01 90	over top of envelop	o judia edi		
SENDER: COMPLETE 17.10	To dot 10VC	anil ts blo7	ION ON DELI	VERY
■ Complete items 1/42, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the car Attach this card to the back or on the front if space permi	s desired. on the reverse d to you. of the mailpiece,	A. Received by (Please II)  C. Signature  X	2	B. Date of Delivery  2 - 26 - 60  Agent  Addressee
1. Article Addressed to:  BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY B TAMPA FL 33761	AIRS ID # 0571064 LVD	D. Is delivery address diff If YES, enter delivery		_
		☐ Registered ☐	_	I sipt for Merchandise
j			C.O.D.	
		4. Restricted Delivery? (	EXITA FEE)	☐ Yes
2. Article Number (Copy from service				
PS Form 3811, July 1999	Domestic Ret	turn Receipt		102595-99-M-1789
1	20,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**
. A	US Postal Service Receipt for Ce No Insurance Coverag Do not use for Internat Sent to  BAYSIDE CLEANER ANAYAT NAGJI 1330 WEST BAY TO TAMPA FL 33761  Certimed ree Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Who Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	AIRS ID # 0571 SS BAY BLVD	1	

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: \$75.00**

Do NOT Remove Label

AIRS ID # 0571064

**BAYSIDE CLEANERS** ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD **TAMPA FL 33761** 

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: BP

Obj.: 002273