



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 25, 1996

Mr. James Sinyai
Better Cleaners
2098 West Busch Boulevard
Tampa, Florida 33612

Re: Facility I.D. No. 0571071

Dear Mr. Sinyai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Liz Deken, Hillsborough County

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

0571071

P.14

1. (a) add ^{date} control device
installed

1. (c) should not be marked

3. should be new small
area source

P.15

4. new small v. c.
should be marked

(f) should be marked

3/8/99 Called & business has sold + has new owner

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BETTER CLEANERS
2. Site Name (For example, plant name or number):	SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:	HAZ WASTE PID 932-119-125 CALID 0402710
4. Facility Location: Street Address: City: County: Zip Code:	2098 WEST BUSCH BLVD TAMPA HILLSBOROUGH 33612
5. Facility Identification Number (DEP Use):	0571071

Responsible Official

6. Name and Title of Responsible Official:	JAMES SINYZI Prop.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	BETTER CLEANERS 2098 WEST BUSCH BLVD TAMPA HILLSBOROUGH 33612
8. Responsible Official Telephone Number: Telephone: Fax:	(813) 933-4256 () NO

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: Fax:	() - () -

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		21	15 MAY 95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

James Sinyai

Date

8-28-96



Jeb Bush
Governor

Department of Environmental Protection

BEST AVAILABLE COPY

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

David B. Struhs
Secretary

May 11, 1999

Mr. David Sobamiwa
Better Cleaners
2098 West Busch Boulevard
Tampa, Florida 33612

Dear Mr. Sobamiwa:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1223) in the amount of \$50.00

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
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

Look for blue background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.

BETTER CLEANERS
813-991-5447
2098 W. BUSCH BLVD.
TAMPA, FL 33612-7568

AIR PERMIT #
0571071

1223

DATE 1/27/99

63-27/631 FL
1031

PAY TO THE ORDER OF DEPT OF ENVIRONMENTAL PROTECTION \$ 50.00

Fifty - ~~two~~ ^{xx} only

DOLLARS

NationsBank

NationsBank, N.A.

ACH R/T 083100277

FOR _____

MP



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 18, 1999

Mr. David Sobamiwa
Better Cleaners
2098 West Busch Boulevard
Tampa, Florida 33612

Re: Facility No.: 0571218

Dear Ms. Sobamiwa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 29, 1999.

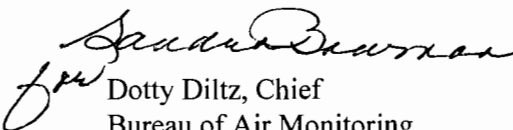
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

BEST AVAILABLE COPY

Please make the
indicated corrections
to 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.

If you have ANY Questions Please
CALL me.



Environmental Protection Commission
of Hillsborough County

Bruce M. King, QEP
Engineer
Air Management Division

1410 N. 21st Street
Tampa, Florida 33605

Telephone:
(813) 272-5530
Fax: (813) 272-5605

05.71071

RECEIVED

NOV 12 1996

P.14

1. (a) add ^{date} control device installed

1. (c) should not be marked

3. should be new small area source

P.15

4. new small v.c. should be marked

(f) should be marked

1. Facility Owner <i>BET</i>
2. Site Name <i>SA</i>
3. Hazardous <i>HAZ</i>
4. Facility Location Street Address: City: <i>TAMPA</i>
5. Facility Identifier

EPC of HC AIR MANAGEMENT
<i>114-125</i>
<i>33612</i>

6. Name and Title <i>JR</i>

7. Responsible Official Mailing Address: Organization/Firm: <i>BETTER CLEANERS</i> Street Address: <i>2098 WEST BUSCH BLVD</i> City: <i>TAMPA</i> County: <i>Hillsborough</i> Zip Code: <i>33611</i>

8. Responsible Official Telephone Number: Telephone: <i>(813) 933-4256</i> Fax: <i>() NO</i>
--

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME AS ABOVE</i>

10. Facility Contact Address: Street Address: City: County: Zip Code:

11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BETTER CLEANERS
2. Site Name (For example, plant name or number):	SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:	HAZ WASTE PID 932-114-125
4. Facility Location:	2098 WEST BUSCH BLVD
Street Address:	
City:	TAMPA
County:	HILLSBOROUGH
Zip Code:	33612
5. Facility Identification Number (DEP Use):	OPTIONAL

Responsible Official

6. Name and Title of Responsible Official:	JAMES SINYZI Prop.
7. Responsible Official Mailing Address:	
Organization/Firm:	BETTER CLEANERS
Street Address:	2098 WEST BUSCH BLVD
City:	TAMPA
County:	HILLSBOROUGH
Zip Code:	33612
8. Responsible Official Telephone Number:	
Telephone:	(813) 933-4256
Fax:	() NO

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
10. Facility Contact Address:	
Street Address:	
City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number:	
Telephone:	() -
Fax:	() -

RECEIVED

SEP 5 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		15 MAY 95	7-1-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

James Sinyai
Signature

8-28-96
Date

AIRS ID#: 0571071

Alle

RECEIVED
Revised 10/10/96

AUG 11 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: <u>BETTER CLEANERS</u>	DATE: <u>7-21-97</u>
FACILITY LOCATION: <u>2098 W. BUSCH BLVD</u>	
<u>TAMPA FL 33615</u>	

Annual Reporting Period: 10-1 1996 TO 7-21- 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

NO TEMP GAUGE

Exact period of non-compliance: from 10-1-96 to 7-21-97

Action(s) taken to achieve compliance: TO BE INSTALLED WITHIN 30 DAYS

Method used to demonstrate compliance: RE-INSPECT - VISUAL

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: *James Singa* JAMES SINGA 7-21-97
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>1015</u>	TIME OUT: <u>1100</u>	AIRS ID#: <u>0571071</u>
TYPE OF FACILITY: <u>PERC Dry Cleaner</u>		
FACILITY NAME: <u>Better Cleaners</u>		DATE: <u>7/21/87</u>
FACILITY LOCATION: <u>2098 W Busch Blvd</u> <u>Tampa, FL 33615</u>		
RESPONSIBLE OFFICIAL: <u>James Sygai</u>		PHONE NUMBER: <u>(813) 833-4256</u>

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
<i>No temperature gauge</i>	<i>Install gauge within the next 30 days.</i>

COMMENTS: *Apparent mis communication / misunderstanding regarding the need to install temp. gauge. RO now understands the requirements.*

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

DATE OF NEXT INSPECTION: ~ 1 year
(Approximate)

INSPECTION CONDUCTED BY: James O. Holten
(Please Print)

INSPECTOR'S SIGNATURE: James O. Holten **PHONE NUMBER:** (813) 272-5530

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1010 TIME OUT: 1045 AIRS ID#: 0571071
 TYPE OF FACILITY: PERC Dry Cleaner
 FACILITY NAME: Better Cleaners DATE: 8/12/97
 FACILITY LOCATION: 2098 W Busch Blvd
Tampa, FL 33612
 RESPONSIBLE OFFICIAL: James Singai PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	SEP 15 1997
	Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. ^{N/A} YES NO

DATE OF NEXT INSPECTION: 1 year (Approximate)

INSPECTION CONDUCTED BY: James D Holton (Please Print)

INSPECTOR'S SIGNATURE: James D Holton PHONE NUMBER: (813) 272-5530

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 571071 DATE: 8/12/97 TIME IN: 1010 TIME OUT: 1045
 FACILITY NAME: BETTER CLEANERS
 FACILITY LOCATION: 2098 W. BUSCH
TAMPA. 33612

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- A.
- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
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)</p> | <p>2. New small area source <input type="checkbox"/>
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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p>4. New large area source <input type="checkbox"/>
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)</p> |

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

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

JAMES SINYAN

Name of Responsible Official

Jim Houston

Inspector's Name (Please Print)

Jan D. Holt

Inspector's Signature

8/12/97

Date of Inspection

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Better Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 2098 West Busch Blvd			CITY: Tampa	
MAILING ADDRESS: same as above		CITY: same	FLA	ZIP: 33612
INSPECTION DATE: 8/12/97	TIME IN: 1010	TIME OUT: 1045	INSPECTION TYPE: III	STATUS: 3
AIR GENERAL PERMIT NUMBER: 0571071				
SOURCE DESCRIPTION: perc dry cleaner				
CONTACT(S): James Sinyai				

The purpose of this inspection was to perform a re-inspect at this facility as a result of notification that they have installed a temperature gauge on the refrigerated condenser. This gauge was not installed at the time of the annual inspection, which was performed in July, 1997. Notification of installation was called in on August 11, and was visually verified today.

INSPECTED BY: James O. Holton, Air Toxics Engineer <i>James O. Holton</i>	DATE: 8/12/97
--	---------------



**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571071 DATE: 7/21/97 TIME IN: 1015 TIME OUT: 1120
 FACILITY NAME: Better Cleaners
 FACILITY LOCATION: 2098 W Busch Blvd
Tampa, FL 33615

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- A.
- | | | | |
|---|--------------------------|---|-------------------------------------|
| 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | <input type="checkbox"/> | 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) | <input checked="" type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) | <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) | <input type="checkbox"/> |

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Examining the containers for leakage?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Closing and securing machine doors except during loading/unloading?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? *(for direct reading instruments only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N *N/A*
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N *N/A*
- Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

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

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

James Singesi
Name of Responsible Official

James O Holton
Inspector's Name (Please Print)

James O Holton
Inspector's Signature

7/21/97
Date of Inspection

~ 1 yr
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Better Cleaners

- The information on the machine is as follows: Valore 200.CIS, S/N26.0992.5028. Machine has a 25 lb maximum capacity, with a construction date of 9/92.
- Perc supplier is Tampa Bay Cleaning Supply; Waste company used for waste pick-ups is MCF.
- This unit is a new small source, and during the previous inspection, the RO appears to have misunderstood the need to install a temperature gauge for monitoring the refrigerated condenser exhaust temperature. The previous inspection report indicates that feeling the RC by hand will be sufficient. Additionally, based on the 1996 information, he mistook information he gathered at a 1996 Dry Cleaner Association's meeting as to mean he did not have to install a gauge. I explained to the RO the requirement for having a temperature gauge installed, and showed him the requirements. He was instructed to have a gauge installed within the next 30 days, and to contact me upon completion of this installation.
- While the RO has not had the capability of actual temperature measurement on his RC, he has had a means to gauge performance by feeling (as mentioned above), and by the formation of frost building up on the chiller line.
- Other records are in good shape. For future reference, the RO closes his store for a week around the July 4 holiday. No records exist for this week as no inspections are performed. I informed him this is not a non-compliance issue, and he should not be expected to keep records for the week that he is not operating.

RECEIVED

MAR 05 1998

Bureau of Air Monitoring & Mobile Sources

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571071

BETTER CLEANERS
JAMES SINYZI
2098 WEST BUSCH BLVD
TAMPA FL 33612

Bureau of Air Monitoring & Mobile Sources

APR 22 1998

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Do NOT Remove Label

Annual Reporting Period: 3-1 1998 TO 3-1 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JAMES SINYZI *James Sinyzi* 2-20-98
Name (Please Print) Signature Date

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

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Bureau of Air Monitoring & Mobile Sources

all ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571071
BETTER CLEANERS JAMES SINYZI 2098 WEST BUSCH BLVD TAMPA FL 33612

Do **NOT** Remove Label

Annual Reporting Period: 3-1 1998 TO 3-1 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JAMES SINYZI *James Sinyzi* 2-20-98
Name (Please Print) Signature Date

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

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

RECEIVED
APR 13 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISRUPTION
RE-INSPECTION

AIRS ID#: 571071 DATE: 3/16/98 TIME IN: 9:45 TIME OUT: 10:30
 FACILITY NAME: BETTER CLEANERS
 FACILITY LOCATION: 2098 W. BUSCH BLVD
TAMPA, FL 33612
 RESPONSIBLE OFFICIAL: JAMES SINYAL PHONE: (813) 933-4256
 CONTACT NAME: same PHONE: same

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

N/A

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 49 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
4. Maintained calibration data? (for applicable direct reading instruments)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Maintained deviation reports?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Problem corrected?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

PART VI: LEAK DETECTION AND REPAIRS

1. 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 log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

Roger Zhu

Inspector's Signature

3/16/98

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Better Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 2098 W. Busch Blvd CITY: Tampa
PHONE: (813) 933-4256

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33612

INSPECTION DATE: Mar 16, 1998	TIME IN: 9:45	TIME OUT: 10:30	INSPECTION TYPE: non-CDS	STATUS: In Compliance
----------------------------------	------------------	--------------------	-----------------------------	--------------------------

NEDS NUMBER: 571071

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): James Sinyai

Today's visit was to conduct the annual inspection.
The dry cleaning machine is the same one noted in the last inspection.
The machine was in operation today. No leaks or odors were noticed.
Mr. Sinyai's record keeping is in good shape. Also, he has recorded the exhaust temperature of the condenser consistently on bi-weekly basis since the temperature gauge was installed on August, 1997. His perc purchase receipts and the rolling total indicated that he has purchased 49 gallons of perc over last 12 months.

INSPECTED BY: Roger Zhu

DATE: Mar 16, 1998

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:45 TIME OUT: 10:30 AIRS ID#: 571071
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: BETTER CLEANERS DATE: 3/16/98
 FACILITY LOCATION: 2098 W. BUSCH BLVD
TAMPA, FL 33612
 RESPONSIBLE OFFICIAL: JAMES SINYAL PHONE NUMBER: (813) 933-4256

- 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

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 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

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

OTHERS ANNUAL FEE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>9:00</u>	TIME OUT: <u>10:30</u>	AIRS ID#: <u>571071</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>BETTER CLEANERS</u>		DATE: <u>4/26/99</u>
FACILITY LOCATION: <u>2098 W. BUSCH BLVD</u> <u>TAMPA, FL 33612</u>		
RESPONSIBLE OFFICIAL: <u>DAVID SOBAMIWA</u>		PHONE NUMBER: <u>(813) 933-4256</u>

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
<u>THE ANNUAL FEE IS OVERDUE</u>	<u>THE NEW R.D. COLLECTED THE FEE FROM THE PREVIOUS OWNER AND HE'LL MAIL OUT THIS WEEK</u>
	RECEIVED
	MAY 17 1999
	Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: N/A

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION OTHERS FEE

AIRS ID#: 571071 DATE: 4/26/99 TIME IN: 9:00 TIME OUT: 10:30
FACILITY NAME: BETTER CLEANERS
FACILITY LOCATION: 2098 W. BUSCH BLVD
TAMPA, FL 33612
RESPONSIBLE OFFICIAL: DAVID SOGAMIWA PHONE: (813) 933-4256
CONTACT NAME: SAME PHONE: SAME

RECEIVED

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

MAY 17 1999

Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/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 measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. 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 log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

4/26/99

Date of Inspection

Roger Zhu

Inspector's Signature

N/A

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Better Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 2098 W. Busch Blvd CITY: Tampa
PHONE: (813) 933-4256

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33612

INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:	STATUS:
Apr 26, 1999	9:00	10:30	non-CDS	

NEDS NUMBER: 571218

SOURCE DESCRIPTION: Perc Dry Cleaner

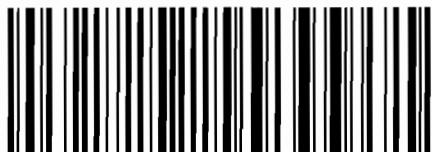
CONTACT(S): David Sobamiwa

I stopped by this facility today and told Mr. Sobamiwa that the State has not received the \$50 annual operation fee for 1998. Since the ownership changed in May, 1998, I told him that the previous owner, Mr. James Sinyzi, (Air ID# 571071) is responsible for the fee. I asked him if he has the previous owner's phone # or address in order for me to contact. Mr. Sobamiwa said he'll give me a call when he finds out.

Follow-up on 5/4/99: Mr. Sobamiwa called me today that he already collected the money from the previous owner, and he'll write a check to the State. I told him to make sure the previous Air ID (# 571071) noted on the check.

INSPECTED BY: Roger Zhu	DATE: Apr 26, 1999
-------------------------	--------------------

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



7000 0520 0020 9372 9897

BEST AVAILABLE COPY



F.O.E.
Inactive
RETURNED TO SENDER
NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD

10 AIRS ID # 0571071001AG
JAMES SINYZI
BETTER CLEANERS
2098 WEST BUSCH BLVD
TAMPA FL 33612

RETURNED TO SENDER
NOT DELIV.
AS ADDRES.
UNABLE TO FORWARD

Bureau of Air Monitoring
& Mobile Sources

AUG 27 2001

RECEIVED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: 10 AIRS ID # 0571071001AG JAMES SINYZI BETTER CLEANERS 2098 WEST BUSCH BLVD TAMPA FL 33612	C. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) 7000 0520 0020 9372 9897	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)																	
7000 0520 0020 9372 9897	<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here <i>Mc-entleman</i>					
Postage	\$																
Certified Fee																	
Return Receipt Fee (Endorsement Required)																	
Restricted Delivery Fee (Endorsement Required)																	
Total Postage & Fees	\$																
<table border="1"> <tr> <td>Recd</td> <td>10 AIRS ID # 0571071001AG</td> <td>aller)</td> </tr> <tr> <td>Street</td> <td>JAMES SINYZI</td> <td></td> </tr> <tr> <td></td> <td>BETTER CLEANERS</td> <td></td> </tr> <tr> <td></td> <td>2098 WEST BUSCH BLVD</td> <td></td> </tr> <tr> <td>City</td> <td>TAMPA FL 33612</td> <td></td> </tr> </table>	Recd	10 AIRS ID # 0571071001AG	aller)	Street	JAMES SINYZI			BETTER CLEANERS			2098 WEST BUSCH BLVD		City	TAMPA FL 33612		PS Form 3811, July 1999 Instructions	
Recd	10 AIRS ID # 0571071001AG	aller)															
Street	JAMES SINYZI																
	BETTER CLEANERS																
	2098 WEST BUSCH BLVD																
City	TAMPA FL 33612																

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261582 ✓

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

RECEIVED
MAIL ROOM

FEB 26 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

<p>AIRS ID#: 0571071 BETTER CLEANERS JAMES SINYZI 2098 WEST BUSCH BLVD TAMPA FL 33612</p>

<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273</p>
--

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304281

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

<p>AIRS ID#0571071 BETTER CLEANERS JAMES SINYZI 2098 WEST BUSCH BLVD TAMPA FL 33612</p>

<p>FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273</p>
--

RECEIVED
MAIL ROOM
MAR - 3 98

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BETTER CLEANERS
 JAMES SINYZI
 2098 WEST BUSCH BLVD
 TAMPA FL 33612

AIRS ID 0571071

4a. Article Number

2333-613-606

4b. Service Type

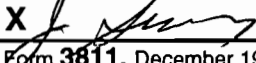
- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2/4/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 606

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0571071

BETTER CLEANERS
 JAMES SINYZI
 2098 WEST BUSCH BLVD
 TAMPA FL 33612

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

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0571071
 BETTER CLEANERS
 JAMES SINYZI
 2098 WEST BUSCH BLVD
 TAMPA FL 33612

4a. Article Number

P265 302 153

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *James Sinyzi*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 153

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail. (See reverse)

AIRS ID#: 0571071
 BETTER CLEANERS
 JAMES SINYZI
 2098 WEST BUSCH BLVD
 TAMPA FL 33612

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/14/97

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 660 505

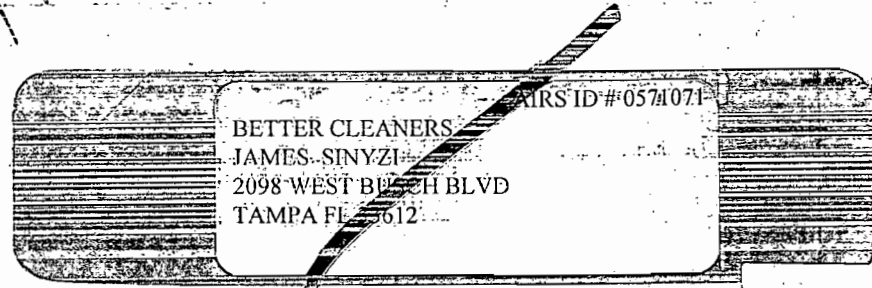
MAIL



U.S. POSTAGE
1.98

MS# 5540
37550301000

R



RETURNED TO SENDER
NO ADDRESS

RECEIVED
FEB 25 1999
Bureau of Air Monitoring
& Mobile Sources

32399/2400
33612-7562 51

For a line over flap of envelope to
the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
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1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571071
BETTER CLEANERS
JAMES SINYZI
2098 WEST BUSCH BLVD
TAMPA FL 33612

4a. Article Number
2333660505
4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)
X
6. Signature: (Addressee or Agent)
X

7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 333 660 505

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

for International Mail (*See reverse*)

AIRS ID # 0571071

BETTER CLEANERS
JAMES SINYZI
2098 WEST BUSCH BLVD
TAMPA FL 33612

PS Form 3800, April 1995

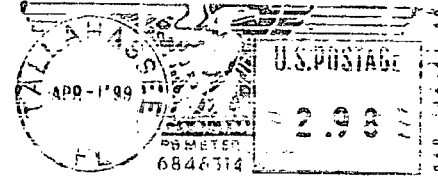
Coverage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

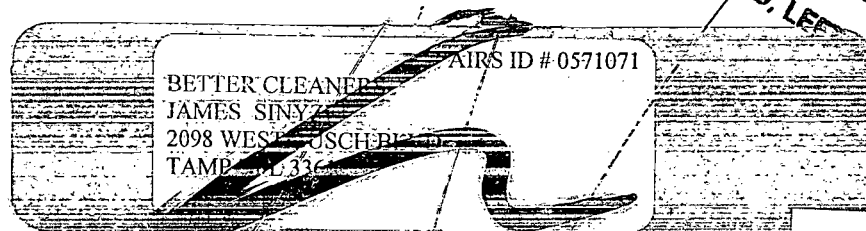
CERTIFIED

P 174 052 328

MAIL



37550301000
2529 1R MS#5510
BAMMS
JOEY ROBERTS



AIRS ID # 0571071

RETURNED TO
MOVED, LEFT ADDRESS

WYNA
15201

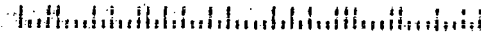
AM

Bureau of Air Monitoring
& Mobile Sources

APR - 9 1999

RECEIVED

37550301000



330 pp. 11/01/01/01/01/01/01

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <div style="text-align: right; margin-bottom: 5px;">AIRS ID # 0571071</div> BETTER CLEANERS JAMES SINYZI 2098 WEST BUSCH BLVD TAMPA, FL 33612	4a. Article Number <div style="text-align: center; font-size: 1.2em; font-weight: bold;">P174 052 328</div> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <div style="text-align: center; font-weight: bold;">X</div>		

Thank you for using Return Receipt Service.

P 174 052 328

556

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

AIRS ID # 0571071

BETTER CLEANERS
JAMES SINYZI
2098 WEST BUSCH BLVD
TAMPA FL 33612

PS Form 3800, April 1995

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