

Department of Environmental Protection

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

November 25, 1996

Virginia B, Wetherell Secretary

Mr. Yasmin Esmail Northdale Cleaners 3883 North Dale Boulevard Tampa, Florida 33624

Re: Facility I.D. No. 0571075

Dear Mr. Esmail:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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"

Printed on recycled paper.

0571075

P.13

6. fill in with name + title

7. fill in

9 fill in

P.14

1. (a) add date control device installed

1. (c) should not be marked

3. New small area source should be marked

P.15

4. new Smallr. C. Should be marked

(f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Overage/Company Nama (Nama of companion areas as individual average)							
]].	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Site Name (For example, plant name or number):							
2.								
	Northdale Cleaners							
3.	Hazardous Waste Generator Identification Number:							
	FLD CESQ G							
4.	Facility Location: Street Address: 3883 N, Dale BWd City: Towns County: Hillaboro Zip Code: 33624							
	City: Tanga County: Hlabara Zip Code: 33 624							
	county: 47 0 11 2 2 2 2 2 7							
5.	Facility Identification Number (DEP Use):							
	057/075							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Same							
-								
7.	Responsible Official Mailing Address: Organization/Firm:							
	Street Address:							
	City: Zip Code:							
ė	December Official Telephone Number							
8.	Responsible Official Telephone Number: Telephone: (\$\gamma\gamma) 9\bgamma - 0\bgamma 9 Fax: () -							
	100 (0/2) [02 00 ()							
<u> </u>	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	Same							
10.	Facility Contact Address:							
	Street Address:							
	City: Zip Code: Zip Code:							
11	Facility Constant Toleran Number							
11.	Facility Contact Telephone Number: Telephone: () - Fax: () F							
	Telephone. ()							
	Street Address: City: County: Zip Code: Facility Contact Telephone Number: Telephone: Fax: (Fax: (Fax: (
	of All South							
	aurea Mobili							

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

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.

Red STAR = 323-		Machine	L a						Date
3.00		Macinie	Control		Machine	Control		Machine	Control
1 3964 -112		Initially	Device		Initially	Device		Initially	Device
39F4 -112 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-92
Dry-to-Dry Unit						_			
(1) w/ ref. condenser	1	02FE695	<u>-</u>				_		
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit			*						
(4) w/ ref. condenser				T					
(5) w/ carbon adsorber									
(6) w/ no controls	 		1						
Dryer Unit						·			1
(7) w/ ref. condenser									T
(8) w/ carbon adsorber	 			1				T	
(9) w/ no controls	1	 	1					· · · ·	
Reclaimer Unit									L
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			·····		-	1			
(b) Control devices ar (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is less	are r quant gallo	equired to be ity of perchl ons ow many? [e installed [_oroethylene	(perc	_]) purchased i				
3. What is the facility's so (Indicate with an "X". Existing small a	Sele	ct one classif	ication only.)	initions foun		3) of]	Part II?	

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	it control technology is requilicate with an "X".)	uired on machines	pursuant to section (5) of l	Part II of this notification form?
	Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser	<u></u>		
<i>5</i>				and the second
to Rul		fy that all steam ar	nd hot water generating uni	o use the general permit pursuant ts on-site meet the following
boiler	am and hot water generatin HP or less), and (2) are fir which propane or fuel oil	ed exclusively by	natural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
	eam and hot water generating the units on-site	ng units exempt	<u> </u>	
	Fauin	mant Manitaning	and Recordkeeping Infor	-mation
Ch s als			. 0	
			e in accordance with the rec	quirements of this general permit:
	rchase receipts and solvent	•		(X)
(b) Le	ak detection inspection and	l repair		LX)
(c) Re	frigerated condenser tempe	erature monitoring		LXI
(d) Ca	arbon adsorber exhaust perc	concentration mo	onitoring	
(e) In	strument calibration			
(f) St	art-up, shutdown, malfunct	ion plan		

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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 operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
M	Edman. 8/26/96

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RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

UEU 2 6 1996

Facility Name and Location

Bureau of Air Monitoring

	Wohit and Mobile and M
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Northdale Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD CESQ G
4.	Facility Location:
	Street Address: 3883 10, 500 County: Hillabaro Zip Code: 33624
	City: Toma County: HMabaro Zip Code: 33 624
5.	Facility Identification Number (DEP Use).
	0571075
	Responsible Official
6.	Name and Title of Responsible Official
	Same Josma Esmail.
7.	Responsible Official Mailing Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Organization/Firm: Nowhow
	Name and Title of Responsible Official: Sowe John Estrain Responsible Official Mailing Address: Organization/Firm: Northous Street Address: 3 ff 3 N, Date City: County: #JUbbaro Zip Code: F1 33 by
	, don't
8.	Responsible Official Telephone Number:
	Telephone: $(813)963 - 0699$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same Desmin Esmail
10.	Facility Contact Address: 3883 N. Dale
	Street Address:
	Street Address: City: County: 1/1 boo Zip Code: 3204 Facility Contact Telephone Number: Telephone: (813) 96-3 - 0699 Fax: (EEE 1976) Air Montages County: 1/1 boo Zip Code: 3204
11.	Facility Contact Telephone Number:
	Telephone: (813) 96-3 - 0699 Fax: (REC 1976)
	Air Mornices
	(1)

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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.

1									
Red STAR = - id	ĵ	Date	Date		Date	Date		Date	Date
RS 323-		Machine	Control		Machine	Control		Machine	Control
39F4 -112. Type of Machine		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-92
Dry-to-Dry Unit					-				
(1) w/ ref. condenser	1	02 FEB99	5 02 Feb 9						
(2) w/ carbon adsorber		, ,							1
(3) w/ no controls		1-							
Washer Unit		•		1				<u>·</u>	.i
(4) w/ ref. condenser				_					
(5) w/ carbon adsorber									T
(6) w/ no controls									
Dryer Unit		<u> </u>		<u></u>					
(7) w/ ref. condenser				_		1			
(8) w/ carbon adsorber									
(9) w/ no controls							· · · · · · ·		
Reclaimer Unit			L			'			
(10) w/ ref. condenser		<u> </u>							
(11) w/carbon adsorber		<u> </u>		_					
(12) w/ no controls		-			-	-			1
(b) Control devices are (c) No control devices	are r	equired to be	installed [_	Ø	, _] ,	in the lease I	2 m o	asho?	
2.(a) What was the total of			oroemyiene (фегс) purchased i	in the latest i	2 mo	nuns?	
(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	l not l	keep records:	: []
		•							
3. What is the facility's so (Indicate with an "X".	urce Sele	classification ct one classif	n based on th	e def)	initions four	nd in section ((3) of	Part II?	
Existing small a	rea so	ource X	И	ew si	mall area sou	irce [X			
Existing large ar	ea so	ource []	N	ew la	arge area sou	rce [_]		

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(Indicate with an "X".)	s pursuant to section (3) of 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	
	s units shall not be eligible to use the general permit pursuan nd hot water generating units on-site meet the following e:
) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<u> </u>
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit
(a) Purchase receipts and solvent purchases	LXJ
(b) Leak detection inspection and repair	ĹXJ
(c) Refrigerated condenser temperature monitoring	: X
(d) Carbon adsorber exhaust perc concentration m	onitoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(<i>X</i>)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

EMPREAM PART

TYPE OF INSPECTION: ANNUAL 😿 COM	PLAINT/DISCOVERY RE-INSPECTION								
TIME IN: 0930 TIME OUT: 1030	AIRS ID#: <u>Q57 1075</u>								
TYPE OF FACILITY: PERC Dy Cleaner									
TYPE OF FACILITY: PERC Dry Cleaner FACILITY NAME: Nonthdolo Cleaners	DATE: 5/8/57								
FACILITY LOCATION: 2887 No-Hole Dl.D									
Tays F1 33624									
RESPONSIBLE OFFICIAL: Yesnin Esmeil	PHONE NUMBER: (813) 963-0699								
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance								
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED								
 									
•									
	,								
COMMENTS:									
Good clear facility notes	ogs are all taken weekly although bi-weekly at this facility. Weekly								
leak checks are only required	bi-weekly at this facility. Weekly								
loss began approximately 3-4 week	er gro-								
The Annual Compliance Certification form has been properly certification									
DATE OF NEXT INSPECTION: / yes-	proximate)								
(Ap	proximate)								
INSPECTION CONDUCTED BY: James O Hos	ease Print)								
INSPECTOR'S SIGNATURE: Jan 19 Holb									

Page_/__of__/_.

Revised 10/96

AIRS ID#: 0571075

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: _	North	Lone	Olen	New	DAT	E: 5 9 917
FACILITY LOCATION	on: 3883	N.	Dale			
]	ma		3624			
Annual Reporting Peri	od:	10	19 <i>_96</i>	то	518	19 57
Based on each term or		_		-		
62-213.300, Florida A	dministrative Code	(F.A.C.), durin	g the period covere	ed by this statem	ent. YES	Ымо
If NO, complete the fol	llowing:					
#1. Term or condition	of the general pern	nit that has not	been in continuous	s compliance dur	ing the reporti ng re	ried lated above:
Exact period of non-co	mpliance: from			to	MAY	2 7 1997
Action(s) taken to achi	eve compliance:				EPC/Waste M	enegament Division
364 1 . 1. 1. 1. 1					•	
Method used to demon	strate compliance:					
#2. Term or condition	-	nit that has not	been in continuous	s compliance du	ring the reporting pe	eriod stated above:
	of the general pern	nit that has not	been in continuous	s compliance du		eriod stated above:
#2. Term or condition Exact period of non-con	of the general pern	nit that has not	been in continuous			eriod stated above:
#2. Term or condition Exact period of non-condition Action(s) taken to achieve	of the general pern mpliance: from eve compliance:	nit that has not	been in continuous			eriod stated above:
#2. Term or condition Exact period of non-con	of the general pern mpliance: from eve compliance:	nit that has not	been in continuous			eriod stated above:
#2. Term or condition Exact period of non-condition Action(s) taken to achieve	of the general perm mpliance: from eve compliance: strate compliance: cial, I hereby certify on are true, accurate of purchase receipt	y, based on info te and complete s, does not exce	ormation and belie Further, my ann	toto formed after re ual consumption	asonable inquiry, th	nat the statements ne solvent, based
#2. Term or condition Exact period of non-condition Action(s) taken to achie Method used to demons As the responsible office made in this notification upon rolling averages.	of the general perm mpliance: from eve compliance: strate compliance: cial, I hereby certified are true, accurate of purchase receipted the indication facilities.	y, based on info e and complete ts, does not exce	ormation and belie . Further, my ann eed 2,100 gallons j	toto formed after re ual consumption	asonable inquiry, th	nat the statements ne solvent, based

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

Page ____ of ____.

JUN 1 9 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ær COMPLAINT/DISC	OVERY D
AIRS ID#: <u>0571075</u> FACILITY NAME:		TIME IN: _0930 TIM	
FACILITY LOCATION:			
FACILITY EOCATION:	Tamps, FI	73624	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	RM by 9/1/96	,	
2. New facility notified DARM	30 days prior to startur)	Ω,
3. Facility failed to notify DAR	M to use general permi	t	
			· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	V		
Facility indicated on notificati (check appropriate box)	on form that it is:		
A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r dı tr bo	New small area source ry-to-dry only, x<140 gal/yr ansfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gal="" gboth="" only,="" td="" transfer="" types,=""><td>00 gal/yr di gal/yr tr /yr bo</td><td>New large area source ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" constructed="" gal="" on="" only,="" or="" oth="" td="" types,="" yr=""><td>.</td></x<2,></td></x<2,>	00 gal/yr di gal/yr tr /yr bo	New large area source ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" ansfer="" constructed="" gal="" on="" only,="" or="" oth="" td="" types,="" yr=""><td>.</td></x<2,>	.
This is a correct facility classifi	cation 2	NO N	
If no, please check the appropri	ate classification:		
	•	as number above of eligible for a general permit	
B. The total quantity of perchlo facility was <u>97</u> gallons.		nased within the preceding 12 month	s by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? Examining the containers for leakage? 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? DPY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DX/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? AVAC NO YED 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 DAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

·					
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?	UY UN				
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 pere 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?	DY DN				
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?	חב אם אם				
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)					
Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly averages of perc consumption?	BY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	POY ON				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON				
4. Maintained calibration data? (for direct reading instruments only)	OY ON CONTA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON (N/A)				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	OY ON				
Problem corrected?	OY ON				
8. Maintained compliance plan, if applicable?	OY ON DANIA				
PART VI: LEAK DETECTION AND REPAIRS					
raki yi: Lear Detection and Repairs					

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

2. Which method of detection is used by t	he respo	nsible offici	al?		,
Visual examination (condensed se	olvent o	n exterior su	urfaces)	a	
Physical detection (airflow felt th	rough ga	askets)	•		
Odor (noticeable perc odor)				9	
Use of direct-reading instrumenta	tion (FI	D/PID/calor	rimetric tubes)		
If using direct-reading instrume	entation	, is the equi	ipment:		
a. Capable of detecting	perc vap	or concentra	ations in a range of 0-500 ppm?	ΠY	□N
b. Calibrated against a s (PID/FID only)?	standard	gas prior to	and after each use	ΠY	□N
c. Inspected for leaks an	ıd obvioı	ıs signs of v	vear on a weekly basis?	ΠY	ПИ
d. Kept in a clean and s	ecure are	ea when not	in use?	ΠY	□N .
e. Verified for accuracy	by use o	f duplicate :	samples (calorimetric only)?	ΠY	ПN
3. Has the facility maintained a leak log?			•	ΠY	ПN
4. Does the responsible official check the	followin	g areas for l	leaks?		
Hose connections, fittings,					
couplings, and valves	ПY	ПN	Muck cookers	ПY	ПN
Door gaskets and seating	ΩY	Ωи	Stills	ΠY	Ωи
Filter gaskets and seating	ΠY	□и	Exhaust dampers	ПY	ПN
Pumps	ΠY	ΩИ	Diverter valves	ΠY	□и
Solvent tanks and containers	ΠY	Ωи	Cartridge filter housings	ΠY	ПN
Water separators	ΩY	□и			
Yesmin Esmail Name of Responsible Officia		<u> </u>			,
Name of Responsible Officia	ıl				
James O Holdon			5/8/97		
Inspector's Name (Please Prin	nt)		Date of Inspe	ction	
Oa 2 Half			1 900		
Inspector's Cignoture			Approximate Date of	Nave I	ncpoction

ADDITIONAL SITE INFORMATION:

- Met ul pt store manager Andrea Ceverett.
- Machine was purchased in 1885, Real Star RS-323 S/N 39-F4-112 35# Capacity

Tempe Bay Cleaning Supply supplies Perc MCF picks up weste

COMMISSION

DOTTIE BERGER
JOE CHILLURA
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
ED TURANCHIK

EXECUTIVE DIRECTOR

ROGER P. STEWART



ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION 1900 - 9TH AVENUE TAMPA, FLORIDA 33605 TELEPHONE (813) 272-5960 FAX (813) 272-5157

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7104

March 23, 1998

Jasmin Esmail Northdale Cleaners 3883 N. Dale Blvd Tampa, FL 33624

Dear Sir;

We recently received the enclosed letter from the Florida Department of Environmental Protection (FDEP) concerning your Annual Compliance Certification, also enclosed. As pointed out by FDEP, you need to make the following corrections to the form:

The dates on your form were not filled in properly. According to our records, the correct dates should be May 9, 1997, the date of your last annual certification, to January 19, 1998, the date you signed the form.

Once you have made the above correction(s), please mail the form back to:

Title V Air General Permits
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
Attention: Rick Butler

If you have any questions, please call Rick Butler at (850)-921-9586.

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Sincerely, ·

Roger Zhu

Air Toxics Engineer

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Printed on recycled paper





Department of Environmental Protection

MAR 3 0 1998

Bureau of Air Monitoring & Mobile Sources

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

Virginia B. Wetherell Secretary

March 3, 1998

Mr. Leroy Shelton Hillsborough County Environmental Protection Commission 1410 North 21 Street Tampa, Florda 33605

NN 8 9 1988

EPO-M MO AIREMENTALEMENT

Dear Mr. Shelton:

One requirement for a facility to maintain its eligibility for the Title V Air General Permit is the submittal of an Annual Compliance Certification to the Department. This year, the certifications were sent to each active facility along with the annual invoices. The certification form is provided as an aid in submitting the statement of compliance.

Upon review of the Title V Air General Permit Annual Compliance Certifications recently submitted by the facilities, discrepancies were found. The discrepancies involve the Annual Reporting Period dates and/or the Responsible Official certification.

For the Annual Reporting Period, the "ending date" should be the date the annual certification is being completed. The annual reporting period should extend from the "ending date" back 10-12 months to the most recent of these three "beginning dates": the permit notification effective date, the inspection date, or the annual certification date. Annual Compliance Certification forms are designed to certify compliance for a "past" period of time. They cannot be used to certify compliance for future dates, that is, beyond the date the certification form is completed. The Responsible Official certification must be signed by the same person who signed as the responsible official on the notification form for that facility.

Please review the enclosed Annual Compliance Certification forms for your area and have them corrected during your scheduled annual inspections. Once the forms are corrected, send them to my attention in the Title V Air General Permit section, mail station 5510. If there are any questions concerning this matter, feel free to call me at 850/921-9586 or Suncom 291-9586.

Sincerely.

Rick Butler

Bureau of Air Montoring and Mobile Sources

CRB/

acc.

RECEIVED DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS 1D#0571075 Bureau of Air Monitoring Mobile Sources AIRS 1D#0571075 Bureau of Air Monitoring TAMPA FL 33624 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM FCF/VFD Bureau of Air Monitoring TAMPA FL 33624

Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **YES** \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: 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

*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.

Signature

Date

Name (Please Print)

RESPONSIBLE OFFICIAL:

INSPECTION SUMMARY REPORT

Type of inspection:	annual 🔀	COMPLAINT	DISCOVERY [RE-INSPECTION
TIME IN: 14:30	1114112 001	6:20	AIRS ID#:	571075
	ERC DRY CLE			
Tricular I Infairm.	ORTHDALE CL			DATE: 6/2/98
FACILITY LOCATION: 38	83 NORTH-DA		<u> </u>	
	SMPA, FL 3			
RESPONSIBLE OFFICIAL: YA	SMIN ESMAIL		PHONE NUMBER	<u>(813)963-0699</u>
	ne compliance requirements ule 62-213.300, Florida Adr			acility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements l:	evaluated during	g this inspection, the f	ollowing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FO	DLLOW-UP ACT	ION REQUIRED
				P
				0 (
				& Modile South
				anto ine
				
OMMENTS:				
ne Annual Compliance Certifican	ion form has been properly		mitted to the inspector	r. YES NO NO N
ATE OF NEXT INSPECTION:		1 YEAR		
•		(Approximate)	ZHU	
SPECTION CONDUCTED BY	:	ROBER	2.10	
SPECTOR'S SIGNATURE:_	Kuit B	(Please Print)	PHONE NUMBER:	(813)272-5530
	Page	<u></u>		Revised 10/96

•	COMPLIANCE	INSPECTIO		Burg	in the
TYPE OF INSPECTION:	ANNUAL	Þ	COMPLAINT	T/DISCO	Y
	RE-INSPECTIO	N G		obile	P. Jo
	· ·			<u> </u>	33 8
AIRS ID#: 57/075	_ DATE: 6/Z/	98 TIM	1E IN: 14:30	_ TIME OUT	r: 8/8=20
FACILITY NAME: /	NORIHUACI		ENVERS		
FACILITY LOCATION: _	3883. NORT	M-DA-LE	E BLVD		
_	TAMPA, F	=L 336	24		•
RESPONSIBLE OFFICIAL	. YASININ E	SMAIL	PHONE: (8	'13) 963	-0699
CONTACT NAME:			PHONE:		· .
				·	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to star	tup	/ #		
2. Facility failed to notify DA	RM to use general per	mit	NA	~ .	
PART II: CLASSIFICATIO	NC				
Facility indicated on notification (check appropriate box)	ation form that it is:	- : -	☐ No notificat ☐ Drop store/e		/natroleum
A.			T Diob 20101	Off of onemiess	penotemu
1. Existing small area so			all area source	×	
dry-to-dry only, $x < 140$ gatransfer only, $x < 200$ gal/y			nly, x < 140 gal/yr /, x < 200 gal/yr		
both types, $x < 140 \text{ gal/yr}$		both types, x	: < 140 gal/ут		
(constructed before 12/9/91	1)		on or after 12/9/91))	,
3. Existing large area sou		•	ge area source		
dry-to-dry only, $140 \le x \le \frac{1}{2}$			nly, $140 \le x \le 2,100$		
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$			/, 200 ≤ x ≤ 1,800 ga .40 ≤ x ≤ 1,800 gal/y		
(constructed before 12/9/91			on or after 12/9/91)	•	:
5. This is a correct facility	classification	X ON	□Can not dete	ermine	
	e appropriate classifica			above	
	ility exceeds above limi				

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was $\frac{S}{N} \frac{O}{N}$ 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?	AND CO YE
2. Examining the containers for leakage?	DY DN DAWA
3. Closing and securing machine doors except during loading/unloading?	α ον '
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	A'עוצ אם צם
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומלף מם 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 refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refr (complete $\bf A$ and $\bf B$ below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	Xov □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVO NO VÁ
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ALY ON ON/A
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 	MY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □N

В	. Has the responsible official of an existing large or new large area source also:	س.سـ		
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 condensor inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	, □Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	П¥.	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ò a Σy □N
2. Maintained rolling monthly averages of perc consumption?	MD N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A/MIX NO YO
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 XXIVA
4. Maintained calibration data? Gor applicable direct reading instruments)	DY ON BONA
5. Maintained exhaust duct monitoring data on perc concentrations?	אמעל מם צם
6. Maintained startup/shutdown/malfunction plan?	X DN '
7. Maintained deviation reports?	AWA NO YOU
Problem corrected?	DY DN DYNA
8. Maintained compliance plan, if applicable?	OY ON DEN/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			Žy □N
2. Has the facility maintained a leak log	?		XY DN
3. Does the responsible official check the	e following areas for leak	s?	• •
Hose connections, fittings, couplings, and valves	AVO ON ON/A	Muck cookers	AVA ON ON/A
Door gaskets and seating	MY ON ONIA	Stills	ØY □N □N/A
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	MA ON ON/A
Pumps	ðjy □n □n/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	AVY ON ON/A
Water separators	אומם מם צאל		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	es)	×
Physical detection (airflow felt the	rough gaskets)		×
Odor (noticeable perc odor)			X X
Use of direct-reading instrument	ation (FID/PID/calorimet	tric tubes)	
Halogen leak detector		•	ä
If using direct-reading inst	rumentation, is the equi	pment:	ØN/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	מם עם
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	QY QN
c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	□Y □N
d. Kept in a clean and s	ecure area when not in u	se?	QY QN
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N
POSICO -141		6/2/9	78

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Yasmin Esmail **PAGE** 1 OF 1 FACILITY ADDRESS: 3883 Northdale Blvd CITY: Tampa PHONE: (813) 963-0699 ZIP: 33624 MAILING ADDRESS: Same CITY: Tampa **FLA INSPECTION DATE:** TIME IN: TIME OUT: **INSPECTION TYPE:** STATUS: June 2, 1998 14:30 16:20 non-CDS In Compliance NEDS NUMBER: 571075 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Yasmin Esmail 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 not in operation today. No leaks or odors were noticed. The facility is very clean and the machine is well maintained. Ms. Esmail's record keeping is in a good shape. She has recorded the exhaust temperature of the condenser and the leak inspection consistently on a weekly basis. The perc consumption within the last 12 months was only 58 gallons according to the perc log and the purchase receipts. Ms. Esmail keeps the owners manual on site which includes startup, shutdown and malfunction PKCK 1 KD State Sources plan.

INSPECTED BY: Roger Zhu DATE: June 2, 1998

			TAN 2
144	Chaini Ecoa a vi	AIRS ID#0571075	
	SMIN ESMAIL SMIN ESMAIL		JAAL O
	3 N DALE BLVD		Bureau of Air Monito, & Mobile Sources
TA	MPA FL 33624		"eau of A
			Mobil Air Mo

•	Do	NOT Remove Label		•	
Annual Reporting Period:	Jan 1	19🥙 то _	Del	31	₁₉ 98
Based on each term or condition 62-213.300, Florida Administrat	• •			$\overline{}$	
If NO, complete the following:					
#1. Term or condition of the ger	neral permit that has not been i	n continuous compliand	ce during the report	ing period state	ed above:
Exact period of non-compliance:	from	· · · · · · · · · · · · · · · · · · ·	to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate com	npliance:		_	22 93	
#2. Term or condition of the ger	neral permit that has not been i	n continuous complianc	e during the report	ing period state	ed above:
Exact period of non-compliance:	from	to	<u> </u>		
Action(s) taken to achieve compl	liance:				
Method used to demonstrate com	ipliance:				
As the responsible official, I hereby notification are true, accurate and does not exceed 2,100 gallons per y	complete. Further, my annual c	onsumption of perchloro	ethylene solvent, base	ed upon purcha	
RESPONSIBLE OFFICIAL: _	Name (Please Print)	ELMAN	Signature		Val 98
		<u> </u>		_	

^{*}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 C	OMPLAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 57/075
	DATE: 7/14/99
	DATE: 1/14/77
TAMPA, FL 33	
RESPONSIBLE OFFICIAL: YASMIN ESMAIL	PHONE NUMBER: (8)3)963 - 0699
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admir	aluated during this inspection, the facility is found to be in histrative Code (F.A.C.).
Based on the results of the compliance requirements ev discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,	•
	•
- 	→
· · ·	
·	Chor Os Ch
	Solito Maria
-	
COMMENTS:	
COMMENTS.	
	<u>-</u>
The Annual Compliance Certification form has been properly of	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
ρ	OGER ZHU
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE: Rose 18	PHONE NUMBER: (8/3) 272-5530
Page	of Revised 10/96

AIRS ID#: 571075

Alco

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NOKTHO. FACILITY LOCATION: 3883	ALE CL	EANERS	DATE	: 7/14/99
FACILITY LOCATION: 388 3	XV SICI HOAD			·
TAMPI	s, pc	33624		
Annual Reporting Period: 2 Ju	ม	19 <u>98</u> то	July 14	19 <u>9</u> 9
Based on each term or condition of the Tit	le V general air perr	nit, my facility has remai	ned in compliance with I	DEP Rule
62-213.300, Florida Administrative Code	(F.A.C.), during the	period covered by this st	atement. YES	NO
If NO, complete the following:				
#1. Term or condition of the general perm.	nit that has not been	in continuous complianc	e during the reporting pe	riod stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	-			
#2. Term or condition of the general perm	nit that has not been	in continuous complianc	e during the reporting pe	riod stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· · · · · ·		
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities.	te and complete. Fu ts, does not exceed 2	rther, my annual consum	ption of perchloroethyles	ne solvent, based
	Name (Please Print)	WMI MC	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

	RE-INSPECTIO	ж	COMPLAINT/DISCOV	ERY 🗆
AIRS 10#: 571075	DATE: 7/14,	/99 TIME	IN: 9=15 TIME	OUT: _//-
FACILITY NAME:				· .
FACILITY LOCATION:		•	·	
	TAMPA,	FL 33	624	
RESPONSIBLE OFFICIA	L: YKSMIN	ESMAIL	- PHONE: (8/3) 90	(3-0699
CONTACT NAME:	SAME		PHONE: 54	MG
PART I: NOTIFICATION	N			,
(check appropriate box)				
1. New facility notified DA	• •	_	NA	
2. Facility failed to notify D)ARM to use general per	rmit		· 🗓
DADER OF ACCRECAT				
	ואוראי		,	li di
PART II: CLASSIFICAT			7. V	
Facility indicated on notifi (check appropriate box)			☐ No notification form☐ Drop store/out of bus	
Facility indicated on notifi (check appropriate box)	ication form that it is:		☐ Drop store/out of bus	
Facility indicated on notificated (check appropriate box) A. 1. Existing small areas	ication form that it is:	2. New small	☐ Drop store/out of bus	
Facility indicated on notifi (check appropriate box)	source gal/yr	dry-to-dry onl	☐ Drop store/out of bus	
Facility indicated on notific (check appropriate box) A. 1. Existing small area of dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y	source gal/yr	dry-to-dry onl transfer only, both types, x	☐ Drop store/out of bus l area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	source gal/yr	dry-to-dry onl transfer only, both types, x	☐ Drop store/out of bus l area source y, x < 140 gal/yr x < 200 gal/yr	
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/3. Existing large areased	source gal/yr al/yr /7 /91)	dry-to-dry only transfer only, both types, x (constructed of the large	Drop store/out of bus l area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) e area source	iness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large areased dry-to-dry only, 140 < x	source gal/yr yr yr yr yr yr yr yr	dry-to-dry onl transfer only, both types, x (constructed of 4. New large dry-to-dry only	Drop store/out of bus larea source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) carea source y, $140 \le x \le 2,100$ gal/yr	iness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2003). 3. Existing large area of the dry-to-dry only, 140 \le x transfer only, 200 \le x \le 1	source gal/yr yr yr yr yr	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only,	Drop store/out of bus larea source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) earca source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr	iness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large areased dry-to-dry only, 140 < x	source gal/yr al/yr //7 //91) source Gal/yr //1 //91) source Gal/yr 1,800 gal/yr 800 gal/yr	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14	Drop store/out of bus larea source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) carea source y, $140 \le x \le 2,100$ gal/yr	iness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9) 3. Existing large area of try-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8	source gal/yr al/yr /7 /91) source ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr /91)	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14	Drop store/out of bus larea source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) earea source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr	iness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area of transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/2) 5. This is a correct facilial of the dry-to-dry only, 140 \le x \le 1,8 (constructed before 12/9/2)	source gal/yr al/yr //7 //91) source	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14 (constructed of the large dry-to-dry only).	□ Drop store/out of bus larea source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) area source y, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr on or after 12/9/91) □ Can not determine	iness/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XXN/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? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA 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? MAY 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 ØY □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/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?

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?	ΔY	ИП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПИ	□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?	ПY	ЙП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
Æ.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: check appropriate boxes)					
1. Maintained receipts for perc purchased?	pá y □n				
2. Maintained rolling monthly averages of perc consumption?	Z ÍY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ANA KO NO YO				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MANA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ™ N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON D N/A				
6. Maintained startup/shutdown/malfunction plan?	Ò X Y □N				
7. Maintained deviation reports?					
Problem corrected?	ם צ ם אוע אס או				
8. Maintained compliance plan, if applicable?	OY ON MIN/A				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a	weekly (for small sources, b	i-weckly) leak detection ar	ıd repair			
inspection?			X(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	MAY ON ON/A	Muck cookers	ğ îy □n □n/a			
Door gaskets and seating	ØY □N □N/A	Stills	ØY □N □N/A			
Filter gaskets and seating	ØY □N □N/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 □N □N/A			
Water separators	XY ON ON/A					
4. Which method of detection is used by	the responsible official?		•			
Visual examination (condensed s	solvent on exterior surfaces)		×			
Physical detection (airflow felt th	rough gaskets)		₹			
Odor (noticeable perc odor)	44		ÿ s			
Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)				
Halogen leak detector						
If using direct-reading inst	rumentation, is the equipme	ent:	∑ N/A			
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	□Y □N			
b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	er each use	OY ON			
c. Inspected for leaks a	nd obvious signs of wear on a	weekly basis?	DY DN			
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			
	•					
		- 11	100			
ROBER ZH	W	7/14	199			
Inspector's Name (Please Pri	int)	Date of Inspe	ction			
Roce B	hu	1 Y	ear			
Inspector's Signature		Approximate Date of	Next Inspection			

ENVIRO	NMENTAL PROT	INSPECTION RE ECTION COMM		SBOROUGH (COUNTY		
FACILITY: Northdale	Cleaners	PAGE	1 OF	1			
					CITY: Tampa PHONE: (813) 963-0699		
MAILING ADDRESS:	Same		CITY: Tampa				
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATU		
July 14, 1999	9:15	11:00	non-C	DS	In Compl	iance	
NEDS NUMBER: 571075							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Yas	min Esmail						
Today's visit was to conduct the annual inspection. The machine was in operation today. No leaks or odors were noticed. The facility is a new small area source. The record keeping is in a good shape. The perconsumption within the last 12 months was 57.6 gallons according to the purchase receipts.							
					•		
			·				
	,						
·				.*			
				,			
			:				
·							
	·						
DISDECTED DV.	Roger Zhu			DA	TE: July 14,	1000	
INSPECTED BY:	Roger Zhu			DA	.115. July 14,	, 1999	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 11:15 TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: NORTH DALE CLEAN, FACILITY LOCATION: 3883 NORTH DALE	ERS DATE: 6/21/00
TAMPA, IFL 336	
RESPONSIBLE OFFICIAL: YASMIN ESMAIL	PHONE NUMBER: (813) 963 - 0699
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· .
	omitoring longitude
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	•
P n	PEAR pproximate) 6ER ZHU
P	lease Print) PHONE NUMBER: (813) 272 - 5530
Page /	_of Revised 10/9

Revised 10/96

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	NORTHO	ALE O	LEA	IERS		DATE:	/21/00
FACILITY NAME: FACILITY LOCATION:	3883 A	JORTH DA	SLE	BLUD			,
	TAMPA	, FL	336	524			
Annual Reporting Period:	July	15	19_	99 TO _	Jun	e 21	20 00
Based on each term or cond 62-213.300, Florida Admin		_			/\		PRule □NO
If NO, complete the following	ing:	• .					
#1. Term or condition of the	he general permit	that has not bee	n in contin	uous complian	ce during the re	porting period	d stated above:
						***	•
Exact period of non-compli	iance: from				to		
Action(s) taken to achieve	compliance:			• .			
Method used to demonstrat	te compliance:	,	•		ř		
			,		•		
#2. Term or condition of t	he general permit	that has not be	en in conti	nuous complian	ice during the re	porting perio	nd stated above:
		•					
Exact period of non-compl	iance: from			·,	ο		<u> </u>
Exact period of non-compi	. Hom				~		
Action(s) taken to achieve	compliance:				<u> </u>		
Method used to demonstra	te compliance:			·			
						_	<i>i</i>
As the responsible official made in this notification a upon rolling averages of p year for transfer or combi	re true, accurate a nurchase receipts,	and complete.	Further, m	y annual consu	mption of perch	iloroethylene	solvent, based
RESPONSIBLE OFFICE	Up	2min	E2 M	Lie	yt-2r	ten	62100
		me (Please Prin	it)	_	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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	A	COMPLAINT	/DISCOVERY	<u>a</u> ` .
AIRS ID#: 571075 DATE: 6/21	/00 TIME I	N: 10:00	_ TIME OUT: _	11:15
FACILITY NAME: WORTHDALE			· .	
FACILITY LOCATION: 3883 NOR	THDALE	BLVD		
TAMPA,	FL 33	624	· .	
RESPONSIBLE OFFICIAL: YASMIN	ESMAIL	PHONE: _	813) 963 -	0699
CONTACT NAME: SAME	•	_PHONE:	SAME	
		-		
PART I: NOTIFICATION		<u></u>	••	
(check appropriate box)				. /
New facility notified DARM 30 days prior to st	tartup	•	•	
Facility failed to notify DARM to use general p				a ·
		· · · · · · · · · · · · · · · · · · ·	·	
PART II: CLASSIFICATION				
Facility indicated on notification form that it is (check appropriate box) A.	: ^	□ No notific □ Drop stor	ation form e/out of business/p	oetroleum
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: dry-to-dry only transfer only, x both types, x < (constructed on	, x < 140 gal/yr : < 200 gal/yr		
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 $12/9/91$)	transfer only, 2 both types, 140	area source 7, $140 \le x \le 2, 1$ $200 \le x \le 1,800$ $0 \le x \le 1,800$ ga 10 or after $12/9/9$	gal/yr al/yr	
5. This is a correct facility classification	XY ON	□Can not d	etermine	
If no, please check the appropriate class facility qualified for a facility exceeds above	general permit as r limits and is not el	igible for a gen	_	
B. The total quantity of perchloroethylene (perc facility was 29 gallons.) purchased within	the preceding	l2 months by this	dry cleanin

•	
	-
THE TOTAL CONTROL DECLIDENCE	
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN MANA
2. Examining the containers for leakage?	DY DN X N/A
3. Closing and securing machine doors except during loading/unloading?	MO YM
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON MANA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא ל אם עם
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 refr (complete A below).	-
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	. (
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	X Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVO NO YX
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'NO NO Y K
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	A Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	X Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	A Y ON

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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?	ØÝ	□N	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΟY	ПΝ	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΩY	ИΠ	□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	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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?	ΘY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ΟY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MY DN 2. Maintained rolling monthly averages of perc consumption? MD YM 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, OY ON **X**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? DY DN **X**NA DY ON MINA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DINA 5. Maintained exhaust duct monitoring data on perc concentrations? ØY □N 6. Maintained startup/shutdown/malfunction plan? DY DN XXNA 7. Maintained deviation reports? DY DN ANA Problem corrected? DY DN MANA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Has the facility maintained a leak log? $\mathbf{A}_{\mathbf{Y}}$ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A couplings, and valves Muck cookers A'NO NO YE MY ON ONA Stills Door gaskets and seating MY ON ONA Filter gaskets and seating Exhaust dampers XXY ON ON/A MY ON ONA Diverter valves MY ON ONA Pumps MY ON ON/A Cartridge filter housings Y ON ON/A Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector X/N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? UN UN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN ROGER ZHU Inspector's Name (Please Print) Date of Inspection

1 YEAR

Approximate Date of Next Inspection

Loser Bhu

Inspector's Signature

ENVIRO	NMENTAL PROT	INSPECTION RE ECTION COMM		SBOROUGH (COUNTY		
FACILITY: Northdale	Cleaners			PAGE	1 OF 1		
FACILITY ADDRESS:	3883 Northdal	le Blvd		CITY: Tampa PHONE: (813) 963-0699			
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33624		
INSPECTION DATE:	TIME IN:	TIME OUT:		I	STATUS:		
June 21, 2000	10:00	11:15	non-C	DS	In Compliance		
NEDS NUMBER: 5	71075						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Yas	min Esmail						
Today's visit was to on the recordkeeping is weekly basis. For the During my visit, the records	s excellent. B past 12-month.	oth the temper, the perc was	erature and le only purchase	d once for 3	_		
					·		
			•				
				•			
INSPECTED BY:	Roger Zhu	<u> </u>		DA	TE: June 21, 2000		

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258236 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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AIRS ID# 0571075

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runa: 20-2-03 Obj.: 002273

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 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 C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
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NORTHDALE CLEANERS 3883 N DALE BLVD	2 Coming Time
TAMPA FL 33624	3. Service Type Cartified Mail f Air EMORITONING Registered Mobile Stylin Regeipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z210 663198	
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Ì	US Postal S Receipt No Insurance	t for Co e Covera	ge Provid	lad.			
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	Restricted D	elivery Fee					
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2 Form 3800 , April 1995	Postmark or	Date					

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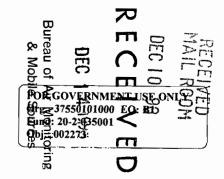
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ureau of Air Monitoring & Mobile Sources Obj.: 002273

FOR TOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

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Obj.: 002273

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