

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Peter Patel President Majik Touch Cleaners 3312 Lithia Pinecrest Road Valrico, Florida 33594

Re: Facility I.D. No. 0571080

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

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"

#0571080

P.13

9. add title

P.14

1. (c) Should not be marked

3. New large area source Should be marked

P.15

4. new large r.c. Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name	(Name of corporation, agency,	or individual owner):

REMA INVESTMENTS, INC.

2. Site Name (For example, plant name or number):

MAJIK TOUCH CLEANERS

3. Hazardous Waste Generator Identification Number:

FLD 984246801

4. Facility Location:

Street Address: 3312 LITHIA PINECREST RD.
City: VALRICO

County: HILLSBOROUGH

Zip Code: City: VALRICO

5. Facility Identification Number (DEP Use):

0571080

Responsible Official

Name and Title of Responsible Official:

PETER

PRESIDENT

7. Responsible Official Mailing Address:

Organization/Firm: MAJIK TOUCH

Street Address: 33/2 LITHIA PINECREST RD

County: Zip Code: 33594 City: VALRICO

8. Responsible Official Telephone Number:

Telephone: (813) 654 - 2323 Fax: (8/3) 653-3756

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

PRATIN TURNER

10. Facility Contact Address:

LITHIA PINECREST RD

Street Address:

County: HILLS BOROUGH Zip Code: 33594 City: 1/ALR/CO

11. Facility Contact Telephone Number:

Telephone: (8/3)654 - 2323 Fax: (8/3) 653-3756

RECEIVED

3 1996 SEP

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
Example			12-NOV-93			Instance		02-MAR-92	
Dry-to-Dry Unit	** .*				- <u>19</u> 124.				
(1) w/ ref. condenser	7	15-FEA-88	15-EEA-88	12	20-FEB-95				1
(2) w/ carbon adsorber	<u> </u>	7-7-7-0	75 / ED <u>D</u> C		<u> </u>	<i>J. J. J.</i>			
(3) w/ no controls									
Washer Unit			d get of				9.3		Ng. Hara
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				Tradi.	F. J. S. S. Berry		n .	in Karaja, s.	ia, Migra III.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1,110			i di		ja Alemen	i.		
(10) w/ ref. condenser		T			T				
(11) w/carbon adsorber								-	
(12) w/ no controls			 						
 (b) Control devices are (c) No control devices 2.(a) What was the total of [784.50] (b) If less than 12 monto Check why it is less 	are r quant gallo	equired to be city of perchlo ons ow many? [_	e installed [_ oroethylene (X (perc)	purchased in				· ·
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	ication only.)) ew sn	initions found nall area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	Salvender of Existing 1th Terminals)
Please indicat	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)
ι <mark>Χ</mark>	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 ication. 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 it 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.
Signature	8-30-1996, Date

RECEIVED

APR 3 1 1997

THE CHAMBLESS CORPORATION,

Bureau of Air Monitoring

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

#0571080

April 28, 1997

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

Re:

General Air Permit #0571049

General Air Permit #0571050

To Whom It May Concern:

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

Sincerely,

The Chambless Corporation

Richard D. Rentz, Vice Pres.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

\checkmark		
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TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION			
TIME IN: 1400	TIME OUT:/5//5	AIRS ID#:_OX	71080			
TYPE OF FACILITY:	ERC Dry Cleaner					
FACILITY NAME: Mai	ik Touch Cleaners		DATE: 5/2/87			
FACILITY LOCATION:	3312 Lithia - Pinecres	+ Clesse-r				
	Valaico Fl 33594	•				
RESPONSIBLE OFFICIAL:	Peter fatet (Prativ) Pete / PHONE NUMBER:	(813) 654-2323			
	the compliance requirements evalu Rule 62-213.300, Florida Administ	nated during this inspection, the factorative Code (F.A.C.).	ility is found to be in			
Based on the results of discrepancies were not		nated during this inspection, the foll	owing compliance			
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED			
•						
-						
			:			
	· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·			·			
			•			
	·····					
COMMENTS: Unit 3 (Renzacci Polaris Sun Super 500) was acquired from Cuchet Cleanes (808 Blowningdale), but no record came of machine. R.O. will attempt to track down this preparank, however this facility is complying with requirements for this machine since its start-up @ this facility.						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTIO	DATE OF NEXT INSPECTION: / yew (Approximate)					
INSPECTION CONDUCTED	BY: James	O Holton				
INSPECTOR'S SIGNATURE	BY: Janes (P)	PHONE NUMBER:	(813)272-5530			

Revised 10/96

AIRS ID#:	0571080

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Touch Cleaners DATE: 5/1/97	<u>,</u>
FACILITY LOCATION: 32/2 Lifting - Pine crest	
FACILITY LOCATION: 32/2 Liffing - Pine crest Valrico Brankon, F1 33594	
Drendon, P1 33377	—
Annual Reporting Period: 10/1 19 96 TO 5// 19	97
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.	
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	/e:
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 about	ve:
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 statement made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base 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: Prativ	ed .

*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: 9:40	TIME OUT: // = 4	4 0AIRS ID#:	571080
TYPE OF FACILITY: Pa	RC DRY CLEA	NER	
FACILITY NAME: MA	LJIK TOUCH CLI	PAUERS	DATE: 5/11/98
FACILITY LOCATION: 33	512 LITHA-PI	NECKEST RO	
	HLRICO, FL		
responsible official: f			R: (813)653-3756
RESPONSIBLE OFFICIAL	7///	PHONE NUMBER	R: (017) 117 @
	he compliance requirements ex ule 62-213.300, Florida Admir	raluated during this inspection, the sustrative Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted	-	aluated during this inspection, the	following compliance
COMPLIANCE REQU	TREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
			,
			P
			'M'
		Ollin G	
		\$ 200	15/4
		70,7	5
		Bureau of Bu Source	
			<u> </u>
•			
OMMENTS:			· · · · · · · · · · · · · · · · · · ·
e Annual Compliance Certifican	ion form has been properly cer	rified and submitted to the inspecto	r. YES NO NO
TE OF NEXT INSPECTION:	1	YEAR	
Granata Michael Molle		pproximate)	
SPECTION CONDUCTED BY	,. Ro	OGER ZHU	
	(I	lesse Print)	
SPECTOR'S SIGNATURE:_	Chy Mu	PHONE NUMBER	(813)272-5530
	Page /	of /	Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION

ANNUAL

COMPLAINT/DISCOVERY

	RE-INSPECTION		<u> </u>		Solv 	1807. S	
AIRS ID#: 571080	DATE: 5/11/	98	TIME IN:	9:40	_ TIME OU	Co 0 1 - 4	0
FACILITY NAME:	MAJIK TOU	icH	CLEAN	IERS			
FACILITY LOCATION:	3312 UTH	A - /	DINECI	LEST	RD		
	VALRICO,	FL	33594	£			
RESPONSIBLE OFFICE	AL: PETER PA	TEL	P	HONE: _(813)653	-3756	_
CONTACT NAME:	same		P	HONE:	San	re_	
II .							
		·					
PART I: NOTIFICATIO	N	`\.					
PART I: NOTIFICATIO	N		,				
		rtup	,	<i></i>	/x	٥	
(check appropriate box)	.RM 30 days prior to sta	•	,	N	/*		
(check appropriate box) 1. New facility notified DA	.RM 30 days prior to sta	•	,	N	/*		
(check appropriate box) 1. New facility notified DA	RM 30 days prior to sta DARM to use general pe	•	,	N	/*		
(check appropriate box) 1. New facility notified DA 2. Facility failed to notify I	RM 30 days prior to sta DARM to use general pe TON	•	_	No notifica Drop store	tion form	:s/petroleum	

TAKT II. CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum				
A. '					
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)				
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$)				
5. This is a correct facility classification	∇(Y □N □Can not determine				
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	· · · · · · · · · · · · · · · · · · ·				
B. The total quantity of perchloroethylene (perc) pu facility was 6 9 gallons.	rchased within the preceding 12 months by this dry cleaning				

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	·					
1. Storing perchloroethylene in tightly sealed and impervious containers?						
2. Examining the containers for leakage?	DY DN PANA					
3. Closing and securing machine doors except during loading/unloading?	À N □ N					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אַער מים אַעֿאַ אַער					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>,</i> .					
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993						
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	MD: App					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צואַ					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ż A Y □N					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אומילט מבי צבי					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY □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?	άζλ	ח⊏	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	JW	UNIA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	□и	□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,			
ı	or expansion; and downstream from no other inlet?	ПY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ח□	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	Áqā □N						
2. Maintained rolling monthly averages of perc consumption?	kayy □n						
3. Maintained leak detection inspection and repair reports for the following:	3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ®IN/A						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SONA						
4. Maintained calibration data? (for applicable direct reading instruments)	A/MR ND YD						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MONA						
6. Maintained startup/shutdown/malfunction plan?							
7. Maintained deviation reports?							
Problem corrected?	₫Y □N □N/A						
8. Maintained compliance plan, if applicable?	AND ND Y						

PART VI: LEAK DETECTION AND R	EPA	IRS					
1. Does the responsible official conduct a v	veekl	y (for	smail sources.	oi-weckly) leak detection a	nd rep	pair	-
inspection?					XY		□И
2. Has the facility maintained a leak log?					Ø Y		ПN
3. Does the responsible official check the for	ollow	ing a	reas for leaks?				
Hose connections, fittings, couplings, and valves	X	□и	□N/A	Muck cookers	ķίΥ	□N	□N/A
Door gaskets and seating	X	ΠN	□N/A	Stills	ÞΊΥ	ПN	□N/A
Filter gaskets and seating	Ø Y	ПΝ	□N/A	Exhaust dampers	M Y	ПN	□N/A
Pumps	X Y	ПN	□N/A	Diverter valves	ØY	ПΝ	□N/A
Solvent tanks and containers	YY	ΠИ	□N/A	Cartridge filter housings	ΔĮΥ	ПN	□N/A
Water separators	ÞΥ	□N	□N/A				
4. Which method of detection is used by the	e resp	onsib	le official?				
Visual examination (condensed sol	vent	on ex	terior surfaces)		Þ		
Physical detection (airflow felt thro	ough (gaske	ts)		∑		
Odor (noticeable perc odor)					Ø		
Use of direct-reading instrumentati	on (F	TD/P	D/calorimetric	tubes)			
Halogen leak detector							
If using direct-reading instru	ment	ation.	, is the equipme	ent:	₽ÍN/	A	
a. Capable of detecting pe	rc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ПN	
b. Calibrated against a sta (PID/FID only)?	ındar	i gas	prior to and afte	er each use	ΠY	□и	
c. Inspected for leaks and	obvio	ous si	gns of wear on a	weekly basis?	ΩY	ΠN	
d. Kept in a clean and sec	ure a	rea w	hen not in use?		ΟY	ΠN	ı
e. Verified for accuracy by	y use	of du	plicate samples	(calorimetric only)?	ΩY	□N	
·		_					
				· .			
ROGER ZHU			<u>. </u>	5/11/9	8		
Inspector's Name (Please Print)			_	Date of Inspec	ction		
Chip Shu	Chity Mu 1 YEAR						
Inspector's Signature Approximate Date of No				lext I	spec	tion	

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Majik Touch Cleaners **PAGE** OF FACILITY ADDRESS: 3312 Lithia Pinecrest Road CITY: Valrico PHONE: (813) 653-3756 MAILING ADDRESS: Same ZIP: 33594 CITY: Valrico FLA INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: May 11, 1998 9:40 11:40 non-CDS In Compliance 571080 NEDS NUMBER: Perc Dry Cleaner SOURCE DESCRIPTION: CONTACT(S): Peter Patel Today's visit was to conduct the annual inspection. This facility has the same 3 machines noted in the last inspection. The perc usage within the last 12 months for machines unit 1 (Renzacci Serena Sun 530), unit 2 (Renzacci Polaris Sun Super 500) and unit 3 (Realstar Fresca RS-640) was 219.4, 231.8 and 167.6 gallons respectively or 618.8 gallons total. The unit 1 & 2 are considered as "old machines" and the unit 3 as a "new machine". Therefore, the facility is classified as "New large area source" correctly. The facility is well organized and the machines are well maintained. The leak log and the temperature log are kept separately for each unit and performed consistently

on a weekly basis. The perc log and the purchase receipts were also kept in a good shape.

There are two owners manuals kept on site. One is for unit 1 & 2 and the other one for unit 3. Both manuals include startup, shutdown and malfunction plan.

Suresu of Air Moritorine

Sources of the

INSPECTED BY:	Roger Zhu	DATE:	May 5, 1998



February 9, 1999

FEB 1 5 1777

General Permits Section Bureau of Air Monitoring & MobileSources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Bureau of Air Monitoring & Mobile Sources

Dear Sirs:

It has come to our attention that the DEP does not have in its records the information on the additional dry cleaning unit which we purchased in the fall of 1998. Accordingly, the following information is submitted for the purpose of updating the Department's files.

Company:

Majik Touch Cleaners

3312 Lithia Pinecrest Road Valrico, Florida 33594

Responsible Official: Prativ Patel, President

Tel. No.:

(813) 654-2323

Fax. No.

Facility Contact:

Perry Smith, Operations Manager

Tel/Fax Nos.:

Same as above

Site Name:

Main Offices and Plant

Location:

3312 Lithia Pinecrest Road

County:

Hillsborough County

City/State/Zip Code: Valrico, Florida 33594

HW Generator ID#: FLD-984246801

Unit Description:

White Renzacci - Patriot System 480.S - Serial #14866

48 lb. Dry Max Load Capacity

If you have any questions or require any further information, please give us a call.

Sincerely,

Prativ Patel

Majik Touch Cleaners 3312 Lithia Pinecrest Rd. Valrico, FL 33594

CERTIFIED

Z 092 525 853

MAIL



TOPEDER VANDTER OETERINGER



General Permits Section

Bureau of Air Monitoring - Mobile Sources, MS 1000

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, Fl. 32399-2400:

CERTIFIED MALL- RPR

32399+6516

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13-00 TIME OUT: 14- TYPE OF FACILITY: PERC DRY CLEAN	30 AIRS ID#: 571080
TYPE OF FACILITY: PERC DRY CLEAN	IER
FACILITY NAME: MAJIK TOUCH CL FACILITY LOCATION: 3312 UTHIA PINEC VALRICO FL	EANERS DATE: 2/5/99
FACILITY LOCATION: 3312 UTHIA PINEC	CREST RO
VALRICO FL 3	33594
RESPONSIBLE OFFICIAL: PETER PATEL	PHONE NUMBER: (8/3)654-2323
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance requirements and the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the com	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
·	MAR 1 9 1999
	Monitoring
	Bureau of Air Monitoring 8 Mobile Sources
	8 Ma
COMMENTS:	
INSTALLED AN ADDITION	NAC UNIT (THE 4 th ONE)
The Annual Compliance Certification form has been properly cert	/
DATE OF NEXT INSPECTION:	YEAR
\mathcal{D} s	pproximate) 96CR ZHU
MISTECTION CONDUCTED BI:	Please Print)
	PHONE NUMBER:

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCO	VERY	×
AIRS ID#: 571080 FACILITY NAME:	DATE: 2/5/99 MAJIK TOUC	7 TIME I	N: 13:00 TIME	OUT: _/	4:30
FACILITY LOCATION:		A PINE	CREST ROA	0	
RESPONSIBLE OFFICIA	L: PETER PA- SAME	TEL	_phone: <u>(813)</u>	,54-2 AME	2323
PART I: NOTIFICATION	V	· · ·			
(check appropriate box) 1. New facility notified DAI 2. Facility failed to notify D			N/A		0.0
PART II: CLASSIFICAT	ION			,	
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gtransfer only, x < 200 gal both types, x < 140 gal/y (constructed before 12/9/	source 2. gal/yr dr 1/yr tra	ansfer only, x oth types, x <	, x < 140 gal/yr : < 200 gal/yr		roleum
3. Existing large area s dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,8$ (constructed before $12/9/8$	≤ 2,100 gal/yr df 1,800 gal/yr tr 300 gal/yr bo	ansfer only, 2 oth types, 140	area source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ for after 12/9/91)		
d fa	the appropriate classification acility qualified for a general acility exceeds above limits	al permit as n and is not eli	gible for a general permi		

TART 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?	ZY ON ON/A					
2. Examining the containers for leakage?	/ DY DN DN/A					
3. Closing and securing machine doors except during loading/unloading?	מם עם					
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part	v.					
If classification 2 has been checked, the machine should be equipped with a 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 ref (complete A and B below).	rigerated 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?	חם אם					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y □N □N/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חס מי					

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?	ПΥ	□И	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	_	_	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and weshers) with individual condenser coils?	ΠY	□N	□N/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ΠN	□N/A
P.	ART V: RECORDKEEPING REQUIREMENTS	·		
H	ART V: RECORDKEEPING REQUIREMENTS Tas the responsible official: check appropriate boxes)			
H (c	fas the responsible official:	Y	□N	
H (c	fas the responsible official: check appropriate boxes)	_	UN UN	
H (c 1.	Tas the responsible official: check appropriate boxes) Maintained receipts for perc purchased?	_		
H (c 1.	Tas the responsible official: check appropriate boxes) . Maintained receipts for perc purchased? . Maintained rolling monthly averages of perc consumption?	ΠY	□N	□N/A
H (c 1.	fas the responsible official: check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	□Υ	□N □N	□N/A
H (c)	Itas the responsible official: Check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	□Y □Y □Y		
H (c 1. 3.	Itas the responsible official: check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □Y □Y		□N/A
H (c 1. 2. 3. 4. 5.	Itas the responsible official: check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments)			□N/A
H (c 1. 2. 3. 5. 6.	Itas the responsible official: Check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? er; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?			□N/A
H (c 1. 2. 3. 5. 6.	Itas the responsible official: check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			□N/A □N/A □N/A

PART	PART VI: LEAK DETECTION AND REPAIRS						
l. Do	es the responsible official conduct a	weekly (for small sou	rces, bi-weekiy) leak detection as	nd repair			
ins	pection?			OY ON .			
2. Ha	s the facility maintained a leak log?			OY ON			
3. Do	es the responsible official check the	following areas for lea	aks?				
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	□Y □N □N/A	Diverer valves	□Y □N □N/A			
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	OY ON ON/A			
	Water separators	OY ON ON/A					
4. WI	nich method of detection is used by	the responsible official	?				
-	Visual examination (condensed s	solvent on exterior surf	faces)	a			
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)			a			
	Use of direct-reading instrument	atiøn (FID/PID/calorin	netric tubes)				
	Halogen leak detector		•				
	□N/A						
	a. Capable of detecting	perc vapor concentrati	ions in a range of 0-500 ppm?	□Y □N			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks a	nd obvious signs of we	ar on a weekly basis?	אם עם מם עם			
	d. Kept in a clean and s	_	·	OY ON			
			mples (calorimetric only)?	OY ON			
ļ i		o, ase or aup near sa	improo (datorimotato ding).				
			0/5/	a			
	ROGER ZH		2/5/				
	Inspector's Name (Please Pri	nt)	Date of Inspe	extion			
	Rose M	·	1 Y	AR			
	Inspector's Signature	· ·	Approximate Date of	Next Inspection			

ENVIRC		INSPECTION REP TECTION COMMIS		SBOROLIGUE	OUNTY	
FACILITY: Majik Tou		TECTION COMMIS	SION OF HILL	PAGE	1 OF	1
FACILITY ADDRESS:	3312 Lithia Pi	inecrest Road		CITY: Val.		756
MAILING ADDRESS:	Same		CITY: Valrice		ZIP: 3359	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	ON TYPE:		TUS:
Feb 5, 1999	13:00	14:30	non-C	CDS	In Con	npliance
	71080					
SOURCE DESCRIPTION	DN: Perc Dry	Cleaner				
CONTACT(S): Pet	er Patel		_			
probably was in 1995. The unit is installed underneath. Also, I told the plant 4 th unit as well. The models for those Unit 1 - Renzacci Secunit 2 - Renzacci Po Unit 3 - Realstar Free Unit 4 (new add) - F	manager to ad e four units are rena Sun 530, laris Sun Super sca RS-640	iate way with vice FDEP for	a close-loop	venting sy	stem and	_

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10 AM TIME OUT: 11.	30 AM AIRS ID#: 57/080
TYPE OF FACILITY: PErc Dry cleaner	
FACILITY NAME: MAJIK TOUCH Clea	
FACILITY LOCATION: 3312 LITTLIA PINECRO	
- Valrico, F1 3359	
RESPONSIBLE OFFICIAL: <u>Peter Pate</u>	PHONE NUMBER: (813) 654-2323
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	76-
	S AL CEL
	Street O 1999 FO
	301/1/2 350
	Our Thorne
	
COMMENTS:	
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
Dill of 11221 E101 ECTIO11	1ear
	Approximate)
	nmad Nozoni Please Print)
INSPECTOR'S SIGNATURE: M. NO Ban	PHONE NUMBER: (813) 272-55 30

Revised 10/96

AIRS ID#: 05 7/080

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORML 0 8 1999

FACILITY NAME: Majik 7 FACILITY LOCATION: 3312 Li	ouch Cleaner	EPC oPA	PE: 7-1-99		
FACILITY LOCATION: 3312 Li	Thia Pine Crest	AIR MANAGE	IMMENT		
	, Kl 3359				
Annual Reporting Period: 5/1/	199}	С то7/_	19 99		
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	_		h DEP Rule □NO		
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in continuo	us 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 continuo	us 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: PRAT	IN PATEL .	Market Contraction of the Contra	7-1-99.		
	ne (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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	Ø COMPLAINT/DISCOVERY □ ON □
FACILITY NAME: MAJIK Touch	//
FACILITY LOCATION: 3312 CiThia	33 59 4
CONTACT NAME:	PHONE: (813) 654-2323 PHONE:
PART I: NOTIFICATION	
 (check appropriate box) New facility notified DARM 30 days prior to standard facility failed to notify DARM to use general points. 	· /\(\) / /\
PART II: CLASSIFICATION	<u>. </u>
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	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
4mma6an ambi si < 200 ==1/	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
both types, x < 140 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91) 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	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification gal/yr qualified for a general constructed before 12/9/91	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) \square Y \square N \square Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A DN DN/A 2. Examining the containers for leakage? $\square N$ 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY 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 □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 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?	/ ДПҮ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the earbon 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,			D
	or expansion; and downstream from no other inlet?	ЦY	ЦN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	NOTY □N
2. Maintained rolling monthly averages of perc consumption?	M Y □N
3. Maintained leak detection inspection and repair reports for the following:	Market Name Carlos and C
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ADN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON TON/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	ANO NO YE
Problem corrected?	PAY ON ON/A
8. Maintained compliance plan, if applicable?	KAY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspecti	ion?				MY DN		
2. Has the	2. Has the facility maintained a leak log?						
3. Does th	e responsible official check the fo	ollowing ar	eas for leaks?				
ll .	ose connections, fittings,		_				
	couplings, and valves	NO AG	□N/A ·	Muck cookers	DY ON ON/A		
D	oor gaskets and seating	MY DN	□N/A	Stills	DAY ON ON/A		
Fi	ilter gaskets and seating	DY ON	□N/A	Exhaust dampers	DY ON ON/A		
Pı	umps	MA DN	□N/A	Diverter valves	DAY ON ON/A		
So	olvent tanks and containers	MY DN	□N/A	Cartridge filter housings	EY ON ON/A		
W	ater separators	MO AM	□N/A	•			
4. Which:	method of detection is used by the	e responsib	ole official?				
V	isual examination (condensed sol	vent on ex	terior surfaces)				
Pl	hysical detection (airflow felt thro	ough gaske	ts)				
0							
U	Ø						
н							
If using direct-reading instrumentation, is the equipment:					ØN/A ∕		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					DY ZN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					DY ØN		
,	c. Inspected for leaks and	obvious si	igns of wear on	a weekly basis?	DY ZN		
	d. Kept in a clean and sec		_	·	DY PN		
	e. Verified for accuracy b				DY ØN		
<u> </u>							
Nohammad Nazari 7-1-99							
Inspector's Name (Please Print) Date of Inspection							
Zure of Authority							
MiNO301 Years							
Inspector's Signature Approximate Date of N				Next Inspection			

•							
·							
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Majik Touch Cleaners PAGE 1 OF 1							
FACILITY ADDRESS: 3312 Lithia Pinecrest Road		CITY: Val					
MAILING ADDRESS: Same	CITY: Valrico	PHONE: (8	313)653-3756 ZIP: 33594				
INSPECTION DATE: TIME IN: TIME OUT:			STATUS:				
July 1, 1999 10:00 AM 11:30 AM	Annua		In Compliance				
NEDS NUMBER: 571080	•						
SOURCE DESCRIPTION: Perchloroethylene (Perc)	Dry Cleaner		·				
CONTACT(S): Peter Patel							
 The purpose of the visit was an annual inspection. We found the following: The record keeping of the Perc purchases was very good and organized for each machine separately. The gauge temperature reading was recorded weekly. The vicinity around the dry cleaning machines were very clean and well maintained. The Perc loaded directly with a hookup connections. No container of perc was at the site. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 1401 gallons and it was verified. The machines were in operation today. No leaks or odors were noticed. 							
 The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations. There are four (4) owner's manuals kept on site one is for unit 1&2 and the 3&4 for machine 3 and 4 respectively, all manuals include startup, shutdown and malfunction plan. The models for those four (4) units are as follows: Unit 1 - Renzacci Serena Sun 530 Unit 2 - Renzacci Polaris Sun Super 500 Unit 3 - Realstar FreSCA RS- 640 Unit 4 - Renzacci 4805 							

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-INS	AL COMPLAINT/DISCOVERY C
	TIME IN: 9'AM TIME OUT: 10'AM Ch cleaners
FACILITY LOCATION: 3312 6	This PINECREST Road
Valrico,	FI 33594
RESPONSIBLE OFFICIAL: Peter	Patel PHONE: (813) 654-2323
CONTACT NAME:S	PHONE:
DARTY NOTIFICATION	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days pr	
2. Facility failed to notify DARM to use g	eneral permit
PART II: CLASSIFICATION	
Facility indicated on notification form the (check appropriate box)	nat it is: ☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form the (check appropriate box) A.	
Facility indicated on notification form the (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)	□ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source
Facility indicated on notification form the (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	 □ Drop store/out of business/petroleum □ 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) □ 4. New large area source dry-to-dry only, 140 ≤ 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)
Facility indicated on notification form the (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification of the source of the source facility qualified.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) DY □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	_				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A				
2. Examining the containers for leakage?	OY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	מם אם				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS	·				
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.	•				
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser				
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 refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	חארם אים אם A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	□Ý □N □N/A
4. Maintained cambration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	□Y □N □N/A
8 Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	pection?				ПY	N	
2. Has the facility maintained a leak log?					\Box Y	DN	
3. Doe	es the responsible official check the	following are	eas for leaks?				
	Hose connections, fittings,			/			
	couplings, and valves	OY ON	UN/A	Muck cookers	ЦY	□N □N/A	
	Door gaskets and seating	OY ON	□N/A	Stills	ΠY	□N □N/A	
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	ΩY	□N □N/A	
	Pumps	DY DN	□N/A	Diverter valves	ΠY	□N □N/A	
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	ΩY.	□N □N/A	
	Water separators	OY ON	□N/A	•			
4. Wh	ich method of detection is used by the	ne responsibl	e official?			•	
	Visual examination (condensed so	olvent on exte	erior surfaces)				
	Physical detection (airflow felt thr	ough gasket	s)				
	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/.	Α .	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					$\square Y$	□N .	
	b. Calibrated against a si	tandard gas j	prior to and afte	er each use			
	(PID/FID only)?				ΩY		
	c. Inspected for leaks an	d obvious sig	ns of wear on a	a weekly basis?	ПY	□N	
	d. Kept in a clean and se	cure area wh	nen not in use?		ПY	ПN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	DN	
				•			
-							
Mohammad NO Zari Inspector's Name (Please Print) Date of Inspec							
Inspector's Name (Please Print) Date of Inspec				CHOII			
	hinogan'					•	
	Inspector's Signature			Approximate Date of 1	Next I	nspection	

ADDITIONAL SITE INFORMATION:

The President of the Company was out of four the manage. Said, she will call me and make Appoint, must you Him Next week.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389842

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

PRATIV AIRS ID # 0571080

MAJIK TOUCH CLEANERS
PRAVIT PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

FOR GOVERNMENT USE OF LY

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

Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	□ cc	MPLAINT/DISCOVERY	
AIRS ID#: <u>57/086</u>	DATE. 06 - 24 - 99	_ TIME IN:	9.'Am time out	: 10:Am
FACILITY NAME: MAZI				
FACILITY LOCATION: 3	312 LiThiA Pi	Necrest	Road	
1/0	Irico, Fl 33	594	RE TO M	-
RESPONSIBLE OFFICIAL:				2323
CONTACT NAME:	Same	PH	ONE: Sold Sold	
			E E	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup	\mathcal{K}) []	
2. Facility failed to notify DAR	M to use general permit			
				· ·
PART II: CLASSIFICATION	V			
Facility indicated on notification (check appropriate box) A.	ion form that it is:		No notification form Drop store/out of business	/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/ут dry-t trans both	New small areas to-dry only, $x < x$ for only, $x < x < x$ types, $x < x < x$ structed on or as	140 gal/yr 0 gal/yr gal/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr dry-t 00 gal/yr trans gal/yr both		≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
5. This is a correct facility of	lassification DY	ם אם	Can not determine	. •
□ facili	appropriate classification: ity qualified for a general p ity exceeds above limits an	permit as numbe		
B. The total quantity of perchlo				

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 DN/A				
2. Examining the containers for leakage?	DY ZN DN/A				
3. Closing and securing machine doors except during loading/unloading?	מם עם				
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS	·				
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser				
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 refrige (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

В.		
	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a certain adsorber?	OY ON ON/A
	if machines are equipped with a carbon adsorber?	
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	DY DN DN/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
PA	ART V: RECORDKEEPING REQUIREMENTS	
II		
	as the responsible official: heck appropriate boxes)	
(cl		OY ON
(cl	heck appropriate boxes)	
(cl 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased?	
(cl 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
(cl 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	□Y □N
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
(cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
(cl 1. 2. 3. 4. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A OY ON ON/A OY ON ON/A
(cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?	 □Y □N □Y □N □N/A
(cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	□Y □N □N/A

PART VI: LEAK DETECTION A	ND REPAIRS		
1. Does the responsible official cond	uct a weekly (for small sourc	es, bi-weckly) leak detection a	nd repair
inspection?			אם עם
2. Has the facility maintained a leak	log?		DY ZN
3. Does the responsible official check	the following areas for leak	s?	
Hose connections, fittings,			
couplings, and valves	DY DN DN/A	Muck cookers	OY ON ON/A
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A
Solvent tanks and containers	S OY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used	by the responsible official?		
Visual examination (conden	о .		
Physical detection (airflow f	elt through gaskets)		ם
Odor (noticeable perc odor)			
Use of direct-reading instrur	o.		
Halogen leak detector			
If using direct-reading	instrumentation, is the equ	ipment:	□N/A
a. Capable of detec	ting perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N
	st a standard gas prior to and	l after each use	
(PID/FID only)?			OY ON
	ks and obvious signs of wear	•	OY ON
· /	and secure area when not in		
e. Verified for acci	rracy by use of duplicate sam	ples (calonimetric only)?	OY ON
	•		
Mohammad NOZ	, G C I	6-24-99	
Mohammad NO Zo Inspector's Name (Pleas	e Print)	$\frac{6-24-99}{\text{Date of Inspec}}$	ection
Inspector's Signatur			
Inspector's Signatur	e	Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

The President of the Company was out of four the manager Sand, She will call me and make Appoint, munt you Him Next week.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVE	RY 💆
AIRS ID#: 571080 FACILITY NAME:	MAJIK TOUCH	4 CLEA	WERS	UT: 14:30
FACILITY LOCATION:	VALRICO, F	-L 33!	REST ROXD	
RESPONSIBLE OFFICIA CONTACT NAME:	L: PETER PAT SAME	TEL :	PHONE (8/3) 65	A-2323
PART I: NOTIFICATION	J .		ces	
(check appropriate box) 1. New facility notified DA 2. Facility failed to notify D			N/A	٥, ٥
PART II: CLASSIFICAT	ION			
Facility indicated on notific (check appropriate box) A.	cation form that it is:		☐ No notification form☐ Drop store/out of busin	ess/petroleum
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/	gal/yr dry l/yr tra r bot	New small are y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on or	< 140 gal/yr 200 gal/yr	
3. Existing large area s dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le$ both types, $140 \le x \le 1.8$ (constructed before 12/9)	≤ 2,100 gal/yr dry 1,800 gal/yr tra 300 gal/yr bot	$\sqrt{-to-dry}$ only, 1 usfer only, 200 th types, 140 \leq	ea source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	
5. This is a correct facili	classification \square	Y 🗆N	□Can not determine	.]
fa fa	the appropriate classification acility qualified for a general acility exceeds above limits a	l permit as nun		
B. The total quantity of per facility was gall	* * -	ased within the	preceding 12 months by t	this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N .

·			
B. Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY	□и	
Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΠY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	ПY	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?	ΠY	ПN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΟY	ПΝ	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ΩY	ΠN	
2. Maintained rolling monthly averages of perc consumption?	ΠY	ПN	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	ΩY	ПN	□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?	ΠY	ΠN	□N/A
4. Maintained galibration data? (for applicable direct reading instruments)	ΠY	ПN	□N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ΠY	ΠN	□N/A
6. Maintained startup/shutdown/malfunction plan?	ΠY	ПN	
7. Maintained deviation reports?	ΠY	ПΝ	□N/A

□Y □N □N/A □Y □N □N/A

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND F	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	nd repair
inspection?			DY DN
2. Has the facility maintained a leak log?			DY ON
3. Does the responsible official check the	following areas for leaks	s?	
Hose connections, fittings,			
couplings, and valves	DY ON ON/A	Muck cookers	□Y □N □N/A
Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A
Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A
Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	□Y □N □N/A
Water separators	OY ON ON/A		
4. Which method of detection is used by the	he responsible official?		
Visual examination (condensed so	olvent on exterior surfac	ees)	
Physical detection (airflow felt th	rough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta			
Halogen leak detector			
If using direct-reading instr	umentation, is the equi	pment:	□N/A
a. Capable of detecting j	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	l after each use	OY ON
	d abrious sisms of mose	on a weekly basis?	
c. Inspected for leaks an	•	•	DY DŃ
d. Kept in a clean and s			
e. Verified for accuracy	by use of duplicate sam	pies (caionmeine only)?	□Y □N
		_	
•			
ROGER ZHI)	2/5/9	39
Inspector's Name (Please Prin	nt)	Date of Inspe	ection
10			

Inspector's Signature

Approximate Date of Next Inspection

7 LE V AIR QUALITY GENERAL P MIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CON	IPLAINT/DISCOVERY 🔀	RE-INSPECTION []
TIME IN: 13-00	TIME OUT:		571080
TYPE OF FACILITY:	PERC DRY CLEAN	IER	
FACILITY NAME:	MAJIK TOUCH CL		DATE: 2/5/99
FACILITY LOCATION:	20.2 1/2// 2//		DAIL//
FACILITY LOCATION	VALRICO FL	33594	
	: PETER PATEL		1813) 1 -11 -2222
RESPONSIBLE OFFICIAL	: PETEL PATEL	PHONE NUMBER	: (813)654-2323
	ts of the compliance requirements evalu DEP Rule 62-213.300, Florida Administ		acility is found to be in
Based on the resul	ts of the compliance requirements evalue noted:	nated during this inspection, the f	ollowing compliance
COMPLIANCE R	EQUIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	<u> </u>	٦	
		*	. •
	·		
			•
	•		
			•
•			
	·		
•			
COMMENTS:		- .	
	•		
1.NSTA	LLED AN ADDITION	UAL UNIT (TH	E4th ONE)
		<u></u>	
The Annual Compliance C	artification form has been managed and	ified and submitted to the inspec	tor. YES NO
The Annual Compliance C	ertification form has been properly cert	YEAR	wi. IES NO
DATE OF NEXT INSPEC		<u> </u>	
		pproximate)	
INSPECTION CONDUC	1ED D1	DEER ZHU	<u> </u>
	V = 0.00	lease Print)	
INSPECTOR'S SIGNAT	URE: 105h	PHONE NUMBE	R:
		<u>1</u>	
	Page	_of	Revised 10/9

, •	·.						
ENVIDO	NMENTAL PROT	INSPECTION REF		POPOLICH	COLDITY		
FACILITY: Majik Tou		ECTION COMMI	5510N OF HILLS	PAGE	1	OF	1
FACILITY ADDRESS:		necrest Road		CITY: Va			
				PHONE:	_	3-3756	
MAILING ADDRESS:	Same	(CITY: Valrico	FLA	ZIP:	33594	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	ll ll
Feb 5, 1999	13:00	14:30	non-Cl	DS	In	Compli	ance
NEDS NUMBER: 5							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Pete	er Patel						
An employee of the	Majik Touch (Cleaners, Ms.	Hope, called	me a coup	le days	ago re	questing
four more Compliance	,	•			. I lear	ned th	at a new
machine was installed			•	-			
Today, I stopped by	-	_			_	her inf	formation
for the additional unit	•					41. a4	
The 4 th unit is a used probably was in 1995.		_			_		machine
The unit is installed							th a nan
underneath.	ти и ирргорг	ate way with	a close loop	voliting 5	y stem t	AIIG VVI	ui a paii
Also, I told the plant	manager to ad	vice FDEP for	this change a	nd start the	e record	keepin	g for the
4 th unit as well.	S		Č			•	
The models for those	four units are	listed as follow	'S:				
II. it 1 Danmarai Car	C 520						
Unit 1 - Renzacci Ser Unit 2 - Renzacci Pol	,	500					
Unit 3 - Realstar Fres		300					
Unit 4 (new add) - R							ļ
	`						

DATE:

Feb 5, 1999

Roger Zhu

INSPECTED BY:

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL X COM	MPLAINT/DISCOVERY	RE-INSPECTION.			
TIME IN: 2:30 PM	TIME OUT: 4.	30 PM1 AIRS ID#: 05	571086			
TYPE OF FACILITY: Perc Dry C						
FACILITY NAME: Majik Touc			DATE: 6-20-00			
FACILITY LOCATION: 3312 C, 72.		Poad				
	<u>F1 33594</u>		· · · · · · · · · · · · · · · · · · ·			
RESPONSIBLE OFFICIAL: Peter	Pate I	PHONE NUMBER:	(813) 632 1-2323			
Based on the results of the compcompliance with DEP Rule 62-2	_	nated during this inspection, the fatrative Code (F.A.C.).	cility is found to be in			
Based on the results of the comp discrepancies were noted:	oliance requirements eval	uated during this inspection, the fo	ollowing compliance			
COMPLIANCE REQUIREM	IENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED			
			P			
			Burgar of T			
			Pri Montes			
•			The state of the s			
			+ *			
COMMENTS:						
		· ·	·			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION:	. (4	Approximate)				
INSPECTION CONDUCTED BY:	Mohamma	d Nozari				
	ci.Nozori	Please Print) PHONE NUMBE	(813) 272-5530 R:			

Dro

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Touch clean	er		DATE:	6-20-00
FACILITY LOCATION: 3512 CITTING PINECY	est 1			
	64	JUN 23 ZUU] 	
Annual Reporting Period: July 1	19 <u> </u>	TO MANAGE	, जिस्रो २०	20 🕸
Based on each term or condition of the Title V general as	ir permit, my facility	has remained in comp	liance with DEF	'Rule
62-213.300, Florida Administrative Code (F.A.C.), durin				□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	l stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Method used to demonstrate compliance:				· •
		•		
#2. Term or condition of the general permit that has no	t been in continuous	compliance during the	reporting period	d stated above:
				<u> </u>
Exact period of non-compliance: from		to		_
		•		
Action(s) taken to achieve compliance:				
North durant to demand the security of the sec				
Method used to demonstrate compliance:		<u> </u>		
			·	
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not exyear for transfer or combination facilities.	te. Further, my ann	ual consumption of per	chloroethylene :	solvent, based
yew for transfer or combination facilities.	(()		
RESPONSIBLE OFFICIAL: PRATIV PATE	1	720		6-20-00
Name (Please I	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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	2 20	COMPLAINT/DISCOVERY	· □
ATRS m#- 0571080				. , <u>-</u>
10m. <u>22 / 12 8 0</u>	DATE: 6-10- 0	O TIME	IN: <u>2'30 Pm</u> TIME OUT	c: 430 m
FACILITY NAME: Maj	K Touch clea	wers.	· · · · · · · · · · · · · · · · · · ·	
FACILITY LOCATION: <u>33</u>	12 LiThia Pin	ecresT Ro	ad	
	Irico, Fl 3			
RESPONSIBLE OFFICIAL :			_ PHONE: (813) 654 - Z	' و ع ي
CONTACT NAME:			PHONE:	· .
· · · · · · · · · · · · · · · · · · ·				
PART I: NOTIFICATION				
(check appropriate box)	•			
 New facility notified DARM 	30 days prior to star	tup		
2. Facility failed to notify DAR	M to use general per	mit		
	·			
PART II: CLASSIFICATION	Ŋ			
Facility indicated on notificati (check appropriate box)	ion form that it is:		☐ No notification form☐ Drop store/out of busines	ss/petroleum
A.			— — F	
1. Existing small area sour		2. New small		
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr	-		y, x < 140 gal/yr x < 200 gal/yr	
both types, x < 140 gal/yr		both types, x		
(constructed before 12/9/91)		(constructed o	on or after 12/9/91)	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	transfer only, both types, 14	e area source ly, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ on or after $12/9/91$)	r.
I		•	<u> </u>	
5. This is a correct facility of	classification	MA □N	□Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MDY □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XIN/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 14 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) MD YA 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AND NO YOU 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly/basis? NO YOU 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		-	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	AY.	ON.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	ØN/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?	Dy	□и	ØNJA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	ØN/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?	ΟY	אם	⊠N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ďΥ	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□и	ØN/A

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

f			
PART VI: LEAK DETECTION AND			
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection an	
inspection?			MA □N
2. Has the facility maintained a leak log	?		□Y Æ N
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	A/NO NO YA	Muck cookers	MY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	WY ON ON/A
Pumps	XY ON ON/A	Diverter valves	ØY □N □N/A
Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	₩Y. □N □N/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	ces)	8
Physical detection (airflow felt	through gaskets)		2
Odor (noticeable perc odor)			2 3
Use of direct-reading instrumen	ntation (FID/PID/calorime	etric tubes)	
Halogen leak detector	•		
If using direct-reading instrumentation, is the equipment:			MN/A
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 (PID/FID only)?			OY ON
	and obvious signs of wea	r on a weekly basis?	DY DN
	l secure area when not in	•	OY ON
•		nples (calorimetric only)?	OY ON
Mohammad NOZGri	· 	6-20-0	<u> </u>

d. Kept in a clean and secure area when по	DY DN	
e. Verified for accuracy by use of duplicate	OY ON	
· · · · · · · · · · · · · · · · · · ·	· .	·
Mohammad NOZari	6-20-	ου
Inspector's Name (Please Print)	Date of Ins	spection
M. NO, 3021	1 year	
Inspector's Signature	Approximate Date	of Next Inspection
•		

• ,					
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF THE LEDGROUGH COLDITY					
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Majik Touch Cleaners PAGE 1 OF 1					
FACILITY ADDRESS: 3312 Lithia Pinecrest Road		CITY: V	alrico		
			(813)653-3756		
MAILING ADDRESS: Same	CITY: Valrico	FLA			
INSPECTION DATE: TIME IN: TIME OUT			STATUS:		
June 20, 2000 2:30 PM 4:30 9M NEDS NUMBER: 571080	Annu	aı	In Compliance		
	D CI				
SOURCE DESCRIPTION: Perchloroethylene (Perc	Dry Cleaner				
CONTACT(S): Peter Patel		_			
CONTACT(S): Peter Patel The purpose of the visit was an annual inspection. We found the following: 1. The record keeping of the Perc purchases was very good and organized. 2. The gauge temperature reading was recorded weekly. 3. The vicinity around the dry cleaning machines were very clean and well maintained. 4. The Perc loaded directly with a hookup connection. No container of perc was at the site. 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 1343 gallons and it was verified. 6. The machines were in operation today. No leaks or odors were noticed. 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations. 8. There are four (4) owner's manuals kept on site one is for unit 1&2 and the 3&4 for machine 3 and 4 respectively, all manuals include startup, shutdown and malfunction plan. 9. The models for those four (4) units are as follows: Unit 1 - Renzacci Serena Sun 530 Unit 2 - Renzacci Polaris Sun Super 500 Unit 3 - Realstar FreSCA RS- 640 Unit 4 - Renzacci 4805					

INSPECTED BY:

Mohammad Nozari

DATE:

June20, 2000

		America de			
	Fold at line over top of envelope to				
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		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
IN ADDRESS completed of	AIRS ID#: 0571080 REMA INVESTMENTS INC PETER PATEL 3312 LITHIA PINECREST RD VALRICO FL 33594	4a. Article N 4b. Service Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD elivery		
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	P's Address (Only if requested paid)		
{ ~	PS Form 3811 , December 1994		Domestic Return Receipt		

, .	. ,P 26	5 30	2 14	9	
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.					
AIRS ID#: 0571080 REMA INVESTMENTS INC PETER PATEL 3312 LITHIA PINECREST RD VALRICO FL 33594					
	Postage		Þ		
	Certified Fee				
	Special Delivery	Fee			
10	Restricted Delive	ry Fee			
1996	Return Receipt S Whom & Date De				
April	Return Receipt Show Date, & Addressee's				
800,	TOTAL Postage & Fees		\$		
PS Form 3800 , April 1995	Postmark or Date	1 14	197		
S.	2				

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A!RS ID# 0571080

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FOR COVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 ОЫ.: 002273

rvices (for an dressee's Address stricted Delivery		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.	
9 57	3 6/2 9 Type d Mail eipt for Merchandise	4b. Service T ☐ Registere ☐ Express N	Article Addressed to: AIRS ID 0571080 REMA INVESTMENTS INC RETER PATEL 3312 LITHIA PINECREST RD VALRICO FL 33594
	's Address (Only i paid)	8. Addressee and fee is	. Received By: (Print Name) . Signature: (Addressee or Agent) X House Harus O
	Domestic	02595-97-B-0179	X Henry Januso

. Z 333 612 951 US Postal Service Receipt for Certified Mail AIRS ID 0571080 REMA INVESTMENTS INC PETER PATEL 3312 LITHIA PINECREST RD VALRICO FL 33594 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

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

Obj.: 002273



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DEC 2 3 1998

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Bureau of Air Monitoring & Mobile Sources

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MAJIK TOUCH CLEANERS
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

FOR GOVERNMENT USE ONLY OF CORE: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

Complete item 1, 2, an interest item 4 if Restricted Deliving on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0571080001AG PRATIV PATEL	A. Received by (Please Print Clearly) C. Signature X. January Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
MAJIK TOUCH CLEANERS 3312 LITHIA PINECREST RD VALRICO FL 33594	3. Service Type Z Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) Z 2 10 10 6 3 2 19			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		

. Z 510 PP3 514 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. 10 AIRS ID # 0571080001AG PRATIV PATEL MAJIK TOUCH CLEANERS 3312 LITHIA PINECREST RD VALRICO FL 33594 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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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

Je. 23.

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AIRS ID # 0571080

MAJIK TOUCH CLEANERS PRATIV PATEL 3312 LITHIA PINECREST RD VALRICO FL 33594

Bureau of Air Monitor FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 41 Fund: 20-2-035001

Obj.: 002273