

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 17, 1997

Mr. Raymond J. Alvarez Rainbow Dry Cleaners, Inc. 4502 West Village Drive Tampa, Florida 33624

Facility I.D. No. 0571089

Dear Mr. Alvarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 10, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1515 TIME OUT: 1640	AIRS ID#: 057/089
TYPE OF FACILITY: PERC Des Cleaner	
TYPE OF FACILITY: PERC Dry Cleaner, I  FACILITY NAME: Rain 50w Dry Cleaner, I	DATE: 6/3/97
FACILITY LOCATION: 4502 W Village Dr.	've_
Tamps, F1 37624	
FACILITY LOCATION: 4502 W Village Dr.  Tamps, F1 37624  RESPONSIBLE OFFICIAL: Raymond Alverez	PHONE NUMBER:(813) 963-3119
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
	<del></del>
-	
,	•
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: / year	
App.	proximate)
INSPECTION CONDUCTED BY: Janes O Hol	rase Print)
INSPECTOR'S SIGNATURE: Games Officer	PHONE NUMBER: (8/3) 272 - 5530

Revised 10/96

# 0571089 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 Small r. C. Should be marked (f) Should be marked

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2	Rain bow Dry Cleaners Inc. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 9810 26172.  Facility Location:
4.	
	Street Address:
	Street Address: City: 4502 West Village County: Hillsborough Zip Code: 33624  Tampa, Fl. Dr. Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	0571089
162498300	
•	Responsible Official
6	Name and Title of Responsible Official:
	•
	RAYMOND J. Alvarez, President
7.	Responsible Official Mailing Address: Organization/Firm: RAIN DOW Dry Cleaners Inc. Street Address: 4502 West Village Dr. City: TAMPA, F1.33624 County: Hellstoneya Zip Code: 33624
	Street Address: 4500 /Jest 1/11 - 9 = Dr.
	City: TAM PA, F/ 33624 County: HILLMANNER Zip Code: 32/24
8.	Responsible Official Telephone Number:
•	Telephone: $(813)963 - 3119$ Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
	County. Zip code.
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

615

 $\frac{1}{4} e^{i \frac{\pi}{2} \left( \frac{\pi}{2} + \frac{\pi}{2} \right)} = \frac{1}{4} \left( \frac{\pi}{2} + \frac{\pi}{2} + \frac{\pi}{2} \right)$ 

#### **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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	a	4-June-	94					1.5	
(1) w/ ref. condenser		<u>,                                     </u>	ĺ						
-, (2) w/ carbon adsorber	1								
(3) w/ no controls									
Washer Unit	1.	The second second	les Tipe a la						
(4) w/ ref. condenser			_						
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				h.c.	Santan	i ka da			Teres de la composition della
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	*. *.	1.5	eta T						ind to
(10) w/ ref. condenser									
(11) w/carbon adsorber					•				
(12) w/ no controls									
(b) If less than 12 mon	are re	equired to be	installed [_	X	_	n the latest 12	! mor	nths?	
Check why it is less	ths, he s than	ow many? [_ 12 months:	months	[	_] New store	: [] Did	not k	eep records:	( <b>X</b> )

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser	<b>\(\sum_{\sum}\)</b>
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser  []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating units	•
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u> </u>	
		•
•		
Equipment Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to be kept on-site	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### 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 notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Ray Signature	2 Min 8 31 96

Please conected
the etems identified
and mail ti's
Return completed form to:
Florida Department of Environmental Protection Bureau of Air Monitoring and Mobile Sources
Mail Station 5510
Z600 Blair Stone Road Tallahassee, Florida 32399-2400
For assistance, call Small Business Assistance Program (800) 722-7457
you must re-sign the form
on page 1607 16 and date
It the day consitions
were made. It you
have any question contact:



**Environmental Protection Commission** of Hillsborough County

Bruce M. King, QEP
Engineer

Air Management Division

1410 N. 21st Street Tampa, Florida 33605

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

•	•		DESTAVAILABLE C
	·. # 05	571089	
	P. 14	·	
	device	date control installed	,
1.	. Facility Owner	•	Γ
2.	Rainboll (c) Should	d not be marked	1
	3. new smal	l area source	<u>-</u>
3.	Hazardous Was Should be	mar Ked	
	FLD		
4.	C+		
	City: 450 4. New 5m	all v. c.	33624
	Tam Shalld	be marked	
.5.	Facility Ident	a contract free d	
	(f) Shoul	d be marked	37
6.	Name and T		
	RAYMO		
7.	Responsible Official Mailing Address:	Clarace	
	Street Address: 4500 /254 /// A	ge Xc.	
	Organization/Firm: RAIN DOW Dry Street Address: 4502 West Villa City: TAMPA, Fl. 33624 Cour	ity: Hellstorough Zip (	Code: 33624
8.	Responsible Official Telephone Number:		
	Telephone: $(813)963 - 3119$	Fax: ( ) -	
	Facility Contact (If differ	cant from Responsible Official)	

#### Facility Contact (If different from Responsible Official)

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

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Rain bow Dry Cleaners Inc. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 9810 26172.  Facility Location:
4.	Facility Location:
	Street Address:
	Street Address:  City: 4502 West Village County: Hillsborough Zip Code: 33624  Tampa, Fl. Dr.  Facility Identification Number (DEP Use):
·5.	Facility Identification Number (DEP Use):
	0571089
naistein.	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: RAIN DOW Dry Cleaners, Inc. Street Address: 4502 West Village Dr. City: TAMPA, Fl. 33624 County: Hellstangunga Zip Code: 33624
7.	Responsible Official Mailing Address:
	Street Address: 4500 1824 Village Dr.
	City: TAMPA, F/ 33624 County: Hellochander Zip Code: 32/24
8.	Responsible Official Telephone Number:
	Telephone: $(8/3)963 - 3119$ Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date July	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	a	4-June-	94 .			γ.			
(1) w/ ref. condenser		ĺ							
- (2) w/ carbon adsorber	_/		,						
(3) w/ no controls									
Washer Unit					•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				٠.		1		1	<del>-</del>
(7) w/ ref. condenser	_								
(8) w/ carbon adsorber									†
(9) w/ no controls							-		
Reclaimer Unit							I .	4. *	• .
(10) w/ ref. condenser			1		Ī				1
(11) w/carbon adsorber				ļ				1	
(12) w/ no controls			_					1	1
<ul> <li>(b) Control devices are</li> <li>(c) No control devices at</li> <li>2.(a) What was the total q</li> <li>(b) If less than 12 month Check why it is less</li> </ul>	uanti gallo	equired to be ity of perchloring / ow many? [_	installed [2] proethylene (	perc)		-			( <u>X</u> )
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi urce	cation only.)	ew sn	initions found nall area sour	rce [X	3) of ]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	) of Part II of this notification form?
Existing large area source Carbon adsorber  New small area source  Positive large area source	ser [大]
Refrigerated condenser  New large area source Refrigerated condenser  []	
5. A facility which contains non-exempt emissions units shall not be eligit to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpuboiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent sul	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping I	niormation
Check all logs which are required to be kept on-site in accordance with the	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	لك
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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	•
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	· · · · · · · · · · · · · · · · · · ·
this notifi statemeni 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 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	emptly notify the Department of any changes to the information contained in this notification.
Ray	Bate 1 7 5 2
Ray	I alma

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

AIRS ID#: <u>0571089</u>

# PCCE RVI D'INDO

# DRY CLEANER AIR QUALITY GENERAL BERMIT ANNUAL COMPLIANCE CERTIFICATION FORM JUN 0 9 1997

FACILITY NAME: RAINHOW Dry FACILITY LOCATION: 4502 West	Cleaners	, Inc.	DXT	Eof 1993/97
FACILITY LOCATION: 4502 West	L Village	Drive	AJR MAN	IAGEMENT
TAMPA, F				
Annual Reporting Period:	19 <i>_96</i>	то	6/2	19 <u><i>P7</i></u>
Based on each term or condition of the Title V general a	air permit, my facility h	nas remained in co	mpliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), duri	ing the period covered b	by this statement.	YES	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has no	ot been in continuous co	ompliance during t	he reporting p	eriod stated above:
Exact period of non-compliance: from		to	REC	EIVED
Action(s) taken to achieve compliance:			1,113	1 1 A 1997
Method used to demonstrate compliance:				of Air Monitoring obile Sources
#2. Term or condition of the general permit that has no	ot been in continuous co	ompliance during	the reporting p	eriod 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 in made in this notification are true, accurate and comple upon rolling averages of purchase receipts, does not exyear for transfer or combination facilities.  RESPONSIBLE OFFICIAL: RAMOND Name (Please)	te. Further, my annual sceed 2,100 gallons per	l consumption of p year for dry-to di	perchloroethyle ry facilities or	ene solvent, based

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

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ø COMPLAINT/DISCO	OVERY []
AIRS ID#: <u>057 /029</u>	DATE: 6/3/97	TIME IN: _ <i>[515</i> TIM	E OUT: <u>1640</u>
FACILITY NAME:	bow Dry Clean	ers, Inc.	
FACILITY LOCATION:	4502 W Villey	e Driva	
		37624	
DADTI. NOTHICATION			
PART I: NOTIFICATION			
(check appropriate box)	D) (1 0/1/06		
Existing facility notified DA	·		
2. New facility notified DARM	•		<b></b>
3. Facility failed to notify DAR	M to use general permit		
PART II: CLASSIFICATION	<b>1</b>		
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 dry tra bot	New small area source y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr onstructed 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="" both="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr dry gal/yr tra l/yr bot</td><td>New large area source y-to-dry only, 140<x<2, 100="" gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	00 gal/yr dry gal/yr tra l/yr bot	New large area source y-to-dry only, 140 <x<2, 100="" gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
dry-to-dry only, 140 <x<2, 10<br="">transfer only, 200<x<1,800 both types, 140<x<1,800 gal<="" td=""><td>00 gal/yr dry gal/yr tra l/yr bot</td><td>/-to-dry only, 140<x<2, 100="" gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<1,800></x<2,></td></x<1,800></x<1,800 </x<2,>	00 gal/yr dry gal/yr tra l/yr bot	/-to-dry only, 140 <x<2, 100="" gal="" yr<br="">nsfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" td="" yr<=""><td></td></x<1,800></x<1,800></x<2,>	
dry-to-dry only, 140 <x<2, 10<br="">transfer only, 200<x<1,800 both types, 140<x<1,800 gal<br="">(constructed before 12/9/91)</x<1,800></x<1,800 </x<2,>	00 gal/yr dry gal/yr tra l/yr bot (co	y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" nsfer="" on="" only,="" onstructed="" or="" td="" th="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropr<="" before="" both="" check="" classiff="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,=""><td>oo gal/yr dry gal/yr tra l/yr bot (co- ication  iate classification:</td><td>y-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" nsfer="" on="" only,="" onstructed="" or="" td="" th="" types,="" yr=""><td></td></x<2,></td></x<2,>	oo gal/yr dry gal/yr tra l/yr bot (co- ication  iate classification:	y-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" nsfer="" on="" only,="" onstructed="" or="" td="" th="" types,="" yr=""><td></td></x<2,>	

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 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 BY DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON DINA 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) DA LIN 1. Equipped all machines with the appropriate vent controls? 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 OY 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	אם אם
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?	ОУ ОИ
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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	GA ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON (MA)
4. Maintained calibration data? (for direct reading instruments only)	OY ON CONTA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN (MA)
6. Maintained startup/shutdown/malfunction plan?	on or
7. Maintained deviation reports?	DY ON (MIA)
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	DY DN EMNIA
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY ON

2.	2. Which method of detection is used by the responsible official?								
	Visual examination (condensed								
	Physical detection (airflow felt the	•							
	Odor (noticeable perc odor)	<b>a</b>							
	Use of direct-reading instrument	ation (FII	D/PID/cal	orimetric tubes)					
	If using direct-reading instrum	entation,	is the eq	uipment:					
	a. Capable of detecting	perc vapo	or concen	trations in a range of 0-500 ppm?	$\square Y$	□и			
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΠY	□N			
	c. Inspected for leaks a	nd obviou	s signs of	f wear on a weekly basis?	ΠY	□N			
	d. Kept in a clean and	secure are	a when n	ot in use?	ПY	□и			
	e. Verified for accuracy	by use of	f duplicat	e samples (calorimetric only)?	ΠY	□и			
3.	Has the facility maintained a leak log?	•			ПΥ	_N			
4.	Does the responsible official check the	following	g areas fo	r leaks?					
	Hose connections, fittings,	/							
	couplings, and valves	ŒÝ	ПN	Muck cookers (21A)	ΠY	ПN			
	Door gaskets and seating	ŒÝ	□N	Stills	₽¥	ПN			
	Filter gaskets and seating	<b>T</b> Y	□N	Exhaust dampers (4.3)	ΠY	□и			
	Pumps	⊡Ý	□N	Diverter valves		□N			
	Solvent tanks and containers	ŒÝ	ΠN	Cartridge filter housings	œÝ	□N			
	Water separators	Q Y	ПN						
	Raymond T. Alverez								
	Name of Responsible Offic	ial	_						
	James O Holton			6/3/87					
	Inspector's Name (Please Pr	int)		Date of Inspe	ection				
	Qa still			~ lyen					
_	Inspector's Signature			Approximate Date of	Next 1	Inspection			

#### ADDITIONAL SITE INFORMATION: Rainbow Dry Cleaners

- Spoke with store manager, Mr. Jim Nicholas
- This facility has a perc dry-to-dry machine, model Renzacci Serena Sun 530, S/N 10295. Capacity is 55#, and unit construction date was 1989. Machine was upgraded for emissions controls in 1994.
- Facility's application indicated, on page 14 of 16, that a carbon adsorber was installed on June 24, 1994. The adsorber installed on this machine is of the design to remove trace amounts of perc that exist in the air drawn to this filter only when the door is open. The refrigerated condenser is the primary emissions vent control.
- Facility keeps good records. Leak checks are required bi-weekly at this facility, but are performed weekly.
- Perc supply is switched between Tampa Bay Cleaning Supply and Phenix, and Waste pick-up is by Safety Kleen.

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

RAINBOW DRY CLEANERS INC

AIRS ID#0571089

RECEIVED RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624 Do NOT Remove Label Annual Reporting Period: \_ 19 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **□**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.

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

8Eb - 4 1888

KECEINED

AIRS ID#0571089
RAINBOW DRY CLEANERS INC
RAYMOND J ALVAREZ
4502 WEST VILLAGE DRIVE
TAMPA FL 33624

RECEIVED

JAN 2 6 1998

Bureau of Air Monitoring
Mobile Sources

Do NOT Remove Label

Annual Reporting Period:	ne 3	19 <u>_</u> 97_TO	Muony	19 90
Based on each term or condition of the 3 62-213.300, Florida Administrative Cod	•	•		DEP Rule
If NO, complete the following:				
#1. Term or condition of the general pe	rmit that has not been in c	continuous compliance	during the reporting p	period stated above:
· · · · · · · · · · · · · · · · · · ·		<del></del>		•
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance	# <u></u> -	·		
#2. Term or condition of the general per	rmit that has not been in c	continuous compliance	during the reporting p	period stated above:
<u> </u>	<u> </u>			<u> </u>
Exact period of non-compliance: from Action(s) taken to achieve compliance:		to		·
Method used to demonstrate compliance	:			
As the responsible official, I hereby certify,	based on information and	belief formed after reaso	onable inquiry, that the :	statements made in this

\*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.

notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

Signature

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9 = 30	TIME OUT://		571089
TYPE OF FACILITY: PE	RC DRY CLEAN	ER	
FACILITY NAME: RA	IC DRY CLEAN IN BOW DRY C	LEANERS	DATE: 8/6/98
FACILITY LOCATION: 45	OZ W. VILLAGE	DR	
TA	MPA, FL 336:	24	
RESPONSIBLE OFFICIAL: PA	YMOND ALVARE.	PHONE NUMB	ER: (813) 963 - 3119
	the compliance requirements en aule 62-213.300, Florida Admi	valuated during this inspection, the nistrative Code (F.A.C.).	e facility is found to be in
Based on the results of t		valuated during this inspection, the	e following compliance
•	JIREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
		REC	EIVED
		SEF	1 7 1998
		Bureau o	of Air Monitoring
		& Mc	bile Sources
			<del></del>
		,	
COMMENTS:			•
	<u> </u>		
The Annual Compliance Certific	ation form has been properly o	ertified and submitted to the inspe	ector. YES NO NO
DATE OF NEXT INSPECTION	1	YEAR	
Dille of Heal HoleClio		(Approximate)	
INSPECTION CONDUCTED I	BY:	DGER ZHU	· 
	() 1 1 N	(Please Print)	[012] 277 (773 -
INSPECTOR'S SIGNATURE:	Ley B	PHONE NUMB	ER: (813) 272-5530
	Page_	<u></u>	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1	COMPLAINT/DISCOVER	Y 0
AIRS ID#: 571089				r: <u>1130</u>
FACILITY LOCATION: _				
	TAMPA, F	-L 3362	<u>2</u> 4	
RESPONSIBLE OFFICIA	L: KAYMOND	ALVARE Z	PHONE: (813) 96	3-3119
RESPONSIBLE OFFICIA	SAME		PHONE: SÂin	· E
PART I: NOTIFICATION	٧			
(check appropriate box)				
1. New facility notified DAI	RM 30 days prior to starti	up	N/A	۵
2. Facility failed to notify D	ARM to use general pern	nit		
DART II. CLASSIFICAT	ION			
PART II: CLASSIFICAT			No notification form	
Facility indicated on notific (check appropriate box)			☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notific	cation form that it is:  source  gal/yr l/yr r	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	☐ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y	cation form that it is:  source  gal/yr l/yr r (91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so 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 so dry-to-dry only, 140 ≤ xo transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	cation form that it is:  source	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out of busines  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area is 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 is 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/  5. This is a correct facilial of the factor of the second of the	cation form that it is:  source	dry-to-dry only, transfer only, x both types, x < 1 (constructed on  4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	☐ Drop store/out of busines  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  ☐ Can not determine  unber above	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS								
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly scaled and impervious containers?	ΩY	□и	ØN/A					
2. Examining the containers for leakage?	ΩY	□и	MN/A					
3. Closing and securing machine doors except during loading/unloading?	ØΥ	Ωи						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	άĮΥ	ПΝ	□N/A					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ПИ	ĎĺN/A					
PART IV: PROCESS VENT CONTROLS								
In Part II-A:			<del></del>					
If classification 1 has been checked, no controls are required. Proceed to Part	<b>v.</b>							
If classification 2 has been checked, the machine should be equipped with a re (complete A below).	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 muchine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993								
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerate	d con	denser					
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?	ΣÍΥ	ПИ						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY	ВΝ	□N/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	Ωи	ÁN/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>Д</b> У	מם						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	Ωи	ØN/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>A</b> Y	□и						

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d OV ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY 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?	
or expansion, and do astroam from no other mate.	GI GR GR
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser eoils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	baiy □n				
2. Maintained rolling monthly averages of perc consumption?	AN ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN PAN/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 MÓN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SÓN/A				
6. Maintained startup/shutdown/malfunction plan?	ØTY □N				
7. Maintained deviation reports?					
Problem corrected?	ANA NO YO				
8. Maintained compliance plan, if applicable?	OY ON SIN/A				

PART	PART VI: LEAK DETECTION AND REPAIRS								
1. Doe	s the responsible official conduct a	weekly	(ſor	small sources, b	i-weekly) leak detection at	id repa	air		
insp	pection?					ΣŒΥ	C	ИС	
2. Has	the facility maintained a leak log?					ØΙΥ		ИΓ	
3. Doe	s the responsible official check the	followi	ng ar	cas for leaks?					
	Hose connections, fittings, couplings, and valves	<b>Ø</b> Y	ПΝ	□N/A	Muck cookers	ΧΊY	ПN	□N/A	
	Door gaskets and seating	<b>M</b> Y	ΩИ	□N/A	Stills	МХ	ПΝ	□N/A	
	Filter gaskets and seating	XY	ПΝ	□N/A	Exhaust dampers	ŻΊΥ	ΠИ	□N/A	
	Pumps	βY	ПΝ	□N/A	Diverter valves	ΧĮΥ	ПИ	□N/A	
÷	Solvent tanks and containers	ØY	ΠИ	□N/A	Cartridge filter housings	ÞĹΥ	ΠИ	□N/A	
	Water separators	ØY	Πи	□N/A				•	
4. Whi	ich method of detection is used by t	he respo	onsib	ole official?					
	Visual examination (condensed solvent on exterior surfaces)								
Physical detection (airflow felt through gaskets)						àn,			
	Odor (noticeable perc odor)								
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)									
	Halogen leak detector								
	If using direct-reading instr	umenta	ation	, is the equipm	ent:	<b>⊠</b> N/.	A		
	a. Capable of detecting	perc va	por c	oncentrations ir	a range of 0-500 ppm?	ΠY	ПИ		
	b. Calibrated against a s (PID/FID only)?	standaro	d gas	prior to and aft	er each use	ΠY	ΠИ		
	c. Inspected for leaks ar	nd obvic	ous si	gns of wear on	a weekly basis?	ΠY	ПИ		
	d. Kept in a clean and s	ecure a	rea w	hen not in use?		ΩY	Ωи		
	e. Verisied for accuracy	by use	of du	plicate samples	(calorimetric only)?	ΠY	ΩΝ		
					,				
	ROGER ZHO	J			8/6/	98			
	Inspector's Name (Please Pri	nt)		<del></del>	Date of Inspe	ection			
	Ruits	hu	_		1 Ye	AR	2		
Inspector's Signature Approximate Date of h							nspe	ction	

FNVIRO	NMENTAL PROT	INSPECTION RE		SBOROLIGH C	COLINTY			
FACILITY: Raymond		Le Horr Colvilla		PAGE	1 OF 1			
FACILITY ADDRESS:		nge Drive		CITY: Tan				
		813) 963-3119						
MAILING ADDRESS:	MAILING ADDRESS: Same CITY: Tampa							
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATUS:			
Aug 6, 1998	9:30	11:30	non-C	DS _	In Compliance			
NEDS NUMBER: 571089								
SOURCE DESCRIPTIO		Cleaner ————————————————————————————————————						
•	mond Alvarez	_						
					ery clean and I didn't			
notice any leak or odor								
-	ichine is the s	same one note	ed in the last	inspection	and well maintained			
apparently.	kaaning is in	a good shape	The tempe	rature meas	surement and the leak			
inspection were logged								
months was 140 gallon				• • • • • • • • • • • • • • • • • • •				
Ms. Alvarez keeps the	-	_	_	artup, shuto	down and malfunction			
plan.								
		•						
	•							
			•					
					·			
INSPECTED BY:	Roger Zhu			DAT	E: Aug 6, 1998			

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

TYPE OF INSPECTION:	annual 🛚	COMPLAINT/DIS	COVERY	RE-INSPECTIO	и 🔲
TIME IN: \O'. AM	TIME OUT: \\	, Am	AIRS ID#:	571089	
TYPE OF FACILITY: PER		NER		· · ·	
FACILITY NAME: RA	INBOW DRY	CLEANE	<u>es</u>	DATE: 7,27	7.55
FACILITY LOCATION: 45	<del></del>				
		33624		<u> </u>	
RESPONSIBLE OFFICIAL: PA	<del></del>		PHONE NUMBER	(813) 963 -	3119
	he compliance requirements ule 62-213.300, Florida Adn			acility is found to be in	
Based on the results of t discrepancies were noted	he compliance requirements d:	evaluated during th	nis inspection, the fo	ollowing compliance	
COMPLIANCE REQU	JIREMENT/PROBLE	M FOL	LOW-UP ACT	ION REQUIRED	
			P		
		ç	Pure Cr.		
			O to go	The contract of the contract o	
			es oring		
			,		
· .	·				
COMMENTS:		Ļ	•		•
· .					
The Annual Compliance Certific	cation form has been properly	y certified and subn	nitted to the inspect	or. YES N	10
DATE OF NEXT INSPECTIO	N:	yeurs	·	·	
		(Approximate)			-
INSPECTION CONDUCTED	BY: Mohamma	(Please Print)	<u>- 1</u>	-	
INSPECTOR'S SIGNATURE:	M. Nozori		PHONE NUMBE	r: ((13) 272-5	530
	∵ Pag	ge_lof		Re	vised 10/96

Revised 10/10/96

ACC

AIRS ID#: 57/089

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>				-			
FACILITY NAME:	NBOW	DRY	CLEA	NERS		_DATE:	7-27.99
FACILITY LOCATION: 45	02 W.	VILLA	46E	DR.	·		
TA	MPA,	FL	3362	4		_	
				<u> </u>			
Annual Reporting Period:	Jan 19		19	98 to _	July 27	7,	19 <u>55</u>
Based on each term or condition of 62-213.300, Florida Administrativ	_	_	_	*		_	Rule INO
If NO, complete the following:							
#1. Term or condition of the gene	ral permit tha	t has not be	en in conti	nuous compliar	ace during the repo	orting period	stated above:
Exact period of non-compliance: 1	from	_			to		
Action(s) taken to achieve complia	ance:			•			
.  Method used to demonstrate comp	liance:						,
	<u> </u>	-					
#2. Term or condition of the gene	ral permit tha	t has not be	æn in conti	nuous compliar	nce during the repo	orting period	stated above:
Exact period of non-compliance:	from			1	o		
Action(s) taken to achieve complia	ance:						
Method used to demonstrate comp	liance:		<del></del>	· · · · · · · · · · · · · · · · · · ·			
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination fo	accurate and receipts, doe	complete.	Further, m	y annual consu	mption of perchlor	roethylene so	lvent, based
RESPONSIBLE OFFICIAL:	RAY.	M 1 1 () Please Prin	1) A/V	1122	Signature	Hay_	7-27-55 Date
	TACOTTO !		,			( )	

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

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	4 🗅 🔀	COMPLAINT/DISCOVER	Y 🗆
AIRS 1D#: 571089	DATE: July 27	7,1499 TIME I	N: 10: Am TIME OU	T: <u>U: Am</u>
FACILITY NAME:	KAIN 130W	DRY CC	EANLES	
FACILITY LOCATION: _	4502 W. 1	VILLAGE	DL.	·
_	TAMPA, F	EL 336	324	
RESPONSIBLE OFFICIA	L: RAYMOND	ALVARE?	PHONE: (813) 963	-3119
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME		PHONE: SAME	<del>,</del>
				•
PART I: NOTIFICATION				1
(check appropriate box)	DM 20 Januari - 4 4 4 4			
<ol> <li>New facility notified DAI</li> <li>Facility failed to notify D</li> </ol>		-	NA	
2. Pacifity failed to flothy D	ARRIVI to use general peri	<u> </u>	· 	
PART II: CLASSIFICATI	ON	<u> </u>		,
Facility indicated on notific (check appropriate box)		<u> </u>	☐ No notification form ☐ Drop store/out of busine	ss/petroleum
Facility indicated on notific	ource     gal/yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	□ Drop store/out of busines  area source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	ource   gal/yr   yr   yr   yr   yr   yr   yr   yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	□ Drop store/out of business  area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area s dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	ource   gal/yr   yyr   c   gal/yr   yyr   c   gal/yr   ga	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	□ Drop store/out of business  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area s dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/9)  5. This is a correct facility of the second of the s	ource   gal/yr   /yr   r   91)  ource	dry-to-dry only, transfer only, x both types, x < (constructed on d. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on DN) ation:	□ Drop store/out of business  Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	ss/petroleum

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN EN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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? DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □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 DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	<b>Z</b> Y	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	WN/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	<b>M</b> 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,		1	•
	if machines are equipped with a carbon adsorber?	ПY	ПN	<b>D</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	$\square N$	⊠N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	п'n	ZN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ОY	ПN	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	₽N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	. / .
1. Maintained receipts for perc purchased?	MO AM
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	DY DN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAN/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	DY DN PM/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					
inspection?				MA ON	
2. Has the facility maintained a le	ak log?			DY DN	
3. Does the responsible official ch	neck the following areas	s for leaks?			
Hose connections, fitting couplings, and valves	s, מע עמי	N/A Muck	cookers	DY: ON ON/A	
Door gaskets and seating	ם אם עש	N/A Stills		MY ON ON/A	
Filter gaskets and seating	ם אם עום	N/A Exhaus	st dampers	DY ON ON/A	
Pumps	ם אם על	N/A Diverte	er valves	MY ON ON/A	
Solvent tanks and contain	ners <b>2</b> Y ON O	N/A Cartrid	lge filter housings	MY ON ON/A	
Water separators	DY ON O	N/A			
4. Which method of detection is a	ised by the responsible	official?		/ •	
Visual examination (cond	densed solvent on exter	ior surfaces)		`শ্ৰ	
Physical detection (airflo	Ē				
Odor (noticeable perc odo	or)				
Use of direct-reading inst	trumentation (FID/PID/	calorimetric tubes)			
Halogen leak detector					
If using direct-readi	ng instrumentation, is	the equipment:		ØN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for	leaks and obvious sign	s of wear on a weekly	y basis?	DRY ON	
<del>-</del>	an and secure area whe	·		DY ON	
•	accuracy by use of dupli	1	netric only)?	DY EN	
		• ,		_	
1					
Mohammad Noz			Date of Inspe	599	
Inspector's Name (Pl	ease Print)		Date of Inspe	ction	
M.NO.ZCM.  Thispector's Signa	hiro		proximate Date of 1	Next Inspection	
Anspector's Signa	шс	Aþj	Proximate Date Of I	ACVE THIS DOCTION	

•	•					
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Rainbow Dr	FACILITY: Rainbow Dry Cleaners PAGE 1 OF 1					
				TY: Tampa IONE: (813)963-3119		
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP:33624	
INSPECTION DATE: July 27, 1999	TIME IN: 10:00 AM	TIME OUT: 11:00 AM	INSPECTIO Annu		STATUS: In Compliance	
NEDS NUMBER: 5710						
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner						
CONTACT(S): Raymond Alvared						
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.						
<ol> <li>The gauge temperature reading was recorded weekly.</li> <li>The vicinity around the dry cleaning machine was very clean and well maintained.</li> </ol>						
<ol> <li>The Perc was loaded directly with a hookup connection. No container of perc was at the site.</li> <li>The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 100 gallons and it was verified.</li> </ol>						
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

DATE:

July 27, 1999

disposed in accordance with regulations.

INSPECTED BY:

Mohammad Nozari

#### **BEST AVAILABLE COPY**

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION				
7					
TIME IN: 9:00 TIME OUT: 10:30 AIRS 10#: 57/10/89  TYPE OF FACILITY: PEAC DRY CLEANER					
TYPE OF FACILITY: FERCE DRY CLEANER CO.					
1002 11 1111 16					
TACELLI I BOCKHOU.	-0. 7/2				
RESPONSIBLE OFFICIAL: PHONE NUMBER: (8/3) 963-3119					
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).					
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
<u> </u>					
COMMENTS:					
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION:	YEAR				
n i	oproximate)  OGER ZHU				
MSFECTION CONDUCTED B1.	lease Print)				
INSPECTOR'S SIGNATURE: Roger 30	PHONE NUMBER: (813) 272-533 E				
Page _	of Revised 10/96				

AIRS ID#: 571089

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

PAINTMON					
FACILITY NAME:	J DRY CL	CANERS	· .	DATE:	1/1/00
FACILITY LOCATION: 4502	W. VILLAG	E DR.		<del>-7</del>	
TAMPA	, FL	33624			
Annual Reporting Period:	28	_19 <u>99</u> то	July	7	20 0
Based on each term or condition of the Title	_			/ .	_
52-213.300, Florida Administrative Code (F.	.A.C.), during the per	riod covered by this	statement.	YES	<b>∟</b> NO
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	continuous compli	ance during the re	morting period	ctated above:
FI. Term of continuou to the general permit	that has not occur in	Continuous Compile	mee during the re	formig ferron	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	t that has not been in	continuous compli	ance during the r	eporting period	i stated above:
#2. Term or condition of the general permit	t that has not been in	continuous compli	ance during the r	eporting period	d stated above:
· ·	t that has not been in	continuous compli	ance during the r	eporting period	i stated above:
· ·	t that has not been in	continuous compli	ance during the r	eporting period	i stated above:
Exact period of non-compliance: from	t that has not been in	continuous compli	· · ·	eporting period	d stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	t that has not been in	continuous compli	· · ·	eporting period	d stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	t that has not been in	continuous compli	· · ·	eporting period	i stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:	t that has not been in	continuous compli	· · ·	eporting period	d 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	based on informatio and complete. Furti does not exceed 2,1	n and belief forme her, my annual con	_ to d after reasonabl sumption of perc	e inquiry, that hloroethylene	the statements
	based on informatio and complete. Furti does not exceed 2,1	n and belief forme her, my annual con	_ to d after reasonabl sumption of perc	e inquiry, that hloroethylene	the statements

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

acofess

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	N COMPLAINT/DISCOVERY C
AIRS ID#: 57/089 DATE: 7/7/6	00 TIME IN: 9:00 TIME OUT: 10:30
FACILITY NAME: LAIN BOW	DRY CLEANERS
FACILITY NAME: 4502 W.	VILLAGE DR.
TAM PA,	FL 33624
RESPONSIBLE OFFICIAL: PAYMOND	ALVARE + PHONE: (813)963-3119  BHONE: SAME
CONTACT NAME: 5Am	E PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	urtup.
2. Facility failed to notify DARM to use general pe	* · · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 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
	ication: eneral permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc)	

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?	אוא לל אם צם
2. Examining the containers for leakage?	DY DN <b>X</b> N/A
3. Closing and securing machine doors except during loading/unloading?	AYY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AVA NO YO
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ONNA
The way the construction of the construction o	
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).	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 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?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	YY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AYY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AND ND YA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY 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?	MA ON
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	A/ND NO YO
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppper?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring	
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

#### PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly	) leak detection and	i repa	ir		
	inspection?		YΥ	ロと		
2.	2. Has the facility maintained a leak log?		XY	□N		
3.	3. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	cookers	<b>T</b> Y	□N □N/A		
	Door gaskets and seating YY ON ON/A Stills		ΚY	□N □N/A		
	Filter gaskets and seating YY ON ON/A Exhaus	st dampers	ŻΥ	ON ON/A		
	Pumps QY ON ON/A Diverte	er valves	<b>X</b> Υ	ON ON/A		
	Solvent tanks and containers MY ON ON/A Cartrid	lge filter housings	Y	ON ON/A		
	Water separators					
4.	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)		ø			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	,				
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:		D/N	/A .		
Ì	a. Capable of detecting perc vapor concentrations in a rang	ge of 0-500 ppm?	QY	ПN		
	<ul> <li>b. Calibrated against a standard gas prior to and after each (PID/FID only)?</li> </ul>	use	ΟY	□N		
	c. Inspected for leaks and obvious signs of wear on a week	ly basis?	·ΟΥ	□N		
	d. Kept in a clean and secure area when not in use?		ΩY	□N		
	e. Verified for accuracy by use of duplicate samples (calori	metric only)?	ΠY	□N		

H-U

Inspector's Name (Please Print)

7/7/00

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

YEAR

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Rainbow Dry Cleaners PAGE 1 OF 1				1		
FACILITY ADDRESS: 4502 W. Village Drive CITY: Tampa PHONE: (813) 963-3119						
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33624	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATU	JS:
July 7, 2000	9:00	10:30	non-C	DS	In Compl	iance
NEDS NUMBER: 57	71089					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Ray	mond Alvarez					
Today's visit was to on the recordkeeping is The facility is clean. The perc usage was 2	in a good shap The machine	e.		dors were 1	noticed.	
				•		
			•			
·						
	•					
					•	
						,
						·
					•	
INSPECTED BY:	Roger Zhu			D 4	TE: July 7,	2000
INGLECTED BI.	Roger Zilu				TIL. July /,	2000



300646

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

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

#### Do NOT Remove Label

AIRS ID#0571089

RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624

FOR GOVERNMENT USE ONLY

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

Оыј.: 002273

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Receipt for Cer		\
No Insurance Coverage I Do not use for Internation	Provided. nal Mail <i>(See re</i> v	rerse)
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RAYMOND J ALVA		
4502 WEST VILLAG	E DRIVE	
TAMPA FL 33624		
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		,
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	
Postmark or Date		

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to red following service extra fee):  1.	ee's Address and Delivery	
IN ADDRESS completed	AIRS ID # 0571089 RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624	4a. Article No. 2 4b. Service 1 Registers   Express   Return Reg	Type  ad  Mail  ceipt for, Merchandise	Continued in contract in contr
Is your RETUR	5. Received By: (Print Name)  6. Signature (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee and fee is	a's Address (Only palid)  Domestic Ref	The state of the s

Rambow D.C. Dre. 4502 W. Villoge Dr. Tampa, Fla. 33624





att: Rich Butler 5510

Title V air General Permits
Bureau of air monoloning and mo.
Dept of Envi. Pro2600 Blair Stone Rd.
Tallahassee, Fla. 32399-2400

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	US Postal Service  Receipt for Cert No Insurance Coverage to	Provided
R.A 45	AINBOW DRY CLEAD AYMOND J ALVARE 02 WEST VILLAGE I AMPA FL 33624	Z :
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
,,	Restricted Delivery Fee	
1998	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

on the reverse side?	SENDER:  Of adolanua to dot Jano at SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eipt Service.
ADDRESS completed	AIRS ID # 0571089 RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624	4a. Article N  4b. Service  Registere  Express  Return Rec  7. Date of Do	Type ed   Mail   Certified  Ceipt for Merchandise   COD	you for using Return Rec
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is		Thank
1	PS Form 3811, December 1994		Domestic Return Receip	t



0364369

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

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AIRS ID # 0571089 RAINBOW DRY CLEANERS INC

RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE

TAMPA FL 33624

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

# This portion must be attached to remittance for proper handling 258228

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0571089 RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE **TAMPA FL 33624** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	é Coverage Provided)
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n L	Postage	\$	$\mathcal{Z}$
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	RAINBOW D	RY CLEANERS IN	1C7
7000	City, TAMPA FL 3	/ILLAGE DRIVE 3624	-2
	PS Formenus renne	10/73000	astructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 0571089001AG RAYMOND J ALVAREZ RAINBOW DRY CLEANERS INC 4502 WEST VILLAGE DRIVE TAMPA FL 33624	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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

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AIRS ID # 0571089

RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624

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

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AIRS ID # 0571089

RAINBOW DRY CLEANERS INC RAYMOND J ALVAREZ 4502 WEST VILLAGE DRIVE TAMPA FL 33624

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Mr. Raymond J. Alvarez 19617 Michigan Ave. Odessa, FL 33556



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