



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 30, 1996

Mr. Hanif Kurji  
President  
Terrace Cleaners  
8866 56th Street North  
Temple Terrace, Florida 33617

Re: Facility I.D. No. 0571090

Dear Mr. Kurji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 1996.

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

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

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

*sd* 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"*

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>0845</u>	TIME OUT: <u>0845</u>	AIRS ID#: <u>0571080</u>
TYPE OF FACILITY: <u>PERC Dry Cleaners</u>		
FACILITY NAME: <u>Terrace Cleaners</u>		DATE: <u>5/22/87</u>
FACILITY LOCATION: <u>8866 56th St N</u>		
<u>Temple Terrace, FL 33617</u>		
RESPONSIBLE OFFICIAL: <u>Harif Kurji</u>		PHONE NUMBER: <u>(813) 988-7520</u>

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p><i>Hasn't kept records of leak inspections and R.C. discharge temperature for ~ 1 1/2 months April to present</i></p>	<p><i>Re-start keeping records from this point on.</i></p>

COMMENTS:

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

DATE OF NEXT INSPECTION: ~ 1 year  
(Approximate)

INSPECTION CONDUCTED BY: James O Holton  
(Please Print)

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

AIRS ID#: 0571090

ACC

Revised 10/10/96

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

FACILITY NAME: TERRACE CLEANERS DATE: 05/22/97  
 FACILITY LOCATION: 8866 56<sup>TH</sup> STREET N.  
TEMPLE TERRACE FL 33617

Annual Reporting Period: 10/01/1996 TO 05/22/1997

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

If NO, complete the following:

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

RECORD-KEEPING

Exact period of non-compliance: from 04/97 to PRESENT. (05/22/97)

Action(s) taken to achieve compliance: START KEEPING RECORDS AGAIN

Method used to demonstrate compliance: RECORDS

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: HANIF KURSI - President [Signature] 05/22/97  
 Name (Please Print) Signature Date

**RECEIVED**

**JUN 19 1997**

\*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.

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:30 PM TIME OUT: 2:30 PM AIRS ID#: 0571090

TYPE OF FACILITY: Perc Dry Cleaners

FACILITY NAME: Terrace Cleaners DATE: 2-2-00

FACILITY LOCATION: 8866 North 56th

RESPONSIBLE OFFICIAL: Hanif Kurji PHONE NUMBER: (813) 988-7520

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

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MACHINE LEAKING	2/8 - SYSTEM FIXED

RECEIVED  
M/R 1 5 2000  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 2-8-00 (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari (Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: <u>0571090</u> DATE: <u>2-2-00</u> TIME IN: <u>1:30pm</u> TIME OUT: <u>2:30pm</u>	
FACILITY NAME: <u>Terrace Cleaners</u>	
FACILITY LOCATION: <u>8866 North 56<sup>th</sup> Street</u> <u>Temple Terrace, Florida 33617</u>	
RESPONSIBLE OFFICIAL: <u>HANIF KURJI</u>	PHONE: <u>(813) 988-7520</u>
CONTACT NAME: _____	PHONE: _____

<b>PART I: NOTIFICATION</b>	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

*N/A*

<b>PART II: CLASSIFICATION</b>	
Facility indicated on notification form that it is:	
(check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
<b>A.</b>	
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr. transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
5. This is a correct facility classification	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
<b>B.</b> The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.	

**PART III: GENERAL CONTROL REQUIREMENTS**

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

1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/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 refrigerated condenser (complete A below).

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

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

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

1. Equipped all machines with the appropriate vent controls?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/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:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Mohammad Nozari  
Inspector's Name (Please Print)

2-2-00  
Date of Inspection

M. Nozari  
Inspector's Signature

2/8/00  
Approximate Date of Next Inspection



INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Terrace Cleaners			PAGE 1		OF 1	
FACILITY ADDRESS: 8866 North 56 <sup>th</sup> Street				CITY: Tampa		
				PHONE: (813)988-7520		
MAILING ADDRESS: same			CITY: Tampa		FLA	ZIP: 33617
INSPECTION DATE: Feb. 8, 2000	TIME IN: 1:30PM	TIME OUT: 2:30PM	INSPECTION TYPE: Annual		STATUS: In Compliance	
NEDS NUMBER: 0571090						
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner						
CONTACT(S): Hanif Kurji						

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 and the average was 40°F
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc was 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 135 gallons and it was verified.
6. The machine was in operation today. Leak (s) and odor were noticed. R.O. contact a professional vendor to repair the leak (s). R.O. and I scheduled another inspection for Feb 8, 2000.
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

On Feb. 8, 2000 I made another visit to the Plant City dry cleaner to verify that the Perc leaks has been repaired. The R.O. said the lid that covers water separator has found to be the cause of the leak, a new lid has been installed.

INSPECTED BY: Mohammad Nozari	DATE: Feb. 8, 2000
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7/10/83

Please corrected  
the items identified  
and mail to:

Return completed form to:

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

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

You must re-sign the form  
on page 16 of 16 and date  
it the day corrections  
were made. If 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

4/11/96

Terrace Cleaners

1. Facility Name CL	P.14 ✓(a) add date control device installed	
2. Site Name TE	✓(c) mark out "X" and initial B. should be new small area source	
3. Hazardous Waste	P.15 ✓. should be new small area source w/ refrig. con.	
4. Facility Street and City	✓(f) required	3617
5. Facility		90

Hulls

6. Name HA		
7. Receptor Organization Street and City		33617
8. Receptor Telephone		

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

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

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

RECEIVED

SEP 12 1996

Bureau of Air Monitoring & Mobile Sources

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# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CLEAN & SAVE INC
2. Site Name (For example, plant name or number):	TERRACE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981029341
4. Facility Location: Street Address: City: TEMPLE TERRACE County: HILLSBOROUGH Zip Code: 33617	8866 56 <sup>TH</sup> STREET N.
5. Facility Identification Number (DEP Use):	0571090

## Responsible Official

6. Name and Title of Responsible Official:	HANIF KURSI - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: TEMPLE TERRACE County: HILLSBOROUGH Zip Code: 33617	8866 56 <sup>TH</sup> STREET N.
8. Responsible Official Telephone Number: Telephone: (813) 958-7520 Fax: (813) 991-7394	

## Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 12 1996



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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

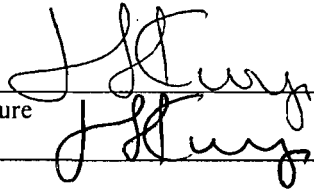
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Signature



Date

09/09/96  
01/23/97

#0571090

## Terrace Cleaners

P.14 1.(a) add date control device installed

1.(c) mark out "X" and initial

3. should be new small area source

P.15 4. should be new small area source w/ refrig. con.

5.(f) required



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CLEAN & SAVE INC
2. Site Name (For example, plant name or number):	TERRACE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981029341
4. Facility Location: Street Address: City: TEMPLE TERRACE County: HILLSBOROUGH Zip Code: 33617	8866 56 <sup>TH</sup> STREET N.
5. Facility Identification Number (DEP Use):	05M1090

## Responsible Official

6. Name and Title of Responsible Official:	HANIF KURSI - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: TEMPLE TERRACE County: HILLSBOROUGH Zip Code: 33617	8866 56 <sup>TH</sup> STREET N.
8. Responsible Official Telephone Number: Telephone: (813) 988-7520 Fax: (813) 991-7394	

## Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 12 1996

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**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		07-SEP-92							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

N/A

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

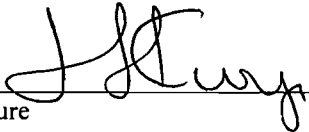
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Signature



Date

09/09/96

✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0571090 DATE: 5/22/97 TIME IN: 0845 TIME OUT: 0945  
 FACILITY NAME: Terrace Cleaners  
 FACILITY LOCATION: 8866 56th St N  
Temple Terrace, FL 33617

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

A.

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

*see comments*

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

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

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

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

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

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

*Henri Kuyi*  
Name of Responsible Official

*James O Holton*  
Inspector's Name (Please Print)

*James O Holton*  
Inspector's Signature

*5/20/97*  
Date of Inspection

*~1 year*  
Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION: Terrace Cleaners**

- The information on the machine is as follows: Perk-matic P45-11-91, S/N 1347 or 1367 (the serial number was etched onto the spec plate, and the number could not be accurately determined). Capacity is 45#, and unit purchase date was 9/7/92.
- Perc supplier is varies between Phenix and Boggs Supply; Waste company used for waste pick-ups is Safty-Kleen.
- The refrigerated condenser temperature logs had an approximate average value of 23°C-25°C. R. O. indicated he had a conversation with a member of EPC Air Division regarding proper time to take this measurement, and thought he was told the time to take the measurement could be first thing Monday morning (store is presently closed on Sunday). R. O. misunderstood this to mean prior to first run on machine, on Monday. The temperature measured represents approximate room temperature, which is what would happen if the machine sits idle over the weekend. The R. O. was instructed, during this inspection, on appropriate time to measure temperature (near the end of the cool down period), and the measurement must be less than 7.2°C (45°F). This insufficiency was not recorded as a program deficiency because of the misunderstanding as mentioned above. R. O. will now begin to measure temperature at proper time.
- Coupled with the explanation of proper time to measure the temperature was the explanation of the requirements if the temperature exceeded 45°F.
- R. O. has leak inspection and temperature records up to the beginning of April (through March, 1997), but no records from that point to the present. He had stated that he has been busy, and has not had the opportunity to perform this paper work. The importance of ensuring the completion of this documentation was discussed. The R. O. understood the necessity and requirements, and would start the record keeping again.

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1100</u>	TIME OUT: <u>1130</u>	AIRS ID#: <u>0571090</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>TERRACE CLEANERS</u>	DATE: <u>2/2/98</u>	
FACILITY LOCATION: <u>8866 N. 56<sup>TH</sup> ST</u> <u>TEMPLE TERRACE, FL 33617</u>		
RESPONSIBLE OFFICIAL: <u>HANIF KURJI</u>	PHONE NUMBER: <u>813-988-7520</u>	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR  
(Approximate)

INSPECTION CONDUCTED BY: LEROY SHELTON / ROGER ZHU  
(Please Print)

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

acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

**RECEIVED**  
FEB 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#0571090
CLEAN & SAVE INC HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617

Do NOT Remove Label

Annual Reporting Period: \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: HANIF KURJI H Kurji - President 01/14/97  
Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

*all*

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#:	0571090	DATE:	2/2/98	TIME IN:	1100	TIME OUT:	1130
FACILITY NAME:	TERRACE CLEANERS						
FACILITY LOCATION:	8866 N. 56 <sup>th</sup> ST TEMPLE TERRACE, FL 33617						
RESPONSIBLE OFFICIAL:	HANIF KURJI	PHONE:	813-988-7520				
CONTACT NAME:	SAME	PHONE:	SAME				

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

N/A

### PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
--	--

A.

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

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

If no, please check the appropriate classification:

<input type="checkbox"/>	facility qualified for a general permit as number _____ above
<input type="checkbox"/>	facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 97.4 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/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 refrigerated condenser (complete A below).

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/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:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

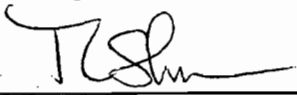
Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  N/A
- Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:**
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

LEROY SHULTON / ROGER ZHU  
 Inspector's Name (Please Print)

  
 Inspector's Signature

2/2/98  
 Date of Inspection

1 yr  
 Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Terrace Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 8866 N 56 th St			CITY: Temple Terrace PHONE: 813-988-7520	
MAILING ADDRESS: 8866 N 56 th St		CITY: Temple Terrace	FLA	ZIP: 33617
INSPECTION DATE: Feb 2, 1998	TIME IN: 1100	TIME OUT: 1130	INSPECTION TYPE: Non-CDS	STATUS: In Compliance
NEDS NUMBER: 571090				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Hanif Kurji				

Today's visit was to conduct the annual inspection.  
The dry cleaning machine is the same one noted in the last inspection.  
The machine was in operation today. No odors or leaks were noticed.  
Mr. Kurji's record keeping is in good shape. He has all of the required records in a single file. His perc purchase receipts indicated he had purchased 97.4 gallons over the last twelve months.  
His records also indicated that he had maintenance performed on the machine in a timely manner in June and October of 1997. They also showed that he had his refrigerated condensor recharged with freon in January 1998.  
Mr. Kurji does have the owners manual for the machine which includes a startup/shutdown/malfunction plan.

INSPECTED BY: Leroy Shelton/Roger Zhu 	DATE: 2/2/98
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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:30 AIRS ID#: 571090  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: TERRACE CLEANERS DATE: 2/16/99  
 FACILITY LOCATION: 8866 N. 56<sup>th</sup> ST.  
TEMPLE TERRACE, FL 33617  
 RESPONSIBLE OFFICIAL: HAMIF KURJI PHONE NUMBER: 813-988-7520

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	MAR 19 1999
	Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

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

ACE

AIRS ID#: 571090

Revised 10/10/96

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

FACILITY NAME: TERRACE CLEANERS DATE: 2/16/99  
 FACILITY LOCATION: 8866 N. 56th ST.  
TEMPLE TERRACE, FL 33617

Annual Reporting Period: Feb 2 19 98 TO Feb 16 19 99

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: HANIE KURJI - PRESIDENT [Signature] 02/16/99  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	571090	DATE:	2/16/99	TIME IN:	9:00	TIME OUT:	10:30
FACILITY NAME:	TERRACE CLEANERS						
FACILITY LOCATION:	8866 N. 56 <sup>th</sup> ST. TEMPLE TERRACE, FL 33617						
RESPONSIBLE OFFICIAL:	HANIF KURJI	PHONE:	813-988-7520				
CONTACT NAME:	SAME	PHONE:	SAME				

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

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

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 96.8 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/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 refrigerated condenser (complete A below).

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

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

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

2/16/99

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Terrace Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 8866 N. 56<sup>th</sup> Street CITY: Tampa  
PHONE: (813) 988-7520

MAILING ADDRESS: Same CITY: Tampa    FLA    ZIP: 33617

INSPECTION DATE: Feb 16, 1999	TIME IN: 9:00	TIME OUT: 10:30	INSPECTION TYPE: non-CDS	STATUS: In Compliance
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NEDS NUMBER: 571090

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Hanif Kurji

Today's visit was to conduct the annual inspection.

The machine was not in operation when I was there. I didn't notice any leak.

Ms. Kirji's record keeping in a good shape. The records showed that there was a total of 96.8 gallons of perc purchased during the past 12 months. Also, the repair log indicated several fixes as follows:

- Repaired the compressor on the chillier on 7/21/98.
- Changed a hose on back of the machine on 11/17/98.
- Changed a tighten hose clamp 9/10/98.

INSPECTED BY: Roger Zhu

DATE: Feb 16, 1999

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#:	571090	DATE:	2/12/99	TIME IN:	9:30	TIME OUT:	10:45
FACILITY NAME:	TERRACE CLEANERS						
FACILITY LOCATION:	8866 N. 56 <sup>th</sup> ST. TEMPLE TERRACE, FL 33617						
RESPONSIBLE OFFICIAL:	HANIF KURJI	PHONE:	813-988-7520				
CONTACT NAME:			PHONE:				

<b>PART I: NOTIFICATION</b>	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

<b>PART II: CLASSIFICATION</b>	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.	



**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/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 refrigerated condenser (complete A below).**

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/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:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

2/12/99

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 WEEK

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

THE RECORD KEEPING WAS NOT AVAILABLE DURING MY VISIT TODAY. THE R.O. SAID HE LEFT THE RECORDS HOME.

I RE-SCHEDULED THE INSPECTION ON NEXT WEEK.

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

**TYPE OF INSPECTION:** ANNUAL  <sup>15</sup> COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:30 PM TIME OUT: 2:30 PM AIRS ID#: 0571090  
 TYPE OF FACILITY: Perc Dry cleaner  
 FACILITY NAME: Terrace cleaners DATE: 2-08-00  
 FACILITY LOCATION: 8866 N. 56<sup>th</sup> street  
Temple Terrace, FL 33617  
 RESPONSIBLE OFFICIAL: Hanif Kurji PHONE NUMBER: (813) 988-7520

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

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 MAR 13 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 Year  
 (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari  
 (Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

ACC

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

FACILITY NAME: Terrace Cleaners DATE: 2/8/00  
 FACILITY LOCATION: 8866 North 56<sup>th</sup> Street  
Temple Terrace, FL 33617

Annual Reporting Period: Feb 16 1999 TO 02-8 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: HANIF KURSI [Signature] 02/08/00  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#:	<u>571090</u>	DATE:	<u>2-8-00</u>	TIME IN:	<u>1:30 Pm</u>	TIME OUT:	<u>2:30 Pm</u>
FACILITY NAME:	<u>Terrace Cleaners</u>						
FACILITY LOCATION:	<u>8866 N. 56<sup>th</sup> street</u> <u>Temple Terrace, FL 33617</u>						
RESPONSIBLE OFFICIAL:	<u>HANIF KURJI</u>			PHONE:	<u>(813) 988-7520</u>		
CONTACT NAME:	_____			PHONE:	_____		

<b>PART I: NOTIFICATION</b>	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	N/A <input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

<b>PART II: CLASSIFICATION</b>	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr... transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification: <input type="checkbox"/> facility qualified for a general permit as number <u>yes</u> above <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>135</u> gallons.	

**PART III: GENERAL CONTROL REQUIREMENTS**

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

1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/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 refrigerated condenser (complete A below).

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

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

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

1. Equipped all machines with the appropriate vent controls?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a ~~weekly~~ ~~bi-weekly~~ ~~basis~~?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/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:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
 (check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Mohammad Nozari

Inspector's Name (Please Print)

2-08-00

Date of Inspection

M. Nozari

Inspector's Signature

1 year

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Terrace Cleaners			PAGE 1		OF 1	
FACILITY ADDRESS: 8866 North 56 <sup>th</sup> Street			CITY: Tampa		PHONE: (813)988-7520	
MAILING ADDRESS: same			CITY: Tampa		FLA	ZIP: 33617
INSPECTION DATE: Feb. 8, 2000	TIME IN: 1:30PM	TIME OUT: 2:30PM	INSPECTION TYPE: Annual		STATUS: In Compliance	
NEDS NUMBER: 0571090						
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner						
CONTACT(S): Hanif Kurji						

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 and the average was 40°F
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc was 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 135 gallons and it was verified.
6. The machine was in operation today. Leak (s) and odor were noticed. R.O. contact a professional vendor to repair the leak (s). R.O. and I scheduled another inspection for Feb 8, 2000.
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

On Feb. 8, 2000 I made another visit to the Plant City dry cleaner to verify that the Perc leaks has been repaired. The R.O. said the lid that covers water separator has found to be the cause of the leak, a new lid has been installed.

INSPECTED BY: Mohammad Nozari	DATE: Feb. 8, 2000
----------------------------------	-----------------------

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 9927

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Postmark  
Here

**Rec.** 10 AIRS ID # 0571090001AG  
**Street** HANIE KURJI  
 TERRACE CLEANERS  
 8866 56TH STREET N  
**City** TEMPLE TERRACE FL 33617

No Postmark

**SENDER: COMPLETE THIS SECTION**

- 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 # 0571090001AG  
 HANIE KURJI  
 TERRACE CLEANERS  
 8866 56TH STREET N  
 TEMPLE TERRACE FL 33617

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
 X *Hanie Kurji*  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.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0520 0020 9372 9927



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

**402487**

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 # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

*01-11-01-20*

JAN 11

RECEIVED  
MAIL ROOM

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

7000 0600 0026 4128 6464

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>		
AIRS ID # 0571090		
Recipient's Name	TERRACE CLEANERS HANIE KURJI	
Street, Apt. No.	8866 56TH STREET N	
City, State, ZIP	TEMPLE TERRACE FL 33617	

PS Form 3800, February 2000

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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:

AIRS ID # 0571090

TERRACE CLEANERS  
 HANIE KURJI  
 8866 56TH STREET N  
 TEMPLE TERRACE FL  
 33617

2. Article Number (Copy from service label)

70000600002641286464

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

*H. Kurji*

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.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2002

RECEIVED



**SENDER: COMPLETE THIS SECTION**

- 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:

AIRS ID # 0310466

ONE HOUR MARTINIZING  
 MATTHEW SERAYDARIAN  
 11406-5 SAN JOSE BLVD  
 JACKSONVILLE FL  
 2223

7000060000264284754

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2-9-02

C. Signature



- Agent  
 Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

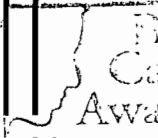
- Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes



UNITED STATES POSTAL SERVICE



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

Transmittals Save Lives

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

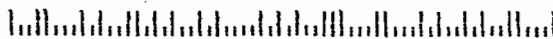
DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2002

RECEIVED

0002+662





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415831 APR 10 2002

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

**TOTAL AMOUNT DUE: \$75.00**

RECEIVED  
APR 12 2002  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0571090  
TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Printed on recycled paper.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0001 7975 8558

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

AIRES ID # 0571090

**Total Post:** TERRACE CLEANERS  
 Sent To: HANIE KURJI  
 8866 56TH STREET N  
 Street, Apt. or PO Box: TEMPLE TERRACE FL  
 33617  
 City, State:

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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:

AIRES ID # 0571090  
 TERRACE CLEANERS  
 HANIE KURJI  
 8866 56TH STREET N  
 TEMPLE TERRACE FL 33617

**COMPLETE THIS SECTION ON DELIVERY**

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.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7975 8558

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 302627

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

RECEIVED  
MAIL ROOM

FEB 13 99

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

AIRS ID#0571090

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

TERRACE CLEANERS

DEPT OF ENVIRONMENT  
PROTECTION

Check Number: 6411  
Check Date: Jan 14, 1998

6411

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken      Amount Paid

Permits and Licenses

50.00

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0001 7976 1459

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$

Postmark  
Here

AIRS ID # 0571090

Ser TERRACE CLEANERS  
 HANIE KURJI  
 Str or P 8866 56TH STREET N  
 City TEMPLE TERRACE FL  
 33617

PS

Instructions

**SENDER: COMPLETE THIS SECTION**

- 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:

AIRS ID # 0571090  
 TERRACE CLEANERS  
 HANIE KURJI  
 8866 56TH STREET N  
 TEMPLE TERRACE FL  
 33617

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature  
 X *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? *(Extra Fee)*  Yes

7001 0320 0001 7976 1459

Z 333 612 957

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID 0571090

CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

PS Form 3800 April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

AIRS ID 0571090

4a. Article Number

Z 333 612 957

4b. Service Type

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

7. Date of Delivery

2/14/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

Thank you for using Return Receipt Service.

P 174 052 003

US Postal Service  
**Receipt for Certified Mail**

AIRS ID#: 0571090

CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	2/14/97

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address.

**SENDER:** [Redacted]

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0571090

CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

4a. Article Number  
P 174 052 003

4b. Service Type

Registered  
 Express Mail  
 Return Receipt for Merchandise

Certified  
 Insured  
 COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X [Signature]

7. Date of Delivery

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?



←-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

**261252** ✓

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

RECEIVED  
MAIL ROOM

FEB 24 97

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID#: 0571090  
CLEAN & SAVE INC  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

TERRACE CLEANERS

DEPT OF ENVIRONMENT  
PROTECTION

Check Number: 5685

5685

Check Date: Feb 19, 1997

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken      Amount Paid

Permits and Licenses

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392400

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 # 0571090
TERRACE CLEANERS HANIE KURJI 8866 56TH STREET N TEMPLE TERRACE FL 33617

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

RECEIVED  
MAIL ROOM  
FEB 21 00

Z 333 660 374 1999

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

AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

4a. Article Number

2 333 660 374

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3800, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 749

1999

US Postal Service  
**Receipt for Certified Mail**

Coverage Provided AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

4a. Article Number  
2333 660 749

4b. Service Type

Registered  Certified

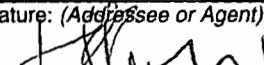
Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 667 440

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

**SENDER: COMPLETE THIS SECTION**

- 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:

AIRS ID # 0571090

TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

Z 333 667 440

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

2/12/00

C. Signature

X Afrin

- 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.

4. Restricted Delivery? (Extra Fee)  Yes

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361790

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

RECEIVED  
MAIL ROOM  
FEB 24 99

**TOTAL AMOUNT DUE: \$50.00** ✓

Do **NOT** Remove Label

AIRS ID # 0571090  
TERRACE CLEANERS  
HANIE KURJI  
8866 56TH STREET N  
TEMPLE TERRACE FL 33617

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
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