

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Nelson Fiqueroa President Nelson's Cleaners & Laundry, Inc. 109 Centrla Drive Brandon, Florida 33510

Facility I.D. No. 0571093

Dear Mr. Fiqueroa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 23, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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



### Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

September 14, 2001

Mr. Nelson Figueroa Nelson's Cleaners and Laundry 109 Central Drive Brandon, Florida 33510

Dear Mr. Figueroa:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 13.

In reviewing your submittal, it was noted that Nelson's Cleaners and Laundry elected to surrender its existing Title V air general permit (AIRS\_ID 0571093). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/iw Enclosure

cc: Mr. Thomas Shelton, Hillsborough County Protection, Less Process"

Printed on recycled paper.

#0571093 Nelson's Cleaners + Laundry datels) Control devicels) mark out "X" and initia d be existing large area source 5.(d) not required, mark out

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	·
4.	Street Address: 109 CENTER DV
	City: _ Zip Code:
Lini umm	City: BIANDON FL County: H, 1/36. Zip Code: 33510  Facility Identification Number (DEP Use): 057/1093  FLD 982079/69 (EPA) FLD 980847271
5.	Facility Identification Number (DEP Use): 057/1093
	ELD 987079169 (EPA) FLD 980847271
	Responsible Official
6	Name and Title of Responsible Official:
0.	
	Responsible Official Mailing Address:
7.	Responsible Official Maining Address.
	Organization/Firm: Street Address: 109 Contest DR.
	City: County: / / Zip Code:
	D1/#11 2011
8.	Responsible Official Telephone Number:
	Telephone: (8/3) 689 -7202 Fax: (8/3) 661 - 3918
	•••
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	ORLANDO Cruz GENERAL MANAGER.
10.	Facility Contact Address:
	Street Address: 109 CENTRAL DR.
	City: County: Hillsb. Zip Code: 33510
11	Brandon Hillsb. 33510
11.	Facility Contact Telephone Number:  Telephone: (Ala) (Ala - 2 4 1 0)  Fax: (Ala) (Ala - 2 4 1 0)
	* \$14'689 17DL \$15'661 31/8
	RECEIVE SEP 23 1996
	RECEIVE
	1996
	SP, 23

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

Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	L Nov-8	<u> </u>	#.	2 Sept	90			
(1) w/ ref. condenser	L	F		L					1
(2) w/ carbon adsorber	:	i ———							
(3) w/ no controls		_							
Washer Unit		1.60					٠.		
(4) w/ ref. condenser		[							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		Commence of the second	13-						ek a a y z
(7) w/ ref. condenser		_							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	. "		19 1			\$ 3.4 J.		Ngjari kalanga	in the Artist
(10) w/ ref. condenser		_							
(11) w/carbon adsorber					_				ı
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchloons ow many? [_	installed [_ proethylene (] months	<b>≯</b>	_] purchased in				[]
What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nall area soui	rce [	3) of	Part II?	
Existing large are	ea soi	irce []	N€	ew la	rge area sour	ce	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber  Refrigerated condenser  L
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
(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
(f) Start-up, shutdown, malfunction plan

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

### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
( <u>*</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
<u> </u>	Date 09/18/1996

### BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0915 1045 TIME OUT: 1040  TYPE OF FACILITY: PERC Dr. Cleaner	// 1145 AIRS ID#: 057/093
FACILITY NAME: Nelson 5 One How Clame  FACILITY LOCATION: 109 Central And Drive  Brandon F1 73510	DATE: 7/24/97 \$8/12/57
RESPONSIBLE OFFICIAL: Nelson Figueros	PHONE NUMBER: (8/3) 689-7202
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Record keeping is incomplete.	Provided sample forms for proper documentation to be utilized
No por on Machine #2.	Referred to Waste Dept
	RECEIVED
	SEP 1 5 1997
	Bureau of Air Monitoring & Mobile Sources
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
(Ap	pproximate)
INSPECTION CONDUCTED BY: Jones O. (P)	PHONE NUMBER: (7/3) 272-5530
INSPECTOR'S SIGNATURE: La O Holle	PHONE NUMBER: (7/3) 272-5570

Page\_/\_of\_/.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION   See additional into	
Con allibration to the	
\$ 62 400,710,121	
AIRS ID#: <u>057/093</u> DATE: 7/24/97   8/12/97 TIME IN: TIME OUT:	
FACILITY NAME: Nalson's One Hour Cleaner	·
FACILITY LOCATION: 109 Central Ave	
Brandon, F1 33510	<del></del>
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	9
2. New facility notified DARM 30 days prior to startup	<b>.</b>
3. Facility failed to notify DARM to use general permit	<u> </u>
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 dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/yr transfer only, x<200 gal/yr	
both types, x<140 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source 2 4. New large area source	
dry-to-dry only, 140 <x<2, 100="" 140<x<2,="" dry-to-dry="" gal="" only,="" td="" yr="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<1,800>	
both types, 140 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
This is a correct facility classification	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above	
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
,	eleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxcs) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON WIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at BY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BYN/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) PRY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY COM 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN(N) condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y ØŃ
2. Maintained rolling monthly averages of perc consumption?	ory □n
3. Maintained leak detection inspection and repair reports for the following:	NOTES
a. documentation of leaks repaired w/in 24 hrs? or;	NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם עם
4. Maintained calibration data? (for direct reading instruments only)	OY ON DAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN @19
6. Maintained startup/shutdown/malfunction plan?	er on
7. Maintained deviation reports?	OY ON MA
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS	
Does the responsible official conduct a weekly leak detection and repair inspection?	ØY □N ·
The records however	1

_						
2.	Which method of detection is used by	the respon	nsible offic	ial?		
	Visual examination (condensed	solvent on	exterior s	urfaces)	. 🖳	
	Physical detection (airflow felt t	hrough ga	skets)	•		
	Odor (noticeable perc odor)				9	
	Use of direct-reading instrument	tation (FII	D/PID/calo	rimetric tubes)		
	If using direct-reading instrum	entation,	is the equ	ipment:		
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	ΠY	□N.
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	o and after each use	ΠY	□N
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	ΠY	□N
	d. Kept in a clean and	secure are	a when no	t in use?	ПY	□N
	e. Verified for accuracy	y by use of	duplicate	samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log?	?			ΠY	<b>B</b> N
4.	Does the responsible official check the	following	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	<b>₫</b> Y	ΠN	Muck cookers NA	ΟY	□N
	Door gaskets and seating	<b>⊡</b> Y	ПN	Stills	œY	ПN
	Filter gaskets and seating	ŒYY	□N	Exhaust dampers w/A	ΟY	ΩN
	Pumps	₫¥	□N	Diverter valves	<b>er</b> Ý	□N
	Solvent tanks and containers	<b>G</b> Ý	□и	Cartridge filter housings	<u>o</u> r	ΠN
	- Water separators	⊒Ý	,□N			
	Nelson Figueras  Name of Responsible Offici	al	e je ka			19 - 19 19 19 19 19 19 19 19 19 19 19 19 19
	Va James O Holton			7/24/87 // 8/12	197	

Inspector's Name (Please Print) Date of Inspection Approximate Date of Next Inspection Inspector's Signature

#### ADDITIONAL SITE INFORMATION: Nelsons One Hour Cleaners

- This inspection was performed on two separate days. The first day was 7/24/97, and it began at 0915. The inspection was not completed on this day, as the RO did not have his records at the facility. He said they were at his house, and he would bring them in and call me to come look at them. The portion of the inspection on this day was completed at 1040.
- The information on the machine is as follows: Machine 1 Jensen 353, S/N 03-10-173. Capacity is 35#, and unit purchase date was 1990. Machine 2 ROCK 35, S/N R380110. Capacity is 35#, and unit purchase date was 1986.
- Perc supplier is Phenix Supply; Waste company used for waste pick-ups is Safety-Kleen.
- Machine 1 has no temperature gauge, therefore the RO was instructed to have a
  gauge installed and begin taking temperature measurements within the next 30 days.
  The RO was also instructed to notify me upon completion of the installation of this
  gauge.
- Machine 2 has no floor spill pan, and this information was referred to the Waste Department on 7/24/97. This machine has a temperature gauge, however no temperature measurements have been recorded. The RO indicated that this machine is scheduled to be replaced in approximately 1 month. I also asked him to contact me when this new machine has been installed.
- These are the end of the notes from the 7/24/97 portion of the inspection.

Continuation of notes, as of return inspection for records review on 8/12/97:

- Inspection In-Time was 1045. Nelson Figueroa (R.O.) and Orlando Cruz (store manager) were not available, and I spoke with Mr. Guido Argote, the dry cleaning machine operator. The records that were available were incomplete, and there were no records indicating leak inspections.
- Perc consumption was being kept, however purchase receipts were not available.
- The temperature gauge that was not on Machine 1, as indicated above, has been installed.
- Records for maintenance work is being maintained, however receipts for parts purchasing were not available.
- Sample inspection and record keeping forms were provided to Mr. Argote.
- Inspection Out-Time was 1145.

300342

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571093 NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE BRANDON FL 33510

Do NOT Remove Label

Annual Reporting Period:	January	19 <b>98</b> TO	Taving	<u> </u>
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code				PRule NO
If NO, complete the following:				
#1. Term or condition of the general perm	uit that has not been i	n 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 perm			during the reporting period	stated above:
Exact period of non-compliance: from	KE	CEIVED		
Action(s) taken to achieve compliance:		JAN 2 2 1998	# 1 mm m m m m m m m m m m m m m m m m m	
Method used to demonstrate compliance:	Bure	au of Air Monitoring Mobile Sources	<del>`</del>	ROCM
As the responsible official, I hereby certify, be notification are true, accurate and complete, does not exceed 2,100 gallons per year for dry	Further, my annual c	onsumption of perchloroet	hylene solvent, based upon pu	rchase receipts,
RESPONSIBLE OFFICIAL:N	Sow Figues ame (Please Print)	or Just	Signapure /	<i>01-16-98</i> Date

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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DISC	Nonite Nonite
AIRS ID#: 571093  FACILITY NAME: NEL  FACILITY LOCATION:	DATE: 3/4/98 -SON'S CLEA	TIME I	N: 9=45 TIM	E OUT: 10 - 30
FACILITY NAME:	LOS CENTR	11 52		
FACILITY LOCATION:	Production 1		72 (10	
	BRANDON,	FL	33310	
RESPONSIBLE OFFICIAL	: NELSON AC	UEREA	PHONE: (8/3)	689-7202
RESPONSIBLE OFFICIAL CONTACT NAME:	LANDO CRU	Z	PHONE:	AALE
		<del></del>		<del></del>
PART I: NOTIFICATION				
(check appropriate box)			<del></del>	
1. New facility notified DARN	A 30 days prior to startup	l	N/A	
2. Facility failed to notify DAI	RM to use general permit	ī.	'7'	
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box)			☐ No notification for ☐ Drop store/out of b	
Facility indicated on notificat	rce 2.  /yr dry transfer trans	New small ar y-to-dry only, y unsfer only, x < th types, x < 1 onstructed on c	Drop store/out of brea source < 140 gal/yr = 200 gal/yr	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. /yr dry r tra bo /cc /rce 4. /,100 gal/yr dry gal/yr bo	y-to-dry only, y insfer only, x < th types, x < 1- onstructed on c New large ar y-to-dry only, 1 insfer only, 200 th types, 140 <	Drop store/out of brea source  < < 140 gal/yr  200 gal/yr  40 gal/yr  after 12/9/91)	ousiness/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,80	rce 2. /yr dry r tra bo // (cc // (cc // (cc)	y-to-dry only, y insfer only, x < th types, x < 1- onstructed on co New large ar y-to-dry only, 10 insfer only, 200 th types, 140 < onstructed on co	Drop store/out of brea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  r after 12/9/91)  ea source  40 \le x \le 2,100 gal/yr  0 \le x \le 1,800 gal/yr  x \le 1,800 gal/yr	ousiness/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gallythe transfer only, x < 200 gallythe both types, x < 140 gallythe (constructed before 12/9/91)  3. Existing large area sound ry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility of the please check the facility of the facility of the property of the facility of the facility of the property of the facility of the fac	rce 2. /yr dry r tra bo //cc //cc //cc //cc //cc //cc //cc /	y-to-dry only, y insfer only, x < th types, x < 1- constructed on	Drop store/out of brea source  ( < 140 gal/yr 200 gal/yr 40 gal/yr r after 12/9/91)  ea source 40 \le x \le 2,100 gal/yr x \le 1,800 gal/yr x \le 1,800 gal/yr r after 12/9/91)  Can not determine	ousiness/petroleum

### 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? □N □N/A ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ZY ON verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>X</b> Y	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	NO	-EIN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber;			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ΩN	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser eoils?	QY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□И	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection a	nd repair
inspection?			MC AIX
2. Has the facility maintained a leak log?			<b>A</b> Y □N
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	איאם אם צי <b>א</b>	Muck cookers	AY ON ON/A
Door gaskets and seating	DY ON ONA	Stills	ØY □N □N/A
Filter gaskets and seating	AV ON ONIA	Exhaust dampers	QY ON ONA
Pumps	AND NO Y	Diverter valves	ANU UU YA
Solvent tanks and containers	AND NO YE	Cartridge filter housings	ØY □N □N/A
Water separators	AND NO YE	٠.	•
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed so	olvent on exterior surfaces)		<b>Z</b>
Physical detection (airflow felt the	rough gaskets)		<b>₹</b>
Odor (noticeable perc odor)			Σq
Use of direct-reading instrumenta	tion (FID/PID/calorimetric t	rubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the equipme	ent:	XN/A
a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	UY UN
<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and afte	r each use	OY ON
c. Inspected for leaks an	d obvious signs of wear on a	weekly basis?	□Y □N
d. Kept in a clean and se	ecure area when not in use?		NO YO
e. Verified for accuracy	by use of duplicate samples (	(calorimetric only)?	□Y □N
			<del></del>
•			
ROGER ZH	-V	3/4/	98
Inspector's Name (Please Prin	t)	Date of Inspec	ction
Ruf Br		( Ye	4R
Inspector's Signature		Approximate Date of N	Vext Inspection

• '						
ENVIRONME		INSPECTION RE	PORT FORM	SBOROUGH	COUNTY	-
FACILITY: Nelson's Clean	ners & Lau	ndry, Inc.		PAGE	1 C	)F 1
FACILITY ADDRESS: 109	Central D	rive		CITY: Bra	andon	
				PHONE: (	(813) 689	-7202
MAILING ADDRESS: Sam	ne		CITY: Brando	n FLA	ZIP: 33	3510
INSPECTION DATE: T	IME IN:	TIME OUT:	INSPECTIO	1		ΓATUS:
Mar 4, 1998	9:45	10:30	non-C	DS	In C	ompliance
NEDS NUMBER: 57109	03					
SOURCE DESCRIPTION:	Perc Dry	Cleaner				
CONTACT(S): Nelson	Figueroa					
Today's visit was to cond Both dry cleaning machin spill pans, the refrigerated of The machines were very of odors or leaks were noticed Mr. Figueroa's record ke rolling total indicated that is Mr. Figueroa does have shutdown and malfunction	nes are the condensers clean and vol. eeping is in 526 gallons the owner.	same ones no swith the temp well maintaine n very good si s of perc has b	ted in last insponential details. Both mach hape now. His een used over	s installed. ines were i is perc pur last twelve	n operati	on today. No

INSPECTED BY: Roger Zhu DATE: Mar 4,1998

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

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/D	DISCOVERY	RE-INSPECTION	
TIME IN: 9 = 45  TYPE OF FACILITY: P	TIME OUT:	10:30	AIRS ID#:	571093	
TYPE OF FACILITY:	erc dry cl	EANER			
FACILITY NAME: NELSO	N'S CUEANERS &	& CAUNDRY	ININC	DATE: 3/4/98	_
FACILITY LOCATION: 18	9 CENTRAL	DE.		_	
Boto	PANDON, FL	33510			
RESPONSIBLE OFFICIAL: N	iguson fikuer	CA	_PHONE NUMBE	R. (313) 689-720	2
	he compliance requirements ule 62-213.300, Florida Adi			facility is found to be in	
Based on the results of t discrepancies were noted	he compliance requirements i:	evaluated during	this inspection, the	following compliance	
COMPLIANCE REQU	IREMENT/PROBLE	M FO	LLOW-UP AC	TION REQUIRED	
				E C APF Bureau	
<del></del>	<u> </u>			& AP C	
				obii A	
				Air Monit	
				EIVED  131998 of Air Monitoring nobile Sources	
				ring	
					· ·
	·				
COMMENTS:					
				. (	
				N/A	<del></del>
The Annual Compliance Certificat	tion form has been properly		nitted to the inspect	or. YES NO	
DATE OF NEXT INSPECTION	·	YEAR			
		(Approximate)			
INSPECTION CONDUCTED B	Y:	LOGER	21+0		
BICHECTORIC EXCLA MUSE.	Cart 1	(Please Print)	DUONE NUMBE	e (S13)689-726	02
INSPECTOR'S SIGNATURE:_			LUONE NÄWREI	<u> </u>	
	Page	af		Revised 10	/96

# Frakty 20. AIRS ID#: 4600498 057/093 V

### RECEIVED

ULU 2 4 1996sed 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMITTOR Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources

FACILITY NAME: NELSON'S CL	EANERS		DATE:	12/17/1996
FACILITY NAME: <u>NELSON'S</u> CL FACILITY LOCATION: 109 CENTE	EAL DR.	BRAN.	00N, FL 33S	10
				· .
Annual Reporting Period:	19	_ то	DEC	1996
Based on each term or condition of the Title V general	air permit, my faci	lity has remain	ed in compliance with DE	IP Rule
62-213.300, Florida Administrative Code (F.A.C.), dur				□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has no	ot been in continuo	us compliance	during the reporting perio	d 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 no	ot been in continue	us compliance (	lucing the reporting pario	d etated above:
#2. Term of condition of the general permit diat has in	ot occurrence	as computation (	naming the reporting perio	u stateu atove.
Exact period of non-compliance: from		to		`;
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				;
Method used to demonstrate compliance:			<u> </u>	
Treesion used to demonstrate compliance.	<u>;</u>			
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple	ete. Further, my an	nual consumpti	on of perchloroethylene s	olvent, based
upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.	xceed 2,100 gallons	per year for di	y-to dry facilities or 1,80	0 gallons per
RESPONSIBLE OFFICIAL: NELSON FIGURE	EZOA	M	1/	12/17/1996
Name (Please I	Print)	S	ignature	Date

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



300342

- 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#0571093

NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE

BRANDON FL 33510

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

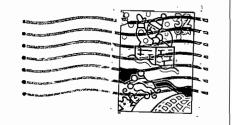
Fund: 20-2-035001

Obj.: 002273

109 Central Drive Brandon, Florida 33511 (813) 689-7202







THE V 61 OFFICE

MS-5510

2600 Blask Stone Pd.

TAMAHASSEE, PL. 32399-2400

32333/2400

hallanda dalah dalah dalah dalah dalah

#### **COMMISSION**

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

### EXECUTIVE DIRECTOR

ROGER P. STEWART



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

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (2)3) 272-7104

March 23, 1998

Nelson Figueroa Nelson's Cleaners & Laundry Inc. 109 Central Drive Brandon, FL 33510

Dear Sir:

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

The dates on your form were not filled in properly. According to our records, the correct dates should be July 24, 1997, the date of your last inspection, to January 16, 1998, the date you signed the form.

Once you have made the above corrections, please mail the form back to:

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

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

Sincerely,

Roger Zhu

Air Toxics Engineer



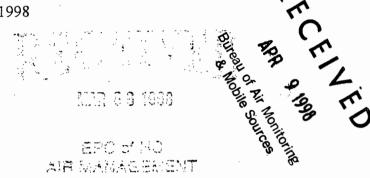
# Department of Environmental Protection

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

March 3, 1998

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

Dear Mr. Shelton:



Virginia B. Wetherell

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

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

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

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

Sincerely,

Rick Butler

Bureau of Air Montoring

and Mobile Sources

CRB/

#### **BEST AVAILABLE COPY**

300342

Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571093 NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE BRANDON FL 33510

	Do <u>NOT</u> Remove Label	Si lon de
Annual Reporting Period:	July 24, 1997 TO	January 16 1898
	V general air permit, my facility has remained in compliant.	—
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during the rep	porting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	<del> </del>	
#2. Term or condition of the general permit	that has not been in continuous compliance during the rep	porting period stated above:
Exact period of non-compliance: from	RECEIVED	-
Action(s) taken to achieve compliance:	JAN 2 2 1998	
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources	0 00 00 00 00 00 00 00 00 00 00 00 00 0
	& Mobile Sources  d on information and belief formed after reasonable inquiry, arther, my annual consumption of perchloroethylene solvent,	that the statements made in this

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:

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30	11:00AIRS ID#: 571093
TYPE OF FACILITY: PERC DRY CLE	EANER
FACILITY NAME: NELSON'S CLE	EANERS & LAUNDRY DATE: 3/21/00
FACILITY LOCATION: 109 CENTRAL	
BRANDON, F	FL 33510
RESPONSIBLE OFFICIAL: NELSON FIGUE	
RESPONSIBLE OFFICIAL: WEESON 7 1200	PHONE NUMBER: CONTY DO 1 7202
Based on the results of the compliance requirem compliance with DEP Rule 62-213.300, Florida	nents evaluated during this inspection, the facility is found to be in a Administrative Code (F.A.C.).
Based on the results of the compliance requirem discrepancies were noted:	ments evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROB	BLEM FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
•	· · · · · · · · · · · · · · · · · · ·
	Mod A.
	ources of the second
COMMENTS:	
The Annual Compliance Certification form has been pr	roperly certified and submitted to the inspector. YESX NO
DATE OF NEXT INSPECTION:	1 YEAR
DATE OF REAL MISI ECTION.	(Approximate)
INSPECTION CONDUCTED BY:	ROGER ZHU
HIST ECTION CONDUCTED DI.	(Please Print)
INSPECTOR'S SIGNATURE: Rogu	Mm PHONE NUMBER: (813) 272-553
	Page of Revised 10/

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	
	TIME IN: 9-30 TIME OUT: 11-00
BRANDON	FL 33510
RESPONSIBLE OFFICIAL: NELSON FIGU	PHONE:
CONTACT NAME:SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to starture	<b>s</b> /
2. Facility failed to notify DARM to use general permi	
D. DE W. CV. CCCCCC TOO.	
PART II: CLASSIFICATION	5
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source ☐ 2. dry-to-dry only, x < 140 gal/yr d transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr both types, x < 140 gal/yr b	New small area source  ry-to-dry only, x < 140 gal/yr ransfer only, x < 200 gal/yr oth types, x < 140 gal/yr constructed on or after 12/9/91)
dry-to-dry only, $140 \le x \le 2,100$ gal/yr duransfer only, $200 \le x \le 1,800$ gal/yr to both types, $140 \le x \le 1,800$ gal/yr b	. New large area source $\Box$ ry-to-dry only, $140 \le x \le 2,100$ gal/yr ransfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$ )
5. This is a correct facility classification	DY MN □Can not determine
- RX	ral permit as number above s and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 470 gallons.	hased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XINA
2. Examining the containers for leakage?	A'N' מם עם א
3. Closing and securing machine doors except during loading/unloading?	MAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	MY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>Ø</b> Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY DN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΆΥ	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	אם	DNIA
	Is the temperature differential equal to or greater than 20° F?	DY'	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПΝ	□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?	ΠY.	ИП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A
_				

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

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΧΊΥ ΠN 2. Has the facility maintained a leak log? $\mathbf{A}X$ ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ONA Muck cookers couplings, and valves MY ON ONA Stills MY ON ONA Door gaskets and seating AVA UN UN/A MY ON ONA Filter gaskets and seating Exhaust dampers MY ON ONA MY ON ON/A Diverter valves Pumps MY ON ON/A XY ON ON/A Solvent tanks and containers Cartridge filter housings MY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector X/N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON b. Calibrated against a standard gas prior to and after each use OY ON (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN 21/00 ROBER ZHU Date of Inspection Inspector's Name (Please Print) 1 YEAR

Approximate Date of Next Inspection

Ala

AIRS ID#: 57/093
------------------

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		_		
FACILITY NAME: NELSON'	S CLEANERS NTRAL DRIV DN, IFL 33	& LAUNI	DRY DATE:	3/21/00
FACILITY LOCATION: 109 CE.	NTRAL DRIV	E		
BRANDO	DN, FL 3:	3510		
Annual Reporting Period: Fe	2 <i>b</i> 1 15	99 TO	Man 21	20 <i>0</i> C
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			<u>-</u> .	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in contin	nuous compliance du	ring the reporting peri	od stated above:
		· ·	THE REST OF THE REST	a state and
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:			MAD 27 200	<u>j</u>
Method used to demonstrate compliance:				
· -			EPC of HO	
#2. Term or condition of the general permit	that has not been in conti	nuous compliance di	AIR MANAGEM  ring the reporting per	iod stated above:
Exact period of non-compliance: from		to	•	
Action(s) taken to achieve compliance:				. 1
•				*
Method used to demonstrate compliance:		•		
				<del>-</del>
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, m	y annual consumption	on of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL: NEV.	me (Please/Print)	- <i>- ( ) ( )</i>	ignature	Date
1.0			<i>,</i>	

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

ENVIRON		NSPECTION RE		SBOROUGH (	COUNTY	_	
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBO FACILITY: Nelson's Cleaners & Laundry, Inc.			PAGE				
FACILITY ADDRESS: 109 Central Drive			CITY: Brandon PHONE: (813) 689-7202				
MAILING ADDRESS: Same			CITY: Brando		ZIP: 33510		
INSPECTION DATE:	INSPECTION DATE: TIME IN: TIME OUT:			N TYPE:	STATUS:		
Mar 21, 2000	9:30	11:00	non-C	DS	In Compliance		
NEDS NUMBER: 571093							
SOURCE DESCRIPTION	l: Perc Dry (	Cleaner					
CONTACT(S): Nelso	n Figueroa						
Today's visit was to co One of the dry cleaning machine, Union L-760 U This recordkeeping is g initial fill-up for that new The facility is clean. B	g machines, R J 2000, S/N A good. The per w machine.	ock 35, S/N F A3-69-389C. ' rc usage was '	R380110, was The initial fill- 270 gallons fo	up was 200 r the past 12	gallons of perc. 2 months includin	g the	
				•			
			•				
		ř				l	
		·					
						l	
						7	
						•	
				•		:	
	:		•				
				·			
INSPECTED BY:	Roger Zhu		-	DA	TE: Mar 21, 200	0	

AIRS ID#: 0571093

per

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				_		$\overline{}$	$\overline{}$
FACILITY NAME: Ne/son's	Cleaners	& Lau	ndry,	INC.	DATI	s: <u>04/2</u>	2/1999
FACILITY LOCATION: 109 Can	tral Drine		_				
Brandon	), ×/ 3351	0					
Annual Reporting Period: <u>JGN</u> 1,		_19 <u>99</u>	то	APr.1	22	_	<u>19</u> 200(
Based on each term or condition of the Title	V general air permit,	my facility l	nas remained	in complia	nce with I	DEP Rule	:
62-213.300, Florida Administrative Code (F.	A.C.), during the per	iod covered l	by this statem	nent. 🔀	ÆS	$\square_{N}$	0
If NO, complete the following:							
#1. Term or condition of the general permit	that has not been in c	continuous co	ompliance du	ring the rep	orting pe	riod state	d above:
Exact period of non-compliance: from			to	-	REC	EII	/ED
•			w				
Action(s) taken to achieve compliance:					MA`	Y 1 7 1	999
Method used to demonstrate compliance:							onitoring
#2. Term or condition of the general permit	that has not been in o	continuous co	ompliance du	ring the re		obile Sou	
Exact period of non-compliance: from	·		to				
Action(s) taken to achieve compliance:			·				
Method used to demonstrate compliance:							
						_	<del>.</del> .
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Furthe	er, my annua	l consumptio	n of perchl	oroethyle	ne solven	t, based
RESPONSIBLE OFFICIAL: // E/Son	V Figue PoA- ne (Please Print)		Jeffer Si	- Jegil gnapure	wy	_04	22 1999. Date

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

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

TYPE OF INSPECTION: ANNUAL	COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: # 1.30 PM TIME	E OUT: <u>る、</u> の	OAIRS ID#:	57/093
TYPE OF FACILITY: Perc Dry	Cleoner		
TYPE OF FACILITY: Perc Dry FACILITY NAME: Nelson's C	Heavers	& Laundry, Inc	DATE: 4/22/99
FACILITY LOCATION: 109 Beans	tral Dr.		
Braden	<u>, r/ 33 :</u>		
RESPONSIBLE OFFICIAL: alel 50	N FIGER	PHONE NUMBER	2: <u>(8/3)689-7202</u>
Based on the results of the compliance compliance with DEP Rule 62-213.30	-		facility is found to be in
Based on the results of the compliance discrepancies were noted:	ce requirements evaluat	ed during this inspection, the	following compliance
COMPLIANCE REQUIREMENT	T/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
•			
<del></del>			
			· · · · · · · · · · · · · · · · · · ·
-			
		•	
COMMENTS:			
		,	
The Annual Compliance Certification form ha	as been properly certifi	ed and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:	1 ~	ear;	
	(Арг	roximate)	
INSPECTION CONDUCTED BY:	MINOZ		
	•	ase Print)	n 270 7
INSPECTOR'S SIGNATURE: (1.1.)	<u> </u>	PHONE NUMBI	CR: 272-5530
	Page \	<b>f</b>	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DI	SCOVERY			
AIRS ID#: 57/093 I	•		_	ime out: <u>3</u>	100 PM		
FACILITY LOCATION: 109 Central Dr.							
RESPONSIBLE OFFICIAL: Nelson FIGUETOA PHONE: (813) 689-720 Z							
CONTACT NAME:			_ PHONE:		<u> </u>		
PART I: NOTIFICATION			RE	CEIV	ED		
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit  MAY 1 7 1999  Bureau of Air Monitoring & Mobile Sources							
PART II: CLASSIFICATION							
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification☐ Drop store/out		oleum		
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )						
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	.00 gal/yr dry ) gal/yr tra al/yr bot	nsfer only, 2 th types, 140	area source , $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after 12/9/91)				
5. This is a correct facility cla	assification $\Box$	Y 🗆 N	□Can not determ	ine			
	y qualified for a general y exceeds above limits a	l permit as n and is not eli	gible for a general pe		cleaning		

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:		_	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>22</b> (Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	$\square Y$	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПΝ	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (Check appropriate boxes)					
1. Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly averages of perc consumption?	ØY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N ØN/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?	אואו <b>ל</b> ע אם צם ANA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A				
6. Maintained startup/shutdown/malfunction plan?	ØYY □N				
7. Maintained deviation reports?	□Y □N ∰N/A				
Problem corrected?	□Y □N ÄN/A				
8. Maintained compliance plan, if applicable?	OY ON DINA				

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weckly) leak detection ar	nd repair		
	inspection?			<b>⊠</b> Y □N		
2.	Has the facility maintained a leak log	?		ØYY □N		
3.	Does the responsible official check the	e following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	ZY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ZY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ey on on/a		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by	the responsible official?		•		
	Visual examination (condensed	solvent on exterior surfac	es)	<b>d</b> /		
	Physical detection (airflow felt the	hrough gaskets)		œ		
	Odor (noticeable perc odor)			<b>a</b>		
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)			
	Halogen leak detector		•			
	If using direct-reading inst	rumentation, is the equi	pment:	ØN/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	□Y □N		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and	secure area when not in a	ise?	□Y □N		
	e. Verified for accuracy	y by use of duplicate sam	ples (calorimetric only)?	OY ON		
		,				
	ſ	•	1/22/56			
_	Inspector's Name (Please Print)  Q/22/79  Date of Inspec			ection		
	mspector's traine (Flease Pr	inc)	Date of Hispe	CUOII		
	M. No ? curi	·	1 Yea			
_	Inspector's Signature		Approximate Date of	Next Inspection		

INSPECTION REPORT FORM							
ENVIRO	ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Nelson Clea	FACILITY: Nelson Cleaners and Laundry, Inc.  PAGE 1  OF 1						
FACILITY ADDRESS:	109 Central Dri	ve		CITY	Y: Brar	ndon	
				PHO	NE: (8	313)689-7202	
MAILING ADDRESS:	MAILING ADDRESS: The same as above CITY: Brandon FLA ZIP: 33510						
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	NTY	PE:	STATUS:	
April 22, 1999	1:30 PM	3:00 PM	1 Annual			In Compliance	
NEDS NUMBER: 0571093							
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner							
CONTACT(S): Nelson Figueroa							

The purpose of the visit was an annual inspection. We found following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning 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 385 gallons and it was verified.
- 6. The machine was not in operation today. No leaks or odors were noticed.

The containers of the waste was properly sealed.

INSPECTED BY:	DATE:
Mohammad Nozari / Rage 71-1	April 22, 1999

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	☑ COMPLAINT/	DISCOVERY 🗆			
AIRS ID#: <u>057/093</u> I						
Br	FACILITY LOCATION: 109 Central Do. Brandon, K/ 33510					
RESPONSIBLE OFFICIAL :		Clerou   PHONE:      PHONE:	3)689-1202			
PART I: NOTIFICATION			·			
(check appropriate box)  1. New facility notified DARM 3  2. Facility failed to notify DARM	-	NIA				
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)  A.	n form that it is:	□ No notificati □ Drop store/o	on form ut of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dry- tran both	New small area source to-dry only, x < 140 gal/yr usfer only, x < 200 gal/yr utypes, x < 140 gal/yr utypes, x < 140 gal/yr utypes, x < 140 gal/yr				
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry- tran both (con  te  4. I 100 gal/yr dry- 100 gal/yr tran al/yr both	to-dry only, $x < 140$ gal/yr asfer only, $x < 200$ gal/yr a types, $x < 140$ gal/yr	□ gal/yr l/yr			
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/y transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g</li> </ol>	tran both (cor both dry-  gal/yr dry- lo0 gal/yr tran both (cor cor cor cor cor cor cor cor cor cor	to-dry only, $x < 140$ gal/yr asfer only, $x < 200$ gal/yr a types, $x < 140$ gal/yr astructed on or after 12/9/91)  New large area source to-dry only, $140 \le x \le 2,100$ asfer only, $200 \le x \le 1,800$ gal at types, $140 \le x \le 1,800$ gal/y astructed on or after 12/9/91)	gal/yr l/yr r			
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/y transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)</li> <li>This is a correct facility classified in the please check the angle of the please check t</li></ol>	tran both (consection of the section	to-dry only, $x < 140$ gal/yr asfer only, $x < 200$ gal/yr a types, $x < 140$ gal/yr astructed on or after $12/9/91$ )  New large area source to-dry only, $140 \le x \le 2,100$ asfer only, $200 \le x \le 1,800$ gal a types, $140 \le x \le 1,800$ gal/y astructed on or after $12/9/91$ ) $\square N \square \square Can$ not determine	gal/yr l/yr r rmine			

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?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>i</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N

B. Has the responsible official of an existing large or new large area source also:	/
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□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)					
Maintained receipts for perc purchased?	אם עם				
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)	OY ON ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A				
6. Maintained startup/shutdown/malfunction plan?	מם צם				
7. Maintained deviation reports?	OY ON ON/A				
Problem corrected?	□Y □N □N/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

PA	ART VI: LEAK DETECTION AND	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DA DW			
2.	Has the facility maintained a leak log	?		OY ON			
3.	Does the responsible official check the	e following areas for leak	cs?				
	Hose connections, fittings,		/				
	couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A			
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A			
	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	OY ON ON/A			
	Pumps	□Y □N □N/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A			
	Water separators	OY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	ces)				
l	Physical detection (airflow felt t	hrough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen	tation (FID/PID/calorime	etric tubes)				
	Halogen leak detector						
	If using direct-reading inst	trumentation, is the equ	ipment:	□N/A			
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N			
		standard gas prior to and	d after each use				
	(PID/FID only)?		a an a suraldu basis?				
		and obvious signs of wear	·				
		secure area when not in		OY ON			
	e. Venilled for accurac	y by use of duplicate sam	ples (calonmetric only)?	□Y □N			
		·					
	•			<i>,</i>			
	Inspector's Name (Please Print)  U - 8 - 9  Date of Inspec			, )			
_	Inspector's Name (Please Pr	rint)	Date of Inspe	ection			
	-						
_				<u> </u>			
	Inspector's Signature		Approximate Date of	Next Inspection			

#### ADDITIONAL SITE INFORMATION:

the Responsible Party was not evalue.

With the casher, He is going to

Call me and set another Time For INSPECTION

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 057/093 DATE: 4-8-99 TIME IN: 2:00 TIME OUT: 3:15  FACILITY NAME: Nelson's cleaners & Laundry, INC.  FACILITY LOCATION: 109 Central Do.  Brandon, x/ 33510
RESPONSIBLE OFFICIAL: Nelson) FIEUerou PHONE: (813) 689-7202  CONTACT NAME: PHONE:
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)  A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification DY DN DCan 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 385 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?	DY DN DN/A				
2. Examining the containers for leakage?	OY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	DY DN				
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?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v. /				
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser				
· · · · · · · · · · · · · · · · · · ·	If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	מם צם				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

· 14

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN [	⊃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?	OY ON C	⊃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 Ū	⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ו אם צם	⊃N/A
_			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
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 source	ces, bi-weekly) leak detection as	nd repair
inspection?	,		DY DW
2. Has the facility maintained a leak log	?		OY ON
3. Does the responsible official check the	e following areas for lcal	ks?	
Hose connections, fittings,		Made and law	
couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A
Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A
Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	□Y □N □N/A
Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A
Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	□Y □N □N/A
Water separators	OY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfa	ices)	
Physical detection (airflow felt t	hrough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumen	tation (FID/PID/calorim	etric tubes)	
Halogen leak detector	/		
If using direct-reading ins	rumentation, is the equ	pipment:	□N/A
a. Capable of detecting	g perc vapor concentration	ons in a range of 0-500 ppm?	□Y □N
	standard gas prior to an	d after each use	OY ON
(PID/FID only)?	and obvious signs of wea	z an a weekly basis?	
		-	
	secure area when not in	nples (calorimetric only)?	מם עם מם עם
e. Vermed for accurac	y by use of duplicate sair	iples (calorimente omy)?	di di
	,		
• .			•
Inspector's Name (Please Pr		4-8-51	)
Inspector's Name (Please Pr	int)	Date of Inspe	ection
Inspector's Signature		Approximate Date of	Next Inspection

#### ADDITIONAL SITE INFORMATION:

the Responsible Party was not evalue.

With the casher, He is going to

Call me and set another Time For inspection

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY	
AIRS 10#: 57/093				1E OUT: <u>3</u>	Stop PM
FACILITY NAME: <u>Ne/S</u>	sn's cleaners	¿ Laun	idry e	P	
FACILITY LOCATION: <u>/c</u>	9 Censtral Dr	- <b>.</b>	0		
Br	andon: FI	33510	DEC.	M	
RESPONSIBLE OFFICIAL:	Nelson FIGUR	eroa 1	PHONE (\$13) &	89-760	2
CONTACT NAME:		1	PHONE: Constitution of the		à J
			9 %		
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DARM	•	N)	//		
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)			☐ No notification fo☐ Drop store/out of		troleum
Facility indicated on notification	ce 2. Norm that it is:  ce dry-te trans.	ew small are o-dry only, x fer only, x < types, x < 14	□ Drop store/out of  a source < 140 gal/yr 200 gal/yr		troleum .
Facility indicated on notification (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	on form that it is:  ce	ew small are odry only, x fer only, x < types, x < 14 structed on or ew large are odry only, 1 fer only, 200 types, 140 ≤	□ Drop store/out of  a source < 140 gal/yr 200 gal/yr 0 gal/yr	business/pe	troleum .
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g	on form that it is:  ce	ew small are o-dry only, x fer only, x < types, x < 14 tructed on one w large are o-dry only, 1 fer only, 200 types, 140 ≤ tructed on or	Drop store/out of  a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)  a source $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	business/pe	troleum .
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91)  5. This is a correct facility classification of the property of the proper	on form that it is:  ce	ew small are odry only, x fer only, x < types, x < 14 structed on or ew large are odry only, 1 fer only, 200 types, 140 < tructed on or IN	□ Drop store/out of  a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)  a source $40 \le x \le 2,100$ gal/yr $x \le 1,800$ gal/yr after 12/9/91)  □ Can not determine ther above	business/pe	troleum

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PM/ beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	May □n
Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
,	
PART V: RECORDKEEPING REQUIREMENTS	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ØN/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?	A/אוקל אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N <b>Ø</b> N/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON ∰N/A
Problem corrected?	OY ON ANA
8. Maintained compliance plan, if applicable?	A/M MO YO

PA	ART VI: LEAK DETECTION AND F	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	nd repair
	inspection?			<b>⊠</b> Y □N
2.	Has the facility maintained a leak log?	•		<b>Ø</b> Y □N
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	ɗy □n □n/a
	Door gaskets and seating	DY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ETY ON ON/A
	Water separators	DAY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		
ı	Visual examination (condensed so	olvent on exterior surfaces)		<b>d</b>
	Physical detection (airflow felt the	rough gaskets)		œ
	Odor (noticeable perc odor)			<b>z</b>
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	
	Halogen leak detector		•	
	If using direct-reading instr	umentation, is the equipn	ient:	⊠N/A
	a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter each use	מם צם
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and so	ecure area when not in use	?	OY ON
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
	Mohammad Nozari		11/22/59	,
_	Inspector's Name (Please Prin	nt)	Date of Inspe	ection
	M. No q curi		1 Yea	
	Inspector's Signature		Approximate Date of	Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Nelson Cleaners and Laundry, Inc. PAGE 1 OF 1 FACILITY ADDRESS: 109 Central Drive CITY: Brandon PHONE: (813)689-7202 MAILING ADDRESS: The same as above CITY: Brandon ZIP: 33510 FLA INSPECTION DATE: TIME OUT: INSPECTION TYPE: TIME IN: STATUS: April 22, 1999 1:30 PM 3:00 PM Annual In Compliance NEDS NUMBER: 0571093 SOURCE DESCRIPTION: Perchloroethylene (Perc ) Dry Cleaner CONTACT(S): Nelson Figueroa

The purpose of the visit was an annual inspection. We found following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning 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 385 gallons and it was verified.
- 6. The machine was not in operation today. No leaks or odors were noticed.

The containers of the waste was properly sealed.

INSPECTED BY:	DATE:
Mohammad Nozari / Registration	April 22, 1999

# TI\_E V AIR QUALITY GENERAL PEALIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: # 1.30 8	TIME OUT: 3:	00 _AIRS ID#: _57	1/093
TYPE OF FACILITY: Per	-c Dry cleaner		
FACILITY NAME: ne	SON'S Cleaners	& Laundry, Inc	DATE: 4/22/99
FACILITY LOCATION: 105			
	radon, E/ 33	510	
1 .	•	OA PHONE NUMBER:	1813/689-7202
REPRONSIBLE OF FICIAL.	<u>ware praci</u>	THORE NOWINGER.	
	the compliance requirements evaluate 62-213.300, Florida Adminis	nated during this inspection, the fact trative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were note		nated during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		·	
	-		
•			
•			
·			·
,			•
· · · ·			
			•
	•		
COMMENTS:	<del></del>		
-		tified and submitted to the inspector	: YES NO NO
DATE OF NEXT INSPECTIO	//·	- (ecori	
		pproximate)	
INSPECTION CONDUCTED		Please Print)	
INSPECTOR'S SIGNATURE	•	PHONE NUMBER	 - 777 -557 0
INSPECTOR 3 SIGNATURE		I HORE NUMBER	
	Page	_of	Revised 10/96



**DRY CLEANERS & LAUNDRY** 

April 24, 2000

#### To My Concern:

#1571093 In August 20, 1999 the Dry Cleaning Machine Model # Miraclean Rock-

35 was remove and disposal from the premises of Nelson's Cleaners & Laundry located at 109 Central Dr. Brandon, FL 33510 by Equipment Sales at Tampa. Contact person Mr. Gary Nash, phone # (813) 253-3191 and the new machine were installed that day.

New Dry Cleaning Machine Model: Union 60 Pd Dry to Dry with Recovery System. Model # L 760 U 2000, Serial # A3G9389C.

That day also was purchasing 200 Gallons Perc to be refill the New Dry Cleaning Machine. The copy of the invoice is attached with this letter. See exhibit A. Perc was purchase through Phenix Supply in Tampa, FL. Phone # (813)-623-3553. Invoice # F-068285, date of RECENTION NOTICE SOURCE purchase August 20, 1999.

Any question does not hesitate to contact us at (813) 661-3918.

Sincerely,

Nelson Figuero

President

**NOTE:** 

FOR THAT REASON WAS LITTLE HIGH THE PERC USER BECAUSE THE NEW PURCHASE OF THE DRY CLEANING MACHINE.

	al Service IED MAIL RECEIPT o Mail Only; No Insuranc	ce Coverage Provide
6-11-9		2
Li I	Postage \$	5
m	lied Fee	1 19
Return Reco		Postmark N
Restricted Deliv		$\mathcal{Z}$
Total Postage		1
Recip 10	AIRS ID # 0571 SON FIGUEROA	
1	SON'S CLEANERS & LA	UNDRY INC
	ENTRAL DRIVE NDON FL 33510	
PS For	· · · · · · · · · · · · · · · · · · ·	tructions

.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 0571093001AG NELSON FIGUEROA NELSON'S CLEANERS & LAUNDRY INC	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
109 CENTRAL DRIVE BRANDON FL 33510	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 7000 0520 0020 9372 69 PS Form 3811, July 1999 Domestic Reti	219 urn Receipt 102595-00-M-0952

.

.



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4**0**6815 MAR 52001

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 # 0571093
NELSON'S CLEANERS & LAUNDRY INC
NELSON FIGUEROA
109 CENTRAL DRIVE
BRANDON FL 33510

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

NELSON'S ENTERPRISES OF TA	MPA INC./DBA NELSON'S CLEANERS & LAUNDRY	2/28/2001	2135
01/10/2001	Bill #		50.00
•			
	•		
			e e e e e e e e e e e e e e e e e e e
,	•		
	•		
Amsouth Bank			50.00
Amsoud Dank			. 50.00

U.S. Postal Service CERTIFIED MA (Domestic Mail Only; No	
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	Postmark Here
Total Postage & Fees \$  NELSON'S CLEANERS & I NELSON FIGUEROA 109 CENTRAL DRIVE BRANDON FL 33510	AIRS ID # 0571093  LAUNDRY INC
CHT OF RETURN ADDRESS CKER AT TOP OF ENVELOPE	TION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID # 0571093</li> <li>NELSON'S CLEANERS &amp; LAUNDRY INC</li> <li>NELSON FIGUEROA</li> <li>109 CENTRAL DRIVE</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
BRANDON FL 33510	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	21 - 62-62
PS Form 3811, July 1999 Domestic Ro	26 59.5 / eturn Receipt 102595-99-M-1789

		MAIL REC	<b>EIPT</b> Coverage Provided)
20 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
고	Postage	\$	, in the second
	Certified Fee		Postmark
급	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
7000 0000	Recii NELSON'S C NELSON FIGURE 109 CENTRA BRANDON F	CLEANERS & LAU GUEROA AL DRIVE	RS ID # 0571093 NDRY INC
	PS Form 3800; February 2	2000	Instruction

PS Form 3800; February 2000				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 0571093</li> <li>NELSON'S CLEANERS &amp; LAUNDRY INC NELSON FIGUEROA</li> </ul>	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:			
109 CENTRAL DRIVE BRANDON FL 33510	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Copy from service label) 6 18 9 0	8			
0044 '	teturn Receipt 102595-99-M-1789			

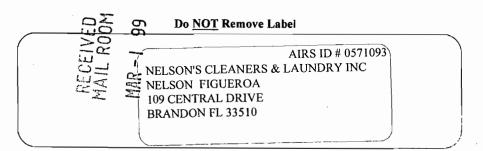


#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362715

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**



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	ITERPRISES OF TAMPA, INC.  nviromental Protection		2/25/99	552	
Department of Li	Whomenan Protection		2123177	50.00	
		•			
			•		
				•	
			·		
		•			
Southtrust Bank	AIRS ID#0571093			50.00	

.P .265 302 193

## US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID#: 0571093 NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE BRANDON FL 33510

	rusiage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whorn & Date Delivered		
	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
Form <b>3800</b> ,	Postmark or Date		
윤	2/14/0	2 2	

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

SENDER	ot equelope to	evo enil ts blo
■Complete items ■Complete items ■Print your name		nis form so that we can

Is your RETURN ADDRESS completed on the reverse side?

l also wish to receive the

Complete items 3, 4a, and 4b.     Print items and address on the reverse of this form so that we have the control to the	extra fee):		
<ul> <li>aAttach this form to the front of the mailpiece, or on the back if space</li> <li>permit.</li> </ul>	1. ☐ Addressee's Address  2. ☐ Restricted Delivery		
■Write "Return Receipt Requested" on the mailpiece below the articl		2. Restricted Delivery	
The Return Receipt will show to whom the article was delivered an delivered.	u ille date	Consult postmaster for fee.	
3. Article Addressed to:	4a Article N	< 200 192 E	
AIRS ID#: 0571093	4b. Service	· · · · · · · · · · · · · · · · · · ·	
NELSON'S CLEANERS & LAUNDRY INC	Registere		
NELSON FIGUEROA	Express Mail Insured		
109 CENTRAL DRIVE		zeibrioi Meichandise 🖂 COD	
BRANDON FL 33510	7. Date of De	elivery /	
, <b>ut</b>	02	/17/2/ S	
5. Received By: (Print Name)	8. Addresse and fee is	s Address (Only if requested paid)	
6. Signature: (Addressee or Agent)  X // Cerua: Criston		<u> </u>	
PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

AIRS ID # 057109  RELSON'S CLEANERS & LAUNDRY INC  RELSON FIGUEROA  09 CENTRAL DRIVE  BRANDON FL 33510  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  TOTAL Postage & Fees  Postmark or Date	Z 333 66 JS Postal Service	( ' '
AIRS ID # 057109 IELSON'S CLEANERS & LAUNDRY INC IELSON FIGUEROA 09 CENTRAL DRIVE BRANDON FL 33510  Postage  Certified Fee  Special Delivery Fee  Restricted Delivery Fee	Receipt for Cert	ified Mail
Certified Fee  Special Delivery Fee  Restricted Delivery Fee	ELSON FIGUEROA 09 CENTRAL DRIVE	S & LAUNDRY INC
Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addresse's Address	Postage	\$
Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address	Certified Fee	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	Special Delivery Fee	
Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, & Addressee's Address	Return Receipt Showing to Whom & Date Delivered	
	Beturn Receipt Showing to Whom	,
		\$

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eipt Service.
ADDRESS completed	AIRS ID # 0571093 NELSON'S CLEANERS & LAUNDRY INC NELSON*FIGUEROA - 109 CENTRAL DRIVE BRANDON FL 33510	4a. Article Ni 4b. Service 1 Registere Express I Return Rec	Type  od	you for using Return Rec
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressée or Agent)  X  PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank

NI NE 10	, Z 333 b US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation ELSON'S CLEANERS ELSON FIGUEROA 9 CENTRAL DRIVE RANDON FL 33510	t <b>ified M</b> Provided. hal Mail (Se AIRS	<b>ail</b> e reverse) ID # 057109	3		
	Certified Fee	<u>·</u>				
	Special Delivery Fee					
	Restricted Delivery Fee					
1996	Return Receipt Showing to Whom & Date Delivered					
April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address					
900	TOTAL Postage & Fees	\$				
PS Form <b>3800</b>	Postmark or Date					
card to you.				l also wish to re following service extra fee):		ice.
permit. ■Write "Return Receipt Ret	quested" on the mailpiece bel	ow the article	e number.	2.  Restric		sing Return Receipt Service.
The Return Receipt will s delivered.	how to whom the article was	delivered an	d the date	Consult postma	•	ipt (
3. Article Addressed to	o:		4a. Article N	umber		දිරි .
	AIRS ID # 057	1093	23	33 666	370	. <u>E</u> i
	RS & LAUNDRY INC	3	4b. Service	, ·		letu
NELSON FIGUERO	• •	'	☐ Registere		☐ Certified	9
109 CENTRAL DRIV	109 CENTRAL DRIVE				sln	

☐ Return Receipt for Merchandise ☐ COD

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

102595-97-B-0179 Domestic Return Receipt

7. Date of Delivery

is your RETURN ADDRESS completed on the reverse side?

BRANDON FL 33510

5. Received By: (Print Name)

6. Signature: (Addressee or Agert)

PS Form 3811, December 1994

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390055

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

BRANDON FL 33510

AIRS ID # 0571093 NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA 109 CENTRAL DRIVE

FOR GOVERNMENT USE ONLY

Derg.: 37550101000 EO: B1

Dund: 2023-0350011

NELSON'S ENTERPRISES OF TAMPA INC./DBA Department of Environmental Protection	12/20/1999	0654	
· 12/01/1999	Bill #	12/20/1777	50.00
Amsouth Bank			50.00

Nelson's One Hour Cleaners & Laundry, Inc. 109 Central Drive Brandon, FL 33511



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315X3070

Tallantalathan Halantallan kallantallan da da d

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262856

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

MAR 10 97

Do NOT Remove Label

AIRS ID# 0571093

**NELSON'S CLEANERS & LAUNDRY INC NELSON FIGUEROA** 109 CENTRAL DRIVE

**BRANDON FL 33510** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оъј.: 002273

Campba (	NELSON'S 1 HOUR CLEANERS, INC. Dept of Environmental Proc Licenses and misc	AIRS	ID# 0571093 AMT 50.00	3/06/97	4604 AMT
	TOTAL:		50.00		

,