Department of
Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 9, 1996

Mr. Stephen LeBretton
General Manager
Tender Touch Cleaners
3519 Henderson Boulevard
Tampa, Florida 33609

Re: Facility I.D. No. 0571094

Dear Mr. LeBretton:

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

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

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

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

Sincerely,

Sandra Brewman for DD

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

ADMINISTRATIVE OFFICES,
LEGAL & WATER MANAGEMENT DIVISION
THE ROGER P. STEWART ENVIRONMENTAL CENTER
1900 - 9TH AVENUE • TAMPA, FLORIDA 33605
PHONE (813) 272-5960 • FAX (813) 272-5157

AIR MANAGEMENT DIVISION
FAX (813) 272-5605

WASTE MANAGEMENT DIVISION
FAX (813) 276-2256

WETLANDS MANAGEMENT DIVISION
FAX (813) 272-7144

1410 N. 21ST STREET • TAMPA, FLORIDA 33605

July 11, 2001

RECEIVED
JUL 13 2001
Bureau of Air Monitoring & Mobile Sources

Ms. Dottie Diltz
Chief, Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
Twin Towers Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Inspections conducted June 2001

Dear Ms. Diltz:

EPC staff conducted 13 inspections for possible and known NESHAP sources. Eleven (11) inspection reports were entered into ASGP for the (9) permitted dry cleaners. Annual Compliance Certifications are being addressed during our annual inspections and any completed forms are entered into ASGP. The original certifications with RO's signatures are kept in our files.

Based on our inspections, the following corrections need to be made to your data base:

AIRS ID# 0571094, Shyrose Cleaners, at 8316 Hanley Road, Tampa, was sold to Wood Lake Cleaners. The new owner, Mr. Maung Tint, was instructed to submit a notification form to the Department when it was visited on June 13, 2001.

AIRS ID# 0571047, Beach Park Cleaners, at 4214 N. Nebraska Ave, Tampa, changed its ownership. The facility's name remains the same. The new owner, Mr. Nazem Beydoun, was instructed to advise the Department of the change.

If you have any questions, please call me at (813) 272-5530.

Sincerely,

Leroy Shelton,
Assistant Director,
Air Management Division

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Nurdin Kurji
2. Site Name (For example, plant name or number):
   ShyRose Cleaners
3. Hazardous Waste Generator Identification Number:
   FLD 982136194
4. Facility Location: ShyRose Cleaners
   Street Address: 8316 Hanley Rd
   City: Tampa County: Hillsborough Zip Code: 33634
5. Facility Identification Number (DEP Use): 0571094

Responsible Official

6. Name and Title of Responsible Official:
   Stephen LeBretton Gen Manager
7. Responsible Official Mailing Address: 3519 Henderson Blv.
   Organization/Firm: Tender Touch Cleaners
   Street Address: 3519 Henderson Blvd.
   City: Tampa County: Hillsborough Zip Code: 33609
8. Responsible Official Telephone Number:
   Telephone: (813) 877-8282 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   [redacted] Richard
10. Facility Contact Address: Shyrose Cleaners
    Street Address: 8316 Hanley Rd.
    City: Tampa County: Hillsborough Zip Code: 33634
11. Facility Contact Telephone Number:
    Telephone: (813) 881-1224 Fax: ( ) -

Shyrose

BEST AVAILABLE COPY

Facility Information

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

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

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

(c) No control devices are required to be installed [X]

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

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

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

Existing small area source [ ] New small area source [ ]

Existing large area source [X] New large area source [ ]

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

Existing large area source
Carbon adsorber [X] Refrigerated condenser [X]

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 [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [X]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature _____ Date 9/16/96

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0810 TIME OUT: 1015 AIRS ID#: 0571084

TYPE OF FACILITY: PERC Dry Cleaner

FACILITY NAME: Skyrose Cleaners DATE: 7/2/07

FACILITY LOCATION: 8316 Hanley Road
Tampa, FL 33634

RESPONSIBLE OFFICIAL: Steve LeBretton PHONE NUMBER: (813)877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No temperature gauge has been installed on the machine.	Install within 30 days and notify.

COMMENTS:

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

DATE OF NEXT INSPECTION: ~ 1 year + verification of temp gauge installation
(Approximate)

INSPECTION CONDUCTED BY: James D Holton
(Please Print)

INSPECTOR'S SIGNATURE: Jas D Holt **PHONE NUMBER:** (813) 272-5530

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 0935 TIME OUT: 1005 AIRS ID#: 571094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SITYROSE CLEANERS DATE: 8/27/97

FACILITY LOCATION: 8316 HANLEY RD
TAMPA 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE NUMBER: 813-877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO TEMP GAUGE	INSTALL BY SEPT 21, 97

RECEIVED
SEP 15 1997
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: JIM HOLTON (Please Print)

INSPECTOR'S SIGNATURE: _____ **PHONE NUMBER:** 813-272-5530

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571094 **DATE:** 8/27/97 **TIME IN:** 0935 **TIME OUT:** 1005
FACILITY NAME: SHYROSE CLEANERS
FACILITY LOCATION: 8316 HANLEY RD
TAMPA 33634

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

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<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☐Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

   Problem corrected? ☐Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)	❑
Physical detection (airflow felt through gaskets)	❑
Odor (noticeable perc odor)	❑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	❑

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	❑Y ❑N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	❑Y ❑N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	❑Y ❑N
d. Kept in a clean and secure area when not in use?	❑Y ❑N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	❑Y ❑N

3. Has the facility maintained a leak log? ❑Y ❑N

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

Hose connections, fittings, couplings, and valves	❑Y	❑N	Muck cookers	❑Y	❑N
Door gaskets and seating	❑Y	❑N	Stills	❑Y	❑N
Filter gaskets and seating	❑Y	❑N	Exhaust dampers	❑Y	❑N
Pumps	❑Y	❑N	Diverter valves	❑Y	❑N
Solvent tanks and containers	❑Y	❑N	Cartridge filter housings	❑Y	❑N
Water separators	❑Y	❑N			

STEVE LEBRETTON
Name of Responsible Official

JIM HOLTON
Inspector's Name (Please Print)

8/27/97
Date of Inspection

Jim O Holt
Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Shyrose Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 8316 Hanley Road				CITY: Tampa PHONE: 881-1224
MAILING ADDRESS: same as above			CITY: same	FLA ZIP: 33634
INSPECTION DATE: 8/27/97	TIME IN: 0935	TIME OUT: 1005	INSPECTION TYPE: Follow-up	STATUS: n/a
AIR GENERAL PERMIT NUMBER: 0571094				
SOURCE DESCRIPTION: perc dry cleaner				
CONTACT(S): Richard Elkin				

This facility had an annual inspection performed on 7/2/97 and, at that time, it was discovered that the dry cleaning machine did not have a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The inspector instructed the facility contact that a gauge must be installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is an "existing large area source".

This inspection was to perform a follow-up to determine if the gauge had been installed as instructed. The machine has not yet had a gauge installed.

Mr. Elkin called the contractor that has been hired to install this gauge, and the contractor (name unknown) indicated he has been putting this job off due to heavy work schedule. He indicated he would make a point to install this gauge on Tuesday, 9/2/97. I then instructed Mr. Elkin to contact me after the gauge has been installed in order for me to visually verify the installed gauge.

Although the contractor indicated he would have it installed on 9/2, I instructed Mr. Elkin that the gauge must be installed within 21 calendar days from this inspection, which would mean a deadline of September 17, 1997.

INSPECTED BY: James O. Holton, Air Toxics Engineer Jan O Holt	DATE: 8/27/97

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 057/084 **DATE:** 7/2/97 **TIME IN:** 0910 **TIME OUT:** 1015

FACILITY NAME: Skyrose Cleaners

FACILITY LOCATION: 8316 Hanley Road
Tampa, FL 33634

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

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<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 300 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☑Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N (N/A)

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☑N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N (N/A)

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☑N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

   Problem corrected? ☑Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☐
Odor (noticeable perc odor)	☑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

3. Has the facility maintained a leak log? ☑Y ☐N

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

Hose connections, fittings, couplings, and valves	☑Y	☐N	Muck cookers	☑Y	☐N
Door gaskets and seating	☑Y	☐N	Stills	☑Y	☐N
Filter gaskets and seating	☑Y	☐N	Exhaust dampers	☑Y	☐N
Pumps	☑Y	☐N	Diverter valves	☑Y	☐N
Solvent tanks and containers	☑Y	☐N	Cartridge filter housings	☑Y	☐N
Water separators	☑Y	☐N			

Steve LeBretton
Name of Responsible Official

James O Holton
Inspector's Name (Please Print)

7/2/97
Date of Inspection

James O Holton
Inspector's Signature

~ 1 year
Approximate Date of Next Inspection
↳ + verification of temp gauge installation

ADDITIONAL SITE INFORMATION: Shyrose Cleaners

- This facility has a perc dry-to-dry machine, and the information is as follows: Renzacci Serena Sun 530, S/N 9730. Capacity is 55#, and unit construction date was 10/11/88.
- The temperature gauge has not yet been installed, and the manager indicated the contractor to do this installation had been at the store the previous Monday (two days ago). They thought he was going to install the gauge that day, but did not. They are presently working on getting this gauge installed, and they were instructed to contact me after this installation had been completed.
- Records for leak inspections and perc consumption exist and are well kept, however certainly without the temperature gauge, no temperature records have been kept. Leak inspections include maintenance records when leaks were discovered.
- Perc supply is from Tampa Bay Cleaning Supply; Waste pick-up is by MCF.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 13:00 TIME OUT: 15:30 AIRS ID#: 571094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SHYROSE CLEANERS DATE: 4/27/98

FACILITY LOCATION: 8316 HANLEY ROAD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE NUMBER: (813) 877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
MAY 18 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [ ] N/A

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (813) 272-5530

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 12:30 TIME OUT: 14:00 AIRS ID#: 57 1094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SHYROSE CLEANERS DATE: 5/13/98

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE NUMBER: 813-877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
JUN 15 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 yr
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: _____ **PHONE NUMBER:** 813-272-5530

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571094
NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

Do NOT Remove Label

Annual Reporting Period: 4/10 19 97 TO 2/11 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Stephen LeBretton (Name (Please Print)) Stephen LeBretton (Signature) 2/11/98 (Date)

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

11/06/97

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571094 DATE: 4/27/98 TIME IN: 13:00 TIME OUT: 15:30

FACILITY NAME: SHYROSE CLEANERS

FACILITY LOCATION: 8316 HANLEY ROAD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE: (813) 877-8282

CONTACT NAME: SAM WALSH PHONE: (813) 881-1224

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☒
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 228 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/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	☒Y ☐N ☐N/A		

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

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☑
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☒N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

4/27/98
Date of Inspection

Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

RECEIVED
MAY 18 1998
Bureau of Air Monitoring & Mobile Sources

FACILITY: Shyrose Cleaners			PAGE 1 OF	
FACILITY ADDRESS: 8316 Hanley Road			CITY: Tampa PHONE: (813) 881-1224	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33634
INSPECTION DATE: Apr 27, 1998	TIME IN: 13:00	TIME OUT: 15:30	INSPECTION TYPE: non-CDS	STATUS: In Compliance

NEDS NUMBER: 571094

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Sam Walji

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

The machine was in operation today. No leaks or odors were noticed.

There were some deviations from record keeping requirement. The new contact person, Mr. Sam Walji, could not find any temperature log which supposed to have been recorded since the temperature gauge was installed in Sep 17, 1997. The leak log was partially missing from June to November of 1997. Mr. Walji said the previous contact person of this facility, Richard Elkin, who had done these logs left the job without any notice. He will check with Richard and let me know where those records are as soon as he finds out. Since we did not see any problem of record keeping from the last year inspection, therefore I decided not to proceed any further action until the results feedback.

The perc purchase receipts were kept in the main office which is the Tender Touch Cleaners. I went there to verify that the total quantity of perc purchased within the past 12 months was 278 gallons.

The owners manual is kept on site which includes a startup, shutdown and malfunction plan.

Follow-up on 5/13/98: I got a call yesterday from the responsible official, Mr. Steve Lebretton, to notify that they found most of the record keeping. In my second visit to this facility today, Mr. Sam Walji showed me the leak log which was partially missing on my last visit. The temperature log was starting to record at beginning of November, 1997. Since it is only missing a short period (about 6 weeks after the gauge was installed) of the temperature records and the rest of them has been logged consistently, therefore there is no further action required as result of this inspection.

INSPECTED BY: Roger Zhu	DATE: Apr 27, 1998

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

RECEIVED
JUN 15 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 571094 DATE: 5/13/98 TIME IN: 12:30 TIME OUT: 12:50

FACILITY NAME: SHYROSE CLEANERS

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE: (813) 878-8282

CONTACT NAME: SAM WALJI PHONE: (813) 881-1224

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: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
   dry-to-dry only, x < 140 gal/yr
   transfer only, x < 200 gal/yr
   both types, x < 140 gal/yr
   (constructed before 12/9/91)

2. **New small area source** ☐
   dry-to-dry only, x < 140 gal/yr
   transfer only, x < 200 gal/yr
   both types, x < 140 gal/yr
   (constructed on or after 12/9/91)

3. **Existing large area source** ☐
   dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
   transfer only, 200 ≤ x ≤ 1,800 gal/yr
   both types, 140 ≤ x ≤ 1,800 gal/yr
   (constructed before 12/9/91)

4. **New large area source** ☐
   dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
   transfer only, 200 ≤ x ≤ 1,800 gal/yr
   both types, 140 ≤ x ≤ 1,800 gal/yr
   (constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/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	☐Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☐
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☐N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

5/13/98
Date of Inspection

Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Shyrose Cleaners				PAGE 1 OF 1	
FACILITY ADDRESS: 8316 Hanley Road				CITY: Tampa PHONE: (813) 881-1224	
MAILING ADDRESS: Same			CITY: Tampa	FLA	ZIP: 33634
INSPECTION DATE: Apr 27, 1998	TIME IN: 13:00	TIME OUT: 15:30	INSPECTION TYPE: non-CDS		STATUS: In Compliance
NEDS NUMBER: 571094					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Sam Walji					

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

The machine was in operation today. No leaks or odors were noticed.

There were some deviations from record keeping requirement. The new contact person, Mr. Sam Walji, could not find any temperature log which supposed to have been recorded since the temperature gauge was installed in Sep 17, 1997. The leak log was partially missing from June to November of 1997. Mr. Walji said the previous contact person of this facility, Richard Elkin, who had done these logs left the job without any notice. He will check with Richard and let me know where those records are as soon as he finds out. Since we did not see any problem of record keeping from the last year inspection, therefore I decided not to proceed any further action until the results feedback.

The perc purchase receipts were kept in the main office which is the Tender Touch Cleaners. I went there to verify that the total quantity of perc purchased within the past 12 months was 278 gallons.

The owners manual is kept on site which includes a startup, shutdown and malfunction plan.

Follow-up on 5/13/98: I got a call yesterday from the responsible official, Mr. Steve Lebretton, to notify that they found most of the record keeping. In my second visit to this facility today, Mr. Sam Walji showed me the leak log which was partially missing on my last visit. The temperature log was starting to record at beginning of November, 1997. Since it is only missing a short period (about 6 weeks after the gauge was installed) of the temperature records and the rest of them has been logged consistently, therefore there is no further action required as result of this inspection.

INSPECTED BY: Roger Zhu	DATE: Apr 27, 1998

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 9:30 TIME OUT: 11:00 AIRS ID#: 571094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SHYROSE CLEANERS DATE: 6/29/99

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LeBRETTON PHONE NUMBER: (813) 877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: Roger Zhu
(Please Print)

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

AIRS ID#: 571094

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AIR MANAGEMENT

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SHYROSE CLEANERS DATE: 6/30/99

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

Annual Reporting Period: Feb 11 19 98 TO X June 30 19 99

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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Bureau of Air Monitoring & Mobile Sources

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

X **RESPONSIBLE OFFICIAL:** Stephen LeBrecton Stephen LeBrecton 6/30
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571094 **DATE:** 6/29/99 **TIME IN:** 9:30 **TIME OUT:** 11:00

FACILITY NAME: SHYROSE CLEANERS

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LeBRETTON **PHONE:** (813) 877-8282

CONTACT NAME: SAME **PHONE:** SAME

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☒
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 460.8 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/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	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☒
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☒N/A

   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

6/29/99
Date of Inspection

Roger Zhu
Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Shyrose Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 8316 Hanley Road				CITY: Tampa PHONE: (813) 881-1224
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33634
INSPECTION DATE: June 29, 1999	TIME IN: 9:30	TIME OUT: 11:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571094				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Bruce McDaniel				

Today's visit was to conduct the annual inspection.

The machine was in operation today. No leaks or odors were noticed.

Mr. McDaniel keeps good records. The perc usage was 460.8 gallons for the past 12 months according to the purchase receipts.

A coil condenser was replaced in January, 1999 according to the repair log.

INSPECTED BY: Roger Zhu	DATE: June 29, 1999

T[illegible]E V AIR QUALITY GENERAL PE[illegible]MIT
INSPECTION SUMMARY REPOR[illegible]

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 12:30 TIME OUT: 14:00 AIRS ID#: 571094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SHYROSE CLEANERS DATE: 5/13/98

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE NUMBER: 813-877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
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Bureau of Air Monitoring & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: ROGER [illegible]
(Please Print)

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

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571094 DATE: 5/13/98 TIME IN: 12:30 TIME OUT: 14:00

FACILITY NAME: SHYROSE CLEANERS

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEVE LEBRETTON PHONE: (813) 877-8282

CONTACT NAME: SAM WALJI PHONE: (813) 881-1224

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: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/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	☐Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☐
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☐N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

5/13/98
Date of Inspection

Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Shyrose Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 8316 Hanley Road				CITY: Tampa PHONE: (813) 881-1224
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33634
INSPECTION DATE: Apr 27, 1998	TIME IN: 13:00	TIME OUT: 15:30	INSPECTION TYPE: non-CDS	STATUS: In Compliance

NEDS NUMBER: 571094

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Sam Walji

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

The machine was in operation today. No leaks or odors were noticed.

There were some deviations from record keeping requirement. The new contact person, Mr. Sam Walji, could not find any temperature log which supposed to have been recorded since the temperature gauge was installed in Sep 17, 1997. The leak log was partially missing from June to November of 1997. Mr. Walji said the previous contact person of this facility, Richard Elkin, who had done these logs left the job without any notice. He will check with Richard and let me know where those records are as soon as he finds out. Since we did not see any problem of record keeping from the last year inspection, therefore I decided not to proceed any further action until the results feedback.

The perc purchase receipts were kept in the main office which is the Tender Touch Cleaners. I went there to verify that the total quantity of perc purchased within the past 12 months was 278 gallons.

The owners manual is kept on site which includes a startup, shutdown and malfunction plan.

Follow-up on 5/13/98: I got a call yesterday from the responsible official, Mr. Steve Lebretton, to notify that they found most of the record keeping. In my second visit to this facility today, Mr. Sam Walji showed me the leak log which was partially missing on my last visit. The temperature log was starting to record at beginning of November, 1997. Since it is only missing a short period (about 6 weeks after the gauge was installed) of the temperature records and the rest of them has been logged consistently, therefore there is no further action required as result of this inspection.

INSPECTED BY: Roger Zhu	DATE: Apr 27, 1998

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 14:30 TIME OUT: 16:00 AIRS ID#: 571094

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SHYROSE CLEANERS DATE: 6/15/00

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEPHEN LeBRETTON PHONE NUMBER: (813) 877-8282

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

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

Revised 10/96

AIRS ID#: 571094

Revised 10/10/96

AAC

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SHYROSE CLEANERS DATE: 6/15/00

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RY

Annual Reporting Period: July 1 19 99 TO ~~July 15~~ June 15 20 00

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Stephen Le Bretton _____ 6/15/00
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ]
RE-INSPECTION [ ]

AIRS ID#: 571094 DATE: 6/15/00 TIME IN: 14:30 TIME OUT: 16:00

FACILITY NAME: SHYROSE CLEANERS

FACILITY LOCATION: 8316 HANLEY RD
TAMPA, FL 33634

RESPONSIBLE OFFICIAL: STEPHEN LeBRETTON PHONE: (813) 877-8282

CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: [ ] No notification form
(check appropriate box) [ ] Drop store/out of business/petroleum

A.

1. **Existing small area source** [ ]
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** [ ]
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** [X]
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** [ ]
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
[ ] facility qualified for a general permit as number ____ above
[ ] facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 330 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/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	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☒
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☒N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

6/15/00
Date of Inspection

Roger Zhu
Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Shyrose Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 8316 Hanley Road				CITY: Tampa PHONE: (813) 881-1224
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33634
INSPECTION DATE: June 15, 2000	TIME IN: 14:30	TIME OUT: 16:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571094				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Stephen LeBretton				

Today's visit was to conduct the annual inspection.

The machine was in operation today. No leaks or odors were noticed.

The recordkeeping is in a good shape. The perc usage was 330 gallons for the past 12 months according to the purchase receipts.

The chiller for the refrigerated condenser was malfunction, and was fixed about two weeks ago.

INSPECTED BY: Roger Zhu	DATE: June 15, 2000

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Kurji INC
2. Site Name (For example, plant name or number): Sky Rose Cleaner's
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 8316 Hanley Rd
   City: Tampa County: Hillsborough Zip Code: 33634
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0571094-002

Responsible Official

6. Name and Title of Responsible Official:
   Name: Stephen LeBrethon Title: G.M.
7. Responsible Official Mailing Address:
   Organization/Firm: Jeweler Touch Cleaner's
   Street Address: 3519 Henderson Blvd
   City: Tampa County: Hillsborough Zip Code: 33609
8. Responsible Official Telephone Number:
   Telephone: (813) 877-8282 Fax: ( ) Same

Facility Contact (If different from Responsible Official)

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 0571094001 AG.

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

Responsible Official Certification

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

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

Stephen LeBretton

Print name of responsible official

Signature

9/27/01

Date

tender touch CLEANERS

September 27, 2001

Re : Shyrose Cleaners
8316 Hanley Road
Tampa, FL. 33634

The above location has been sold to another company on June 16, 2001.

3519 Henderson Blvd., Tampa, FL 33609-3990 • (813) 877-8282
Quality Work For Quality People

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571094
SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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

Z 333 660 375

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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	

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

4a. Article Number

Z 333 660 375

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7/13

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*

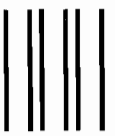
X

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 0571094
TENDER TOUCH CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571094
SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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

KURJI, INC. 4659

Department of Environmental Protection 2/15/1999

L&P Fees	ID # 0571095	50.00
L&P Fees	ID # 0571097	50.00
L&P Fees	ID # 0571094	50.00

Checking 150.00

P 174 052 004

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID#: 0571094
NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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	2/14/97

PS Form **3800**, April 1995

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

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

[illegible] wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0571094
NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

4a. Article Number
P 174 052 004

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 2/19/97

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Phyllis Omowale

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 612 959

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0571094

NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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	

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571094

NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

4a. Article Number
Z 333 612 959

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-4-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Cheryl A Bauer

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

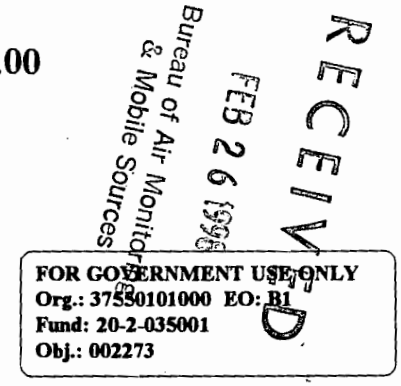
Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303449 ✓

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#0571094
NURDIN KURJI
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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

KURJI, INC.

3557

Department of Environmental Protection — 2/19/1998

L&P Fees	ID # 057194		50.00
L&P Fees	ID # 057195		50.00
L&P Fees	ID # 057196		50.00
L&P Fees	ID # 057197		50.00
Checking			200.00

Z 333 667 442

US Postal Service
Receipt for Certified Mail 2000

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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	

PS Form **3800**, April 1995

Fold at line over top of envelope to

SENDER: *COMPLETE THIS SECTION* — *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:

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

Z 333 667 442

2. Article Number *(Copy from service label)*

A. Received by *(Please Print Clearly)* | B. Date of Delivery 9/12

C. Signature
X ☐ Agent ☐ Addressee

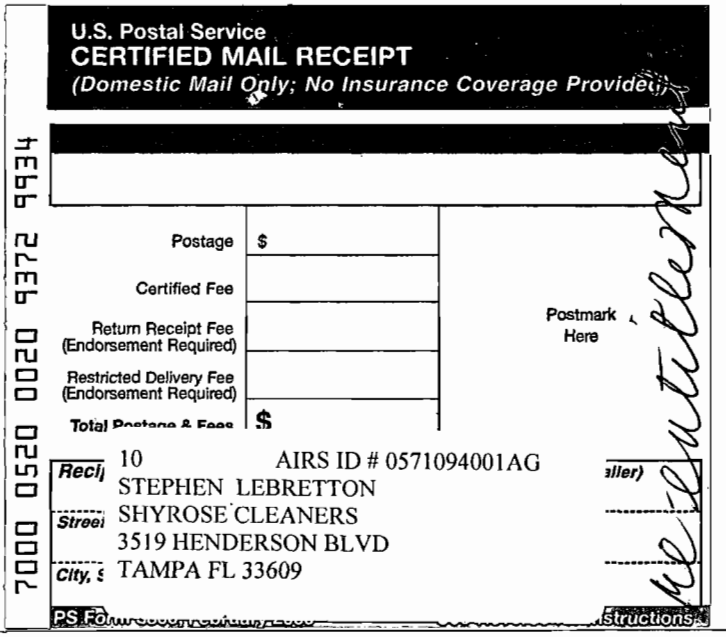
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Best Available Copy



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

7000 0520 0020 9372 9934

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

10 AIRS ID # 0571094001AG
STEPHEN LEBRETTON
SHYROSE CLEANERS
3519 HENDERSON BLVD
TAMPA FL 33609

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0571094001AG
STEPHEN LEBRETTON
SHYROSE CLEANERS
3519 HENDERSON BLVD
TAMPA FL 33609

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Deliv 8-17-01

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 0520 0020 9372 9934

Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405688

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 # 0571094
SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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

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

7000 0600 0026 4126 5766

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

Postmark Here

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 2/9/1

C. Signature: X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 0600 0026 4126 5766

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-99-M-1789

Z 333 660 729

US Postal Service
Receipt for Certified Mail

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

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	

PS Form **3800**, April 1995

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

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

ish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571094

SHYROSE CLEANERS
STEPHEN LEBRETTON
3519 HENDERSON BLVD
TAMPA FL 33609

4a. Article Number
Z 333 660 729

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
9/7

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.