

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 16, 1997

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

Re: Facility I.D. No. 0571097

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		<u> </u>
		TIME IN: _// 90 TIME OUT: _	12.45
		race Fl 33609	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		ם ֹ
2. New facility notified DARM 3	0 days prior to startup		. .
3. Facility failed to notify DARM	l to use general permi	t	٥
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
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)	d tr bo	New small area source ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr d ll/yr tr r b</td><td>New large area source ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr d ll/yr tr r b	New large area source ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classific	ation C	DY ON	
If no, please check the appropria	te classification:		
☐ facility exceeds	above limits and is n	as number above ot eligible for a general permit	
B. The total quantity of perchlor facility was 350 gallons.	oethylene (perc) purc	hased within the preceding 12 months by this d	ry cleaning

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

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y ®N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	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?	OY ON BYN/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?	OY ON MA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MY/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OBÝ □N
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	nolents
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?	מם צם
4. Maintained calibration data? (for direct reading instruments only)	OY ON DAMA/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN (MA)
6. Maintained startup/shutdown/malfunction plan?	oy om∕i
7. Maintained deviation reports?	OY ON MA
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON OMÁ/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	GA ON

2. Which method of detection is used by the responsible official?							
-			u				
Physical detection (airflow felt through gaskets)							
			Q				
ation (FII	D/PID/calo	orimetric tubes)	<u> </u>				
entation,	, is the equ	ipment:					
perc vap	or concent	rations in a range of 0-500 ppm?	OY C	IN N			
standard	gas prior t	o and after each use		מו			
ıd obviou	s signs of	wear on a weekly basis?		JN N			
ecure are	ea when no	ot in use?		м			
by use of	f duplicate	samples (calorimetric only)?		אנ			
			DY □N				
followin	g areas for	· leaks?					
₽Ý	Пи	Muck cookers	ПY	ПИ			
⊠Y	ПИ	Stills	OY.	□N			
₫Y	ПΝ	Exhaust dampers (49)	E Y	BN			
ΞÝ	ПN	Diverter valves	₽Ý.	□N ·			
<u>o</u> Ý	□и	Cartridge filter housings	₽Ý	□N			
Water separators							
al							
		6/5/97					
nt)		Date of Inspe	ection				
		1 904 whe	2990	se			
		Approximate Date of	Next In	spection			
	olvent or rough garation (FII) entation perc vapustandard and obvious ecure are by use of following and and and and and and and are the secure are by use of following and and and are the secure are the	olvent on exterior strough gaskets) ation (FID/PID/calcentation, is the equiperc vapor concent standard gas prior to ad obvious signs of ecure area when not by use of duplicate following areas for the equipercond to the end of the	ation (FID/PID/calorimetric tubes) entation, is the equipment: perc vapor concentrations in a range of 0-500 ppm? standard gas prior to and after each use and obvious signs of wear on a weekly basis? ecure area when not in use? by use of duplicate samples (calorimetric only)? following areas for leaks? IN Muck cookers IN Stills IN Diverter valves IN Diverter valves IN Cartridge filter housings IN Date of Inspections In Date of Inspections In Date of Inspectical in the standard gas prior to and after each use In Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of Inspectical in the standard gas prior to and after each use IN Date of	olvent on exterior surfaces) rough gaskets) ation (FID/PID/calorimetric tubes) entation, is the equipment: perc vapor concentrations in a range of 0-500 ppm?			

ADDITIONAL SITE INFORMATION: Tender Touch Cleaners

This facility was visited for the purpose of performing an annual inspection on 6/5/97. The owner, Mr. Nurdine Kurji was the facility contact for this inspection. A review of the records indicated the leak inspections have been completed weekly, as required.

Temperature logs haven't been kept, as the refrigerated condenser temperature gauge has not been installed. Mr. Kurji indicated that the only contractor he has faith in has a back log of equipment modifications (not just at Tender Touch). I told Mr. Kurji that it is imperative that a temperature gauge be installed as soon as possible, but it must be installed prior to September 1, 1997.

Mr. Kurgi was asked to contact me when the gauge has been installed so I could verify the completion.

I asked for the operator's manual to determine if they had a start-up/shutdown/malfunction plan, and Mr. Kurji indicated he had loaned it to one of his other stores. He was told that he needs to have one at each store.

Machine information is as follows:

- Renzacci Serena Sun 530
- S/N 9731
- Built 10/11/88
- Capacity 55#

Has an additional perc carbon filter to remove trace perc from water discharging from water separator.

TITLE V AIR QUALITY INSPECTION SUM	GENERAL PERMIT MARY REPORT
ماسي	PLAINT/DISCOVERY (RE-INSPECTION X
TIME IN: 9:00 AM TIME OUT: 10:00 TYPE OF FACILITY: Pere Day Cleaners FACILITY NAME: Tender Acus of Cleaners FACILITY LOCATION: 8777 East Temper To Temple Temple Temper To RESPONSIBLE OFFICIAL: Steve Lehre Thor	AM GAIRS ID#: 9 05 7/699 PHONE NUMBER: (\$13) \$77-8282 sted during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
it appear That Diy cleaning	· · · · · · · · · · · · · · · · · · ·
Machin mery have internal	
Problem.	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO NO
P	Ozari

INSPECTOR'S SIGNATURE: M. NO ROW

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

的工程的证据起解的

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION							
TIME IN: 1340 TIME OUT: 1420	AIRS ID#: 571097							
TYPE OF FACILITY: PERC DRY								
FACILITY NAME: TENDER TOUCH DRY CLEANERS DATE: 7/2/97								
FACILITY LOCATION: 8777 E. TEMPLE TELEPACE HWY								
TEMPLE TERRACE, FL								
RESPONSIBLE OFFICIAL: STEPHEN LEBRETTON	PHONE NUMBER: 813 877 -8282							
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr								
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance							
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED							
VERIFIED TEMP GALGE INSTALLED.	None							
COMMENTS:	·							
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO								
DATE OF NEXT INSPECTION:	1. 48-							
	proximate)							
	Not							
	ease Print)							
INSPECTOR'S SIGNATURE: 4 O Half	PHONE NUMBER: \$13-272-5530							

Page / of /.

10月1日 1911日 1911日

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Tender To	uch Dry Cleaner	rs		PA	GE	1 OF 1		
FACILITY ADDRESS:	8777 E. Tem	ple Terrace Hig	ghway	CITY	: Te	mple Terrace		
MAILING ADDRESS:	same as above		CITY: same]]	FLA	ZIP: 33609		
INSPECTION DATE:	TIME IN:	TIME OUT:	'INSPECTIO	N TYP	E:	STATUS:		
7/2/97	1340	1420	III	•		3		
AIR GENERAL PERM	AIR GENERAL PERMIT NUMBER: 0571097							
SOURCE DESCRIPTION: perc dry cleaner								
CONTACT(S): Nur	CONTACT(S): Nurdine Kurji							

The purpose of this inspection was to perform a re-inspect at this facility as a result of notification that they have installed a temperature gauge on the refrigerated condenser. This gauge was not installed at the time of the annual inspection, which was performed in early June, 1997. It was installed last week, and have been visually verified by this inspection.

INSPECTED BY: James O. Holton, Air Toxics Engineer DATE: 7/2/97

Holt

057/097 10-15 Spoke to Stephen Le Bretton,

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name	of corporation, agency, or individual or	wner):
	Nurdine Ku Site Name (For example, plant name or		
2.	Site Name (For example, plant name or	number):	
	Tender Touch Hazardous Waste Generator Identification	HCleamers	
3.	Hazardous Waste Generator Identification	on Number:	The same of the view of
1 _{2, 1} ,	FLD 98084727	7/	
4.	Facility Location: POINT PLAZA		ه بېزىكېچىمىي رە دەمىد دە داداد داداد
	Street Address: 8777 Temple City:	Terrace HWY. Zip	Code: 39 // 3
	IAMPA	The state of the s	Code: 33637
5.	Eacility Identification Number (DEP Use		097
		Responsible Official	
Mis	Name and Title of Responsible Official: Stephen Leß	retton General	m anager
7.	Responsible Official Mailing Address: 3 Organization/Firm: Tender Touc Street Address: Henderson Bir City: Tamper Fl.	519 Henderson Blv.	33609 Fampa, Fl. Zip Code: 33609
	Responsible Official Telephone Number Telephone: (813) 877-828	· · · · · · · · · · · · · · · · · · ·	
	Facility Contact (If different from Responsible Official	
	Name and Title of Facility Contact (For		
	Christine Be Facility Contact Address Tender	rger	
10.	Facility Contact Address Tender	Touch cleavers	
	Street Address: POINT PIAZA 8	777 lawell la accor HU	<i>'Y'</i>
	City: TAMPA	County: Zip Hills Borough	Code: 33637
11.	Facility Contact Telephone Number: Telephone: (813) 988-023		RECEIVED
			GEP 23 MAD
	•		SEP 2. Bureau of Air Monitoring Bureau of Air Monitoring Mobile Sources
			VII II.

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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.

Туг	e 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
Exa	mple	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-S
Dry	-to-Dry Unit	J. 187			المرايات	u Savak	#5 <i>4</i> 545.27	#W.W	AR EAST	rafikt)
	(1) w/ ref. condenser	1	08-12-91			13.			The Automoti	789.531
	(2) w/ carbon adsorber									· *** *** : : : : : : : : : : : : : : :
	(3) w/ no controls								to programme	50.00
Wa	sher Unit	3 m 1 (2)			reco	i prijert	Hay Thus	a Him	aller blackfill	
-	(4) w/ ref. condenser					,			4 t 1 1 1 1 2 1 1	1
s/z	(5) w/ carbon adsorber								1. 1. 1.	
	(6) w/ no controls			-					1. 1.3	7
Dry	er Unit	1,52,514	erijagerija Corije	HARTHARI	9486e	a) in disease trades	hustige		红色的平位 电电路	APPENESSA
(3)	(7) w/ ref. condenser					:		*,		
,	(8) w/ carbon adsorber									
	(9) w/ no controls								;	
	laimer Unit		ing skilled being		r indi	dariya delekiri	ģia _{t s} •s• ta	1 / W	- Apply to part, trade	
1	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls								1:	
(b	Control devices areNo control devices	, -		•	<u>X</u>		<i>y</i> ¹ ,	i		
4 1+3	What was the total of Q 90 1 1 less than 12 monto Check why it is less	gallo	ons ow many? [_] months		\$. t*	n the latest 12			1. 1
				,					;	
٠ (What is the facility's so Indicate with an "X".					nitions found		3) of		
e i i	Existing small ar	ea so	urce []	Ne	ew sn	nall area sour	rce []		
	Existing large ar	ea soi	urce X	Ne	ew lai	rge area sour	ce]		

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	t control technology is required on	machines p	oursuant to	section (5) of Pa	art II of t	his notifi	cation fo	orm?
(Indi	icate with an "X".)	·		;					: :
	Existing large area source								
	Carbon adsorber [X]	Refrigerat	ted conde	nser	[]			7
		-							
	New small area source	_		,				:	4
	Refrigerated condenser []			:		1:	. :	
	New large area source			1.	·4 · .			:	
	Refrigerated condenser [1	•						
		-							
			, \						
						• .		1.1	
		And the second second second second	***************************************					. :	74%
٠. '							1		41
	cility which contains non-exempt e								
£ .	62-213.300, F.A.C. Verify that al		hot water	generatin	g units	on-site n			
exempti	on criteria or that no such units ex	ist on-site:			1,11		1,000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2000年度。 2011年度
All steen	m and hot water generating units o	n-site (1) h	ome a total	l heat inn	ut of 10	million	RTI I/hr c	. `	
	IP or less), and (2) are fired exclus								
	which propane or fuel oil containing								
						4.1			
	m and hot water generating units e	xempt							
NO SUCH	units on-site		J. 77.	i i i i i i i i i i i i i i i i i i i			CONTRACTOR		
				• •					
							Service Miles		a de la companya de l
				,			7,73		
,					in a space	A SHARE	n dise	- 1 AM	
	The State of the S					. :	·		
Andrew Commencer	Equipment Mo	nitoring an	nd Record	keeping l	nform	ation			- 1 (40)
	• •	•							
Check a	ll logs which are required to be ke	pt on-site in	accordan	ce with th	e requi	rements	of this ge	neral pe	rmit: 👙
(a) Dural	hasa massimta and salvant murchasa					· V:	1.		
(a) Purci	hase receipts and solvent purchase	S							
(b) Leak	detection inspection and repair						1.		
•					,				
(c) Refri	igerated condenser temperature mo	onitoring							: '
(1) O 1			. •						17
(d) Carb	on adsorber exhaust perc concent	ration monif	toring				行法。		7
(e) Instri	ument calibration			:		LХ			ng r
(f) Start	-up, shutdown, malfunction plan								: .
	,					: -	:	1	
								1	

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Surrender of Existing Air Permit(s)

]	I hereby surrender all existing air permits authorizing of facility indicated in this notification form; specifically,	-	
		and the second second	HS, 19
X ₁	No air permits currently exist for the operation of the this notification form.	facility indicate	d in
7			
	Responsible Official Certificat	tion .	
			. E.,

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1140 TIME OUT: 1245	AIRS ID#: <u>057 /097</u>
TYPE OF FACILITY: PERC Day cleaner	
FACILITY NAME: Tender Touch Cleaners	DATE: 6/5/97
FACILITY LOCATION: 8777 & Temple Terrice	Highway
Temple Terrace F1 3	3609
RESPONSIBLE OFFICIAL: Steve Le Bretton	PHONE NUMBER: (8/3)
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No temperature gazza	Install grange - reinspect required
NOTE: 7/2/97 RE-INSPECTED. TEN	
IN-COMPLIANCE T	<u> </u>
-	
<u> </u>	
	•
COMMENTS:	-
Owner's manual had been loaned to ownership chain. Other facility had	enother facility within the similar machine.
The Annual Compliance Certification form has been properly certification form has been properly certification.	
DATE OF NEXT INSPECTION: Open installation (Ap)	proximate
INSPECTION CONDUCTED BY: I fines O	Holton
(Pk	PHONE NUMBER: (8/3) 272-5530
INSPECTOR'S SIGNATURE: Ja D Holb	PHONE NUMBER: (8/3) 272 - 5530

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \overline{X} COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9^{200} TIME OUT: 10^{23}	30 AIRS ID#: 57/097
TYPE OF FACILITY: PERC DRY CLEANE	
FACILITY NAME: TENDER TOUCH D	RY CLEANERS DATE: 8/17/98
FACILITY LOCATION: 8777 E TEMPLE	TERRACE HWY
TEMPLE TERLACE	, FL 33609
RESPONSIBLE OFFICIAL: STEVE LEISRETTON	PHONE NUMBER: (813) 877 - 8282
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
· · · · · · · · · · · · · · · · · · ·	
·	
	
	DEC.
COMMENTS:	RECEIVED
	SEP 1 7 1998
<u> </u>	Bureau of Air Monitoring
The Annual Compliance Certification form has been properly certi	Sources -
	YEAR
(A _I	pproximate)
INSPECTION CONDUCTED BY:	GER ZHU
INSPECTOR'S SIGNATURE: Quy'Mu	lease Print) PHONE NUMBER: (8/3) 272 -5530
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>ф</u>	COMIL	AINT/DISCOVERY	
AIRS ID#: 571097	DATE: 8/17/9	8 TIM	IE IN: 9:6	TIME OUT:	10:30
FACILITY NAME:	TENDER TO	OUCH_	DRY C	CLEANERS	
FACILITY LOCATION:	8777 E. TO	SIMPLE	TERR	ACE HWY	,
_	TEMPLE TE	erace	, FL	33609	
RESPONSIBLE OFFICIAL	: STEPHEN (LEBRET	TO PHONE	: <u>(813)877</u>	-8282
CONTACT NAME: 501	4N RHODE	5	PHONE	: <u>(813)</u> 988	-0234
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM		_		NA	
2. Facility failed to notify DA	RM to use general perr	mit		· ·	0
DARTH, CLASSIFICATIO) AT				
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)				otification form store/out of business.	/petroleum
Facility indicated on notificated (check appropriate box) A.	ation form that it is:		☐ Drop	store/out of business.	/petroleum
Facility indicated on notificated (check appropriate box) A. 1. Existing small area sou	ntion form that it is:		☐ Drop	store/out of business.	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sort dry-to-dry only, x < 140 gat transfer only, x < 200 gal/y	ntion form that it is:	dry-to-dry o transfer onl	Drop all area source only, $x < 140 \text{ g}$ y, $x < 200 \text{ gab}$	store/out of business. e al/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sondry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce al/yr	dry-to-dry o transfer onl both types,	☐ Drop all area source only, x < 140 g y, x < 200 gal/y x < 140 gal/yr	store/out of business. e al/yr /yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/y	urce al/yr	dry-to-dry o transfer onl both types,	Drop all area source only, $x < 140 \text{ g}$ y, $x < 200 \text{ gab}$	store/out of business. e al/yr /yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gater ansfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	urce al/yr	dry-to-dry of transfer only both types, (constructed	☐ Drop all area source only, x < 140 g y, x < 200 gal/y x < 140 gal/yr	store/out of business. e al/yr (yr 2/9/91)	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le	ntion form that it is: urce al/yr yr 1) urce 2,100 gal/yr	dry-to-dry of transfer only both types, (constructed 4. New lar dry-to-dry of the transfer of	Drop all area source only, $x < 140 \text{ g}$ y, $x < 200 \text{ gal/yr}$ x < 140 gal/yr d on or after 12 ge area source only, $140 \le x \le$	store/out of business. e	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,	urce Durce VI 2,100 gal/yr	dry-to-dry of transfer only both types, (constructed 4. New lar dry-to-dry of transfer only transfer	Drop all area source only, $x < 140 \text{ g}$ y, x < 200 gal/yr x < 140 gal/yr if on or after 12 ge area source only, $140 \le x \le y$, $200 \le x \le 1$	store/out of business. e	/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1,800	ation form that it is: urce al/yr yr 1) urce 2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry of transfer only both types, (constructed 4. New lar dry-to-dry of transfer only both types,	Drop all area source only, $x < 140 \text{ g}$ y, $x < 200 \text{ gal/yr}$ d on or after 12 ge area source only, $140 \le x \le y$, $200 \le x \le 1$ $140 \le x \le 1,80$	store/out of business. c	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,	ation form that it is: urce al/yr yr 1) urce 2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry of transfer only both types, (constructed 4. New lar dry-to-dry of transfer only both types,	Drop all area source only, $x < 140 \text{ g}$ y, x < 200 gal/yr x < 140 gal/yr if on or after 12 ge area source only, $140 \le x \le y$, $200 \le x \le 1$	store/out of business. c	/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1,800	urce	dry-to-dry of transfer only both types, (constructed 4. New lar dry-to-dry of transfer only both types,	Drop all area source only, $x < 140$ gal/yr x < 140 gal/yr d on or after 12 ge area source only, $140 \le x \le 1$, $200 \le x \le 1$, $200 \le x \le 1$, and on or after 12	store/out of business. c	/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility	urce	dry-to-dry of transfer only both types, (constructed. 4. New lar dry-to-dry of transfer only both types, (constructed.)	Drop all area source only, $x < 140$ gal/yr x < 140 gal/yr d on or after 12 ge area source only, $140 \le x \le 1$, $200 \le x \le 1$, $200 \le x \le 1$, and on or after 12	store/out of business. c	/petroleum
(check appropriate box) A. 1. Existing small area sordry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sordry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	ation form that it is: urce al/yr yr 1) urce 2,100 gal/yr 800 gal/yr 0 gal/yr 1) classification	dry-to-dry of transfer only both types, (constructed dry-to-dry of transfer only both types, (constructed dry-to-dry of transfer only both types, (constructed dry-to-dry).	Drop all area source only, $x < 140 \text{ g}$ $y, x < 200 \text{ gal/}$ $x < 140 \text{ gal/yr}$ if on or after 12 ge area source only, $140 \le x \le 1$ $140 \le x \le 1$ $140 \le x \le 1$ On or after 12 N \square Can reas number	store/out of business. e	/petroleum

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

В.	Has the responsible official of an existing large or new large area source also:			
۱.	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?	XY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	DN-	-ON/A
	ls the temperature differential equal to or greater than 20° F?	ŪΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ЦY	Πи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	□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?	ΩY	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			XIY □N		
2. Has the facility maintained a leak log?	X iY □N				
3. Does the responsible official check the	following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	AND NO YA	Muck cookers	ÁY ON ON/A		
Door gaskets and seating	אוחם חם צולף	Stills	KANO NO YÉ		
Filter gaskets and seating	DAY ON ON/A	Exhaust dainpers	90Y ON ON/A		
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	A/N U U VA		
Water separators	ÇİY □N □N/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	solvent on exterior surfaces	s)	A		
Physical detection (airflow felt th	rough gaskets))XI		
Odor (noticeable perc odor)	Ø				
Use of direct-reading instrument	Q				
Halogen leak detector					
If using direct-reading inst	M/A				
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON		
c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	DY DN		
	secure area when not in us		OY ON		
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON		
	· · · · · · · · · · · · · · · · · · ·				
ROSER ZHU 8/17/98					
Inspector's Name (Please Pr	int)	Date of Inspe	ection		
Duy M	h	1 YE	AR		
Inspector's Signature	Next Inspection				

•						
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Tender Touch Dry Clear	ners		PAGE	1 OF 1		
FACILITY ADDRESS: 8777 E. Tem	ple Terrace H	wy		mple Terrace (813) 988-0234		
MAILING ADDRESS: Same		CITY: Temple Terrace	I	ZIP: 33609		
INSPECTION DATE: TIME IN:	TIME OUT:			STATUS:		
Aug 17, 1998 9:00	10:30	non-C	DS	In Compliance		
NEDS NUMBER: 571097						
SOURCE DESCRIPTION: Perc Dry	Cleaner					
CONTACT(S): John Rhodes						
Today's visit was the continuation is the store manager, was very busy a	at the time I sta	arted the inspec	ction.			
The machine is the same one noted		-	odors or l	eaks was noticed when		
the machine was in operation during	•		o vyon 222	callong within the next		
Mr. Rhode's record keeping is in a	•					
12 months. The temperature and le						
repair log indicated that a door gasket and a filter housing gasket were replaced on 3/20/98 and						
1 *	5/13/98 respectively. The owners manual were kept in another facility. Since this was the same compliance					
discrepancy noted in the last year i						
facility.	mspection, m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •	a gonono ono to una		

Roger Zhu

INSPECTED BY:

DATE:

Aug 17,1998

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

303449

Do NOT Remove Label

AIRS ID#0571097

NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources AIRS ID#0571097 NURDINE KURII STEPHEN LEBRETTON 3519 HENDERSON BLVD **TAMPA FL 33609** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **U**NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities

Signature

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL 🕢 COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:30 72411	TIME OUT:2 :	/ \AIRS ID#:	57/097
TYPE OF FACILITY: Perc D	ry Cleaner		·
TYPE OF FACILITY: Perc D FACILITY NAME: Tender	touch Dry Clean	vers	DATE:
FACILITY LOCATION: 5777 Temple	E. Temple Terr	ace Hwy	
Temple	Terrace, F1 3	3609	
RESPONSIBLE OFFICIAL: 51	ve Lebretton	PHONE NUMBER	l:
Based on the results of the cocompliance with DEP Rule 6		ated during this inspection, the farative Code (F.A.C.).	acility is found to be in
Based on the results of the co	ompliance requirements evalu	ated during this inspection, the f	ollowing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
			•
			P
		40	
		E MOK	
			The state of the s
•		· · · · · · · · · · · · · · · · · · ·	(3)
			,
COMMENTS:		1.	
· ·			<i>y</i>
The Annual Compliance Certification		_	tor. YES NO NO
DATE OF NEXT INSPECTION:_	\ Yea		
INSPECTION CONDUCTED BY:	Mohamma	oproximate) Alozari lease Print)	
INSPECTOR'S SIGNATURE:	•	ř	R: (813)272-5535

Page__of_/_.

Revised 10/96

Aga

AIRS ID#: 0571097

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tender touch Dry Cleaners DATE: 7/27	1/99
FACILITY LOCATION: 8777 East Temple Terrace Hwy	
Temple Temace, Fl 33609	
Annual Reporting Period: 2//1 1998 TO 7/27 19	<u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ve:
Exact period of non-compliance: from Action(s) taken to achieve compliance:	· ·
AUG U 2 1999 ·	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the second stated stated about the second stated stated about the second stated about the second stated stated stated about the second stated state)ve:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the stateme made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, bas 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: Name (Please Print) Signature Date	sed

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS ID#: 57/097 D. FACILITY NAME: Tender				: 2:15 Pm
FACILITY LOCATION: 87	77 E. Templ	le Terrac	el Huy	
Ten	ple Terracl	, F/	33609	
RESPONSIBLE OFFICIAL : _	Steve LebreT	<u>たん</u>	PHONE: (813) 877-	82.82
CONTACT NAME:	Same]	PHONE:	
PART I: NOTIFICATION				•
(check appropriate box) 1. New facility notified DARM 39	O days prior to startup	a	/ ^	
2. Facility failed to notify DARM	-	ľ	V/A	
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	e 🗆 2. I dry- tran both (cor	New small are to-dry only, x sfer only, x < 1 types, x < 14 astructed on on	: < 140 gal/yr 200 gal/yr :0 gal/yr r after 12/9/91)	/petroleum
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximation of the second constructed before 12/9/91 	on gal/yr dry- gal/yr tran ll/yr both (cor ssification	asfer only, 200 in types, 140 ≤ instructed on on	ea source $40 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x = 12/9/91$ $Can not determine$	
☑ facility	qualified for a general exceeds above limits ar	permit as nun		

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Z Y	, DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□Ν	DAN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	DAN/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,	Özz		
	if machines are equipped with a carbon adsorber?	ЦY	ПN	MN/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПИ	₽N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	⊡ N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	ØN/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ZY ÓN
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	and no an
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	DY DN BAN/A
Problem corrected?	DY DN DNIA
8. Maintained compliance plan, if applicable?	DY DN PANA

PAR	PART VI: LEAK DETECTION AND REPAIRS				
1. D	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
ir	ispection?			DY ON	
2. H	as the facility maintained a leak log?			מם עם	
3. D	oes the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	MY ON ON/A			
4. W	hich method of detection is used by the	ne responsible official?		•	
	Visual examination (condensed so	lvent 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 instru	ımentation, is the equipn	nent:	EN/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON	
	•	d obvious signs of wear on	a weekly basis?	OY ON	
	-	cure area when not in use		OY ON	
	<u>-</u>	by use of duplicate sample		OY ON	
	0 0	., 	(
		· · · · · · · · · · · · · · · · · · ·			
	. (•			
M	chammad Noza	/)	July 27,	1999	
	Inspector's Name (Please Prin	t)	Date of Inspe	ction	

Approximate Date of Next Inspection

M. 00 Zari
Inspector's Signature

6.					
				·	
ENVIRO	NMENTAL PROT	INSPECTION REI		SBOROUGH	COUNTY
FACILITY: Tender Tou		DOTTON COMMIN	OOIOII OI IIIDD		1 OF 1
FACILITY ADDRESS:	8777 East Temp	ple Terrace			emple Terrace
YOUR ARREST			CYCRY CD 1		(813)877-8282
MAILING ADDRESS:			CITY: Temple Terrace	FLA	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATUS:
July 27, 1999	1:30 PM	2:15 PM	Annu	al	In Compliance
NEDS NUMBER: 5710	97				
SOURCE DESCRIPTION	N: Perchloroeth	ıylene (Perc) [Ory Cleaner		
CONTACT(S): Stephen	Lebretton				
The purpose of the vis	it was an annua	al inspection. V	We found the f	ollowing:	
1. The record keeping	-			organized	
2. The gauge tempera	•		•		
3. The vicinity around	•	•	•		• •
4. The Perc was loade					
5. The monthly avera months was 345 ga		_	s recorded cor	rectly and	the total for past 12
6. The machines were			s or odors wer	e noticed.	
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be					
disposed in accorda	disposed in accordance with regulations.				
				:	

DATE:

July 27, 1999

INSPECTED BY:

Mohammad Nozari

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 AM TIME OUT: 10 M	ARS ID#: 057/697
TYPE OF FACILITY: Perc Dry Chare Clea	
FACILITY NAME: Tender touch Cleaner	DATE: 6/28/00
FACILITY LOCATION: 8777 6 Temple Te	
Temple Terrace, RI	
RESPONSIBLE OFFICIAL: 3-leve LehreThon	PHONE NUMBER: (\$13) 877-8282
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements ex discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
the R.O. Fouletto Muntain	Σ
	•
a record Keeping warning	
NOTILE # 20108 Was 11sued	
6124100	
COMMENTS:	
	,
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/6/	
INSPECTION CONDUCTED BY: Mchannac	(Approximate)
INPRECISON CONDUCTED BA: WWW. CO.	(Please Print)
INSPECTOR'S SIGNATURE: NA NO 300	PHONE NUMBER: (813) 272 - 55-30

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 <u> </u>	COMPLAINT/DISCOVERY	, oʻ
AIRS ID#: <u>057/097</u>	DATE: 6/28/	OO TIME	IN: 9'30 AM TIME OUT	: 10! Am
FACILITY NAME: Tend	ler touch ele	uners		
FACILITY LOCATION: 8	777 G. Tem	Pk Terr	ace Hwy	
· <u>1</u>	emple Torral	2, 1-1	33609	· · ·
1	1		phone: <u>(\$13</u>)\$71~ <i>§</i>	282
CONTACT NAME:	11		PHONE:	<u>.</u>
PART I: NOTIFICATION			<u> </u>	
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to start	tup		
2. Facility failed to notify DA	RM to use general per	mit		
	· · · · · · · · · · · · · · · · · · ·			
PART II: CLASSIFICATIO	N		<u> </u>	
Facility indicated on notifica (check appropriate box) A.	tion form that it is:		☐ No notification form ☐ Drop store/out of busines	s/petroleum
1. Existing small area sondry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	11/yr ⁄r	dry-to-dry or transfer only both types, x	ll area source lly, x < 140 gal/yr , x < 200 gal/yr < 140 gal/yr on of after 12/9/91)	
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry of transfer only both types, l	ge area source aly, $140 \le x \le 2,100 \text{ gal/yr}$ $x, 200 \le x \le 1,800 \text{ gal/yr}$ $40 \le x \le 1,800 \text{ gal/yr}$ on or after $12/9/91$)	· · · · · · · · · · · · · · · · · · ·
5. This is a correct facility	classification		☐ Can not determine	
If no, please check th	ne appropriate classific	ation:		

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

facility qualified for a general permit as number _

facility exceeds above limits and is not eligible for a general permit

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

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

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

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small source	ces, bi-weekly) leak detection an	d repair
inspection?			DY DX
2. Has the facility maintained a leak log?		•	DY ON
3. Does the responsible official check the f	ollowing areas for lead	cs?	
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/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 ĤN/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	DY DN DN/A		
4. Which method of detection is used by the	ne responsible official?) ·	
Visual examination (condensed so	olvent on exterior surfa	aces)	۵.
Physical detection (airflow felt the	rough gaskéts)		□ ·
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	tion (FID/PID/calorim	netric tubes)	
Halogen leak detector			
If using direct-reading instr	umentation, is the eq	uipment:	□N/A
a. Capable of detecting	perc vapor concentrati	ons in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	standard gas prior to a	nd after each use	OY ON
c. Inspected for leaks ar	nd obvious signs of wea	ar on a weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in	ı use?	OY ON
		mples (calorimetric only)?	OY ON
	- -		
		•	

Mohammad Nozari	6/28/00
Inspector's Name (Please Print)	Date of Inspection
M.NO ROZ	7/5/00
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

N	À

AIRS ID#: 05710990 DATE: 7-5-00 TIME IN: 9:00AM TIME OUT: 10:00AM
FACILITY NAME: Tender touch Dry Cleaners
FACILITY LOCATION: 8777 EGST TEMPLE TERRICE HWY
Temple Terrace, 41 33609
RESPONSIBLE OFFICIAL: Steve CehreThon PHONE: (813)877-8282
CONTACT NAME: PHONE:
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) 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 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 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)
(constructed before 12/9/91) (constructed on or after 12/9/91)

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	. OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 brs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (60r applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duet monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8 Maintained compliance plan, if applicable?	OY ON -ON/A

PART VI: LEAK DETECTION AND R	EPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?					
2. Has the facility maintained a leak log?			DY DN		
3. Does the responsible official check the f	following areas for leaks?				
Hose connections, fittings,		. /			
couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	OY ON ON/A		
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A		
Water separators	AIMO NO YO				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed se	olvent on exterior surface	s)			
Physical detection (airflow felt th					
Odor (noticeable perc odor)					
Use of direct-reading instrumenta	<u> </u>				
Halogen leak detector	·				
If using direct-reading instr	ment:	□N/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	standard gas prior to and	after each use			
(PID/FID only)?		11 1			
	ecure area when not in us				
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN		
		·			
Mohammad Nozani 7-5-00					
Inspector's Name (Please Pri	nt)	Date of Insp	ection		

Revised 8/11/97

Approximate Date of Next Inspection

	U.S. Postal Serv CERTIFIED M (Domestic Mail	IAIL RECEIPT	ce Coverage Provide
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1?
1. Article Addressed to: 10 AIRS ID # 0571097001AG STEPHEN LEBRETTON TENDER TOUCH CLEANERS	If YES, enter delivery address below: No
3519 HENDERSON BLVD TAMPA FL 33609	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0520 0020 9372	1941
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

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

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AIRS ID # 0571097

TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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item 4 if Rest Print your name so that we cause Attach this cause	ms 1, 2, and 3. Also complete tricted Delivery is desired. me and address on the reverse an return the card to you. ard to the back of the mailpiece, of if space permits.	A. Received by (Please Print Clearly) C. Signature Agent Addressee B. Sedivery address different from item 1? If YES, enter delivery address below:
TENDER TOUCH STEPHEN LEBI 3519 HENDERSO	RETTON ON BLVD	
TAMPA FL 3360		3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
_		4. Restricted Delivery? (Extra Fee) ☐ Yes
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Fund: 20-2-035001 Obj.: 002273

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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

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199	Return Receipt Showing to Whom & Date Delivered			
, April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date		,	

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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 v card to you. Attach this form to the front of the mailpiece, or on the back if spepermit. Write "Return Receipt Requested" on the mailpiece below the article was delivered.	1. Addressee's Address
3. Article Addressed to: AIRS ID 0571097 NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609	4a. Article Number 2333612962 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee by Agent)	B. Addressee's Address (Only if requested and fee is paid)

P 174 052 665 US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID # 057.1097 TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609 े | Селиеа гее Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees \$ Postmark or Date 8

on the reverse side?	SENDE Complete	e can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
N ADDRESS completed	AIRS ID # 0571:097 TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609	4b. Service Registere Express Return Red	Type ed	you for using Return Rec
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-	PS Form 3811 , December 1994		Domestic Return Receipt	

P 174 052 005

US Postal Service
Receipt for Certified Mail

AIRS ID#: 0571097

NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609

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2 Form 3800 , April 1995	2/14/97		

on the reverse side?	SENDER: O1 edoja Aua jo doj jako au Complete items 1 Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	e can return this e does not e number.	owish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
your RETURN ADDRESS completed	3. Article Addressed to: AIRS ID#: 0571097 NURDINE KURJI STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	Type ad Certified Mail Insured Celivery Cod Cod Cod Cod Cod Cod Cod Co
5	PS Form 38 1, December 1994		Domestic Return Receipt

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# 0571097

TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609 FOR GOVERNMENT USE ONLY

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

ОЫ.: 002273

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800	TOTAL Postage & Fees	\$				
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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.			
ADDRESS completed	3. Article Addressed to: AIRS ID # 0571097 TENDER TOUCH CLEANERS STEPHEN LEBRETTON 3519 HENDERSON BLVD TAMPA FL 33609			37/ Deertified Insured	
ls your RETURN	5. Bebeived By: (Print Name) AUGUL 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)			

T S 3	Z 333 LS US Postal Service Receint for Cerl TENDER TOUCH CLE TEPHEN LEBRETTO 519 HENDERSON BL TAMPA FL 33609	tified Mail AIRS ID # 0571 ANERS		
	Postage	\$		
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. PS Form 3800, April 1995				,
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so that we can return the a Attach this card to the bac or on the front if space pe	C. Signature		☐ Agent ☐ Addressee	
Article Addressed to:	D. Is delivery address different from item 1?			
AII NDER TOUCH CLEANERS EPHEN LEBRETTON				
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2 333 66	7 444	4. Restricted Deliver	y? (Extra Fee)	☐ Yes
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