

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. David P. Kushnir Ideal Cleaners 1141 King Boulevard Tampa, Florida 33603

Re: Facility No. 0571124

Dear Mr. Kushnir:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 13, 1997.

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, 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,

Dotty Diltz, Chief
Bureau of Air Monitor

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"

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Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 3, 1997

Mr. David P. Kushnir Ideal Cleaners 1411 King Boulevard Tampa, Florida 33603

Re: Facility No.: 0571124

Dear Mr. Kushnir:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 13, 1997.

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.

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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

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

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Department of Environmental Protection

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. David P. Kushnir Ideal Cleaners 14 / 1141 King Boulevard Tampa, Florida 33603

Re: Facility No. 0571124

Dear Mr. Kushnir:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 13, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/iw.

cc: Mr. Thomas Shelton, Hillsborough County

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Department of Environmental Protection

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

David B. Struhs Secretary

December 30, 2002

Mr. Henry McNatt, Jr. 6210 North Florida Avenue Tampa, Florida 32604 はいてによっている。 Dear Mr. McNatt:

Thank you for your December 17 letter notifying the Department of the change in status of Ideal Cleaners, LLC. The facility status has been changed to *inactive* in the database since your note indicates Ideal Cleaners LLC is a drop store and no longer uses perchloroethylene.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that within 30 days of any changes requiring corrections to information contained in the notification form, the responsible official shall notify the Department in writing. Entitlement for Upton Cleaners was issued on April 20, 1999.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate Ideal Cleaners LLC operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is due and payable between January 15 and March 1, 2003.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13'30 TIME OUT: 15'20 TYPE OF FACILITY: DRY (LEXINER)
FACILITY NAME: MAJESTIC IDEAL C	LEANERS DATE: 2/5/97
FACILITY LOCATION: 141 R MLK BLV	<u> </u>
RESPONSIBLE OFFICIAL: DAVE KUSHNER	PHONE NUMBER: 247-2333
Based on the results of the compliance requirements evaluation 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
AIR PERMIT NOT	SUBMIT AIR PERMIT TO
SUBMITTED TO FORP.	EOEL.
TE LEAR INSPECTION LOCS.	BREIN KREPING LEAR INSPECTION
	RECEIVED
	MAR 7 7 1997
	Bureau of Air Monitoring & Mobile Sources
COMMENTS: COMPRIANCE CERTIFICATION LEFT	WOWNER WHO WILL SUBMIT
TO FOEP.	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification.	_
DATE OF NEAT INSPECTION.	oproximate)
INSPECTION CONDUCTED BY: NEXT	B. JANIS
INSPECTOR'S SIGNATURE: July B. July	PHONE NUMBER: 272-5530
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 <u> </u>	COMPLAINT/DISCOVE	RY □
AIRS ID#: 0571124 FACILITY NAME:	MAJESTIC	IDEAL	EIN: 3'30 TIME O	ut: <u>[51 20</u>
FACILITY LOCATION:		NLK (BLUD. WER 247	- 2333
PART I: NOTIFICATION	1			=
(check appropriate box)	•			
1. Existing facility notified	DARM by 9/1/96			
2. New facility notified DA	RM 30 days prior to start	aup		α.
3. Facility failed to notify D	ARM to use general per	mit	· · · · · · · · · · · · · · · · · · ·	Æ
PART II: CLASSIFICAT				
Facility indicated on notifi (check appropriate box)	cation form that it is:			
A. 1. Existing small area s dry-to-dry only, x<140 g transfer only, x<200 gal/ both types, x<140 gal/yr (constructed before 12/9/	al/yr yr	dry-to-dry or transfer only both types, x	Il area source aly, x<140 gal/yr , x<200 gal/yr <140 gal/yr on or after 12/9/91)	·
3. Existing large area s dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,8="" 9="" <="" before="" both="" only,="" td="" transfer="" types,=""><td>!, 100 gal/yr 00 gal/yт gal/yт</td><td>dry-to-dry or transfer only both types, 1</td><td>le area source aly, 140<x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2>	!, 100 gal/yr 00 gal/yт gal/yт	dry-to-dry or transfer only both types, 1	le area source aly, 140 <x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility cla	ssification	KOY ON		
If no, please check the appr	opriate classification:		·	
☐ facility exc	alified for a general perm seeds above limits and is	not eligible f	or a general permit	
B. The total quantity of perfacility was 220 galle		rchased withi	n the preceding 12 months by	this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON 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 ZÍY □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

			_
B. Has the	e responsible official of an existing large or new large area source also:		
	ed and recorded the exhaust temperature on the outlet side of the condenser located o-dry, reclaimer, and dryer machines on a weekly basis?	XY	□N
inlet an	ed and recorded the washer exhaust temperature at the condenser d outlet weekly?	ΩY	ON DE N
Is	the temperature differential equal to or greater than 20° F?	ПY	ON M. W
at the ei	ed and recorded the perc concentration in the exhaust stream weekly and of the final drying cycle while the machine is venting to the adsorber, ines are equipped with a carbon adsorber?		□N ØN/A
Is	the perc concentration equal to or less than 100 ppm?	ΠY	ON X M
perc cor	that the sampling port on the carbon adsorber exhaust for measuring accentrations is at least 8 duct diameters downstream of any bend, contraction, asion; is at least 2 duct diameters upstream from any bend, contraction, asion; and downstream from no other inlet?	ΩY	ON X N
	ed transfer machines (dryers, reclaimers, and washers) with individual er coils?	ΩY	ON DÍVA
6. Routed	airflow to the carbon adsorber (if used) at all times?	ΩY	ON HN/A
Į.			
PART V:	RECORDKEEPING REQUIREMENTS		
II .	sponsible official: ropriate boxes)		
1. Maintai	ned receipts for perc purchased?	Y	□N
2. Maintai	ned rolling monthly averages of perc consumption?	YY	ПИ
3. Maintai	ned leak detection inspection and repair reports for the following:	•	
a.	documentation of leaks repaired w/in 24 hrs? or;	ΩY	N)E
b.	documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΩY	рМ
4. Maintai	ned calibration data? (for direct reading instruments only)	ΟY	A/NET NO
5. Maintai	ned exhaust duct monitoring data on perc concentrations?	ΩY	ON X M/X
6. Maintai	ned startup/shutdown/malfunction plan?) z (y	['] □N
7. Maintai	ned deviation reports?	ΩY	. □и Ж М.
Pr	oblem corrected?	ΩY	UN XX W
8. Maintai	ned compliance plan, if applicable?	ΩY	AND NO
PART VI:	LEAK DETECTION AND REPAIRS	-/	
1. Does the	responsible official conduct a weekly leak detection and repair inspection?	χÓΥ	Г□И

2.	Which method of det	ection is used by	the respo	nsible offic	ial?				
	Visual examination (condensed solvent on exterior surfaces)								
	Physical detecti	ion (airflow felt	through ga	askets)	,	Ŕ		ı	,
	Odor (noticeable	le perc odor)				Ź			
	Use of direct-re	ading instrumer	ntation (FI	D/PID/calo	rimetric tubes)			Ì	
	If using direct-reading instrumentation, is the equipment:								
	a. Caj	pable of detecting	g perc vap	or concentr	ations in a range of 0-500 ppm?	' □Y (אב		
		librated against a D/FID only)?	a standard	gas prior to	o and after each use	□Y (⊐и		
	c. Ins	pected for leaks	and obviou	us signs of v	wear on a weekly basis?	□Y (אב	- 1	
	d. Kej	pt in a clean and	secure are	ea when not	t in use?	□Y (NC		
	e. Vei	rified for accurac	y by use o	f duplicate	samples (calorimetric only)?	. □Y (ИС		i
3.	Has the facility main	tained a leak log	;?			□Y	ήĶ		
4.	Does the responsible	official check th	e followin	g areas for	leaks?		, (ļ	
	. Hose connectio couplings, and		ΔY	□и	Muck cookers	ΩY	ПN	K	√/ x
	Door gaskets a	nd seating	/d(Y	ПN	Stills	XY	□N		
	Filter gaskets a	nd seating	Y	ПΝ	Exhaust dampers	ΔY	ΠN		
	Pumps		ΔY	□N	Diverter valves	ΔY	ΠN		
	Solvent tanks a	nd containers	XY	□N	Cartridge filter housing	gs AY	□N		
	Water separato	rs ——————	λQY	N					
	NEDL	KUSHN Responsible Offic B. TNI Name (Please P	NS.	·	2/5/97 Date of In	7 Ispection			
	Men Inspect	or's Signature			Approximate Date		spection	<u> </u>	

ADDITIONAL SITE INFORMATION:

NERDS TO SUBMIT PERMIT DPPLICATION TO FORP,

NERDS TO BREGIN MERPING INSPECTION LOG FOR

	#0571124
	Ideal Cleaners
	Spoke With David Kushner- 2/19/97-boilers-20HP+15HPhat.gas
	1. add - Majestic-Ideal, Inc.
	1.(a) add date control device installed
	3. Should be new large area
P.15	4. Should be new large area
	4. should be new large area source w/refrig. con. 5. add "X" to "All exempt" 5.(d) not required
<u> </u>	

.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

()	Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
	IDEAL CLEAREDS		
2.	· · · · · · · · · · · · · · · · · · ·		
_	14/1 King Blud TAMPA Fl. 33603 Hazardous Waste Generator Identification Number:		
3	Hazardous Waste Generator Identification Number:		
4.	Facility Location:		
	Street Address: /4/ King BW County: Hills. Zip Code: 33603		
	City: 7AMPA County: 171US. Zip Code: 33603		
5.	Facility Identification Number (DEP Use):		
	057/124		
	Responsible Official		
6.	Name and Title of Responsible Official:		
	Responsible Official Mailing Address:		
7.	Responsible Official Mailing Address:		\Box
	Organization/Firm: IDEAL CLEANELS Street Address: 141 King BLOD		
	City: 7AMPA County: 4(4) Zip Code: 3363		
8.	Responsible Official Telephone Number:		
0.	Telephone: $(8/3)247-2333$ Fax: $(8/3)960-54174$		
	Facility Contact (If different from Responsible Official)		Ka
_		E	
9.	Name and Title of Facility Contact (For example, plant manager):	2	まる
		97	\$5
10.	Facility Contact Address:		
	Street Address:		
	City: Zip Code:		
1.1	Facility Contact Telephone Number:		
11.	Telephone: () - Fax: () -		

RECEIVED

FEB 13 1997

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	41	5/19/95							
(3) w/ no controls		7.7							
Washer Unit		•							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1	<u> </u>		•				<u>,</u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			ı		I	ı			
(10) w/ ref. condenser									
(11) w/carbon adsorber	!	_							
(12) w/ no controls	 					 			
(b) Control devices are	_		•						
2.(a) What was the total of [Zw] (b) If less than 12 mont Check why it is less	gallo	ons ow many? [_] months	;					
What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	nitions found		3) of 1	Part II?	
Existing sman at					rge area sour]		

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

What control technology is required on machines p (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[K]
(d) Carbon adsorber exhaust perc concentration mon	nitoring L
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indica	te 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)
L	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Li Della Signature	1 P. Kushner 4 2/4/96 Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 9:00 AM TIME OUT. TYPE OF FACILITY: PERC DRY	10:00 A	AIRS ID#:	71124
TYPE OF FACILITY: PERC DRY	CLEAUE	R	
FACILITY NAME: MAJESTIC IDE	tac cle	AUERS	DATE: 2/5/7S
FACILITY LOCATION: 1411 KING	BOILEVAR	0	
TAMPA, FO	1 33603	·	
RESPONSIBLE OFFICIAL: DAVID KLIS	ituir	PHONE NUMBER:_(1813) 247-2333
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor			lity is found to be in
Based on the results of the compliance required discrepancies were noted:	rements evaluated d	uring this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PRO	DBLEM	FOLLOW-UP ACTIO	ON REQUIRED
			_
,			
	·		
COMMENTS:			
·			<u>.</u>
The Annual Compliance Certification form has been p		_	YES NO NO N/
DATE OF NEXT INSPECTION:		ir 	
INSPECTION CONDUCTED BY: ROGE	(Approxi	rint)	ELTON
	(Please P	rint)	1012 \ 272 1002 -
INSPECTOR'S SIGNATURE: Kuch	-/8hm	PHONE NUMBER:_	(813)272-5530
	D -6		Desired 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY .
AIRS ID#: 571124 DATE: 2/5/ FACILITY NAME: MAJESTIC 1	98 TIME IN: 9:00 44 TIME OUT: 10:00 AM DEAL CLEANERS
FACILITY LOCATION: 1411 KING TAMPA	BOULEVARD FL 33603
RESPONSIBLE OFFICIAL: DAVID K CONTACT NAME: SAME	PHONE: (813) 247 - 2333 PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	· //A
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
	li di
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 $12/9/91$)
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	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
 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) 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 	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN XIN/A 3. Closing and securing machine doors except during loading/unloading? MD AM 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN XIN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BON/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) AY DN 1. Equipped all machines with the appropriate vent controls? XY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y DN DN/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 DY DN MINA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ØY □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?	betà □n
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weekly (for small sourc	ces, bi-weckly) leak detection a	nd repair	
inspection?			XY ON	
2. Has the facility maintained a leak log	?		□Y □N	,U//
3. Does the responsible official check the	e following areas for leak	cs?		
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	MY ON ON/A	
Door gaskets and seating	XY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	M'A ON ON/A	Exhaust dampers	· ØYY □N □N/A	
Pumps	ØY □N □N/A	Diverter valves	A/NO NO Y	
Solvent tanks and containers	A NO NO Y	Cartridge filter housings	MY ON ON/A	
Water separators	ANO NO YA		·	
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surfac	ces)	≱	
Physical detection (airflow felt to	hrough gaskets)	•	×	
Odor (noticeable perc odor)		·	≱r ≱i	
Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)		
Halogen leak detector				
If using direct-reading inst	rumentation, is the equ	ipment:	M N/A	
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	מם צם	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	i after each use	מם עם	,
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in t	ıse?	אם צם	
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	אם צם	
				Į
ROGER ZHU/LENCO	Y SHELTON	2/5/9	78	
Inspector's Name (Please Pri		Date of Inspe	ction	
10 16 M		1 YEA	-R_	

Revised 8/11/97

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Majestic Ideal Cleaners PAGE OF FACILITY ADDRESS: 1411 M. L. K. Blvd. E. CITY: Tampa PHONE: (813) 247-2333 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33603 INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: Feb 5, 1998 9:00 AM 10:00 AM non-CDS In Compliance NEDS NUMBER: 571124 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): David Kushnir

Today's visit was the continuation of yesterday's annual inspection because Mr. Kushnir; who is the responsible official; was very busy at the time we started the inspection. So we decided to come back today.

There is a only one machine, REALSTAR (PS 473), in the facility. The other machine, a VIC, was removed in April 1997 according to the owner.

The machine was in operation yesterday. We noticed odors of perc while we were looking around the machine. We asked Mr. Kushnir if he smells odors of perc on daily operation. Mr. Kushnir said he could not smell any because he is in the facility all day long. We pointed out to Mr. Kushnir that he needs to check where the odors come from either by himself or the maintenance man. When we came back to do the inspection today, we were told by Mr. Kushnir that he did some repair works on the machine yesterday after we left, such as, he tightened two bolts which were found loose and he changed one gasket.

In order to check if there are serious leaks, we stayed in the facility for a while waiting for the dry cycle to cool down. The condenser temperature gauge showed 5.5 °C after cooling down.

The other thing we noticed was that waste from the muck cooker tank was left in the open, which should dump into the container and seal immediately. We told Mr. Kushnir that he needs to process the waste as soon as possible and should not leave any waste exposed.

Mr. Kushnir did have all the required recordkeeping. And his perc purchase receipts indicated that he had purchased 248 gallons over the last 12 months.

INSPECTED BY:	Roger Zhu & Leroy Shelton	DATE: Feb 5,1998
	11 26	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

		PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9 = 000 TYPE OF FACILITY: PERC	TIME OUT: 10=3	AIRS ID#:	571124
TYPE OF FACILITY: PERC	DRY CLEAN	VETC	
FACILITY NAME: MAJES	TIC IDEAL	CLEANETLS	DATE:3/11/99
FACILITY LOCATION: (41)	MLK BLVD A, FL 336		
(Average)	10 10 10		1013 - 13 0333
RESPONSIBLE OFFICIAL: DWID	KUSHNER	PHONE NUMBER	: (813)247-2333
Based on the results of the comp compliance with DEP Rule 62-2			acility is found to be in
Based on the results of the comp discrepancies were noted:	oliance requirements evalua	ted during this inspection, the f	ollowing compliance
COMPLIANCE REQUIREM	IENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
		•	
	:		·
	·	· · · · · · · · · · · · · · · · · · ·	
			·
			RECEIVED
	:		APR 1 9 1999
			Bureau of Air Monitoring & Mobile Sources
COMMENTS:			
	HG R.O. CH	ANGED	
<i>^</i>	VEED TO SU	BMIT A NOTIFIC	CATION FORM TO FO
The Annual Compliance Certification for		_	tor. YES NO ~/
DATE OF NEXT INSPECTION:		YEA12	
	(Ap	proximate)	
INSPECTION CONDUCTED BY:		OGEL ZHU	
INSPECTOR'S SIGNATURE:	Roje Mu	ease Print)PHONE NUMBE	(83)272-5530
	Page	of /	Revised 10/96

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTIO	COMPLAINT/DISCOVERY
		9 TIME IN: 9:0-0 TIME OUT: 10:30
		IDEAL CLEANERS
FACILITY LOCATION:	1411 MLK	BLUP
	TAMPA, F	=L 33603
CONTACT NAME:	SAME	PHONE: (813) 247-2333 PHONE: SAME
PART I: NOTIFICATIO	N	
(check appropriate box)	ADM (20 days a 12 days at 2	
 New facility notified DA Facility failed to notify 		N/A
2. Tacinty lands to houry	DAIGN to use general per	
PART II: CLASSIFICAT	ΠΟΝ	
Facility indicated on notificated on cotificated (check appropriate box)	fication form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gal/ (constructed before 12/9) gal/yr al/yr 'yr	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr each types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤	x ≤ 2,100 gal/yτ	4. New large area source 7 cry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1$ (constructed before $12/9$		both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
	9/91)	
(constructed before 12/9 5. This is a correct facility of the constructed before 12/9 If no, please checking the constructed before 12/9 If no, please checking the constructed before 12/9 If no please the constructed b	9/91) lity classification k the appropriete classific facility qualified for a ge	(constructed on or after 12/9/91) AY ON OCAN not determine

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Ø Y ⊡N
2. Maintained rolling monthly averages of perc consumption?	אס עלע
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or	∐ OA LON -⁄A[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?	OY ON ØMA
4. Maintained calibration data? (for applicable direct reading instruments)	ОУ ОИ ФОИА
5. Maintained exhaust duct monitoring data on perc concentrations?	אא ס אם אם אם אם
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON MANA
Problem corrected?	איא ע אם צם אום אום
8. Maintained compliance plan, if applicable?	DY DN DINA

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct	a weekly (for small source	es, bi-weckly) leak detection ar	nd repair	
inspection?		·	ğ(Λ □N	
2. Has the facility maintained a leak log	<u>9</u> ?		ØYY □N	
3. Does the responsible official check the	ne following areas for leaks	5?	÷	
Hose connections, fittings, couplings, and valves	DYY ON ON/A	Muck cookers	MY ON ON/A	
Door gaskets and seating	AND ND YA	Stills	AVO NO YE	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DIY ON ON/A	
Pumps	MY ON ON/A	Diverter valves	ØY ON ON/A	
Solvent tanks and containers	AND ND YO	Cartridge filter housings	ANO NO YE	
Water separators	DAY ON ON/A			
4. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	l solvent on exterior surfac	ces)	a	
Physical detection (airflow felt	through gaskets)		7	
Odor (noticeable perc odor)			ৰ্ত্ত	
Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	o .	
Halogen leak detector				
If using direct-reading in	strumentation, is the equi	pment:	ØN/A	
a. Capable of detecting	ig perc vapor concentration	ns in a range of 0-500 ppm?	DY DN	
b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	אם צם	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and	d secure area when not in t	ise?	OY ON	
e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	- QY QN	
ROGER Z	2HV	3/11/	99	
Inspector's Name (Please I	Print)	Date of Insp	ection	
Nogen M	M	1 YE	AR	
Inspector's Signature		Approximate Date of	Next Inspection	

Revised 8/11/97

ENVIRONMENTAL PROTE	NSPECTION RE		CDODOLICH (COUNTY	
FACILITY: Majestic Ideal Cleaners	ECTION CO.VIMI	1331ON OF HILL	PAGE	1 OF	1
FACILITY ADDRESS: 1411 M. L. K.	Blvd F		CITY: Tai		
THEIDIT HODICOG. THE W. B. K.	Diva. L.			(813) 247-233	3
MAILING ADDRESS: Same		CITY: Tampa		ZIP: 33603	
INSPECTION DATE: TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:
Mar 11, 1999 9:00	10:30	non-C	DS	In Comp	liance
NEDS NUMBER: 571124					
SOURCE DESCRIPTION: Perc Dry (Cleaner				A ve salada
CONTACT(S): David Kushnir					
Today's visit was to conduct the ann I was told that the former R.O. is notification form needs be submitted to The record keeping has been logger running total was 221 gallons. No leaks or odors were noticed during the statement of the submitted to the submit	ot working the to Tallahasseed consistently	ere anymore. for the chang y on a weekly	e.		1
	e				
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	•				
				•	
		•			
ļ	•				•
INSPECTED BY: Roger Zhu			D A	TE: Mar 11	1990



ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0571124 MAJESTIC-IDEAL INC DAVID P KUSHNER 1411 KING BLVD TAMPA FL 33603

D

Do NOT Remove Label

Annual Reporting Period:	1	.9 TO _		19
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code (_	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in conti	nuous complian	ce during the reporting po	eriod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:			<u>. </u>	
Method used to demonstrate compliance:	· ·		· · ·	
#2. Term or condition of the general perm	it that has not been in conti	nuous compliand	ce during the reporting pe	eriod stated above:
Exact period of non-compliance: from		to)	
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:	<u>.</u> .			
As the responsible official, I hereby certify, ba notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my annual consump	otion of perchloro lons per year for t	ethylene solvent, based upo ransfer or combination fac	on purchase receipts, ilities.
RESPONSIBLE OFFICIAL: No.	ame (Please Print)	_ jlliyh i	A. DN IEM	5 // / 10 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT $_{\infty}$ ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0531124 MAJESTIC-IDEAL INC DAVID P KUSHNER 1411 KING BLVD **TAMPA FL 33603** 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 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES 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. RESPONSIBLE OFFICIAL: Name (Please Print)

^{*}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
FACILITY NAME: MAJESTIC Ide FACILITY LOCATION: 1411 MLK	131vd. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
19 (M) (8) Phys. 5.	Ē
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 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)	□ No notification form □ Drop store/out of business/petroleum 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)
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	Drop store/out of business/petroleum 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

PART III: GENERAL CONTROL REQUIREMENTS	·
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	DY DN DN/A
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?	DY ON ON/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	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם
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?	מם צם

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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	/ OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
-		
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	OY ON
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 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?	OY ON ON/A
4.	Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6.	Maintained startup/shutdown/malfunction plan?	OY ON
7.	Maintained deviation reports?	DY DN DN/A
	Problem corrected?	OY ON ON/A
1	Maintained compliance plan if applicable?	DY DN DN/A

PART V	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspe	ction?			DY DX			
2. Has th	he facility maintained a leak log?	•	- *	OY ON			
3. Does	the responsible official check the f	ollowing areas for leaks?	<u> </u>				
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A			
	Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	DY DN DN/A					
4. Whic	h method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surfaces)	-acce				
	Physical detection (airflow felt three	ough gaskets)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
	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?				DY DN			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
c. Inspected for leaks and obvious signs of wear on a weekly basis?				DY DN			
d. Kept in a clean and secure area when not in use?				ם בו בו בו בו בו			
	DY DN						
e. Verified for accuracy by use of duplicate samples (calorimetric only)? □Y □N							
<u> </u>		-					
		•	1/200	C			
			4-29-9				
Inspector's Name (Please Print) Date of Inspection							
^	4. NO gasi		NIA				
	Inspector's Signature		Approximate Date of	Next Inspection			

BEST AVAILABLE COPY

LE V AIR QUALITY GENERAL PARMIT INSPECTION SUMMARY REPORT Fee ADDRESS OF THE STATE
TYPE OF INSPECTION:	ANNUAL [A] COM	PLAINI/DISCOVERY	RE-INSPECTION
TIME IN: /30 PM	TIME OUT: 2;0	0_Pmairs id#:5	71/24
TYPE OF FACILITY: Dea	C DOY Cleaner	- S	
FACILITY NAME: MAZ	/ \		DATE: 5-7-99
FACILITY LOCATION: /4//			•
	Pu, F1 33603		
		DYYOU TO LAND COURT	10,21 6207
RESPONSIBLE OFFICIAL: MS.	Margaret Kulher Ford	PHONE NUMBER:	(813) 871-5707
	e compliance requirements evalua de 62-213.300, Florida Administr	. =	cility is found to be in
Based on the results of the discrepancies were noted	e compliance requirements evaluate	ated during this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACT	ON REQUIRED
bre: The FACILITY UT OWNER IS IN COMPL	VOGR THE NEW	NONE	
		-	
ALLURE TO PAY TO			
O THE FORMER O	muge,		
•	,		
		•	
·			
			•
COMMENTS:	eid \$50 ANNUC	l fee.	
•			
 -			
The Annual Compliance Certification	ttion form has been properly certi	fied and submitted to the inspecto	or. YES NO NO
DATE OF NEXT INSPECTION	√:/	UIA	
		proximate)	<u> </u>
INSPECTION CONDUCTED I	14: Mohamma	J NOZari	
		ease Print)	
INSPECTOR'S SIGNATURE:	MINORON	PHONE NUMBEI	<u>e(813)</u> 272-5530
		•	
	Page \frac{1}{2}	of <u> </u>	Revised 10/96

MAILING ADDRESS: Same CIT	CI	PAGE TY: Tan HONE: (8	1 OF npa 813) 247-2333 ZIP: 33603	1
	Y: Tampa NSPECTION T	HONE: (8	813) 247-2333 ZIP: 33603	
MAILING ADDRESS: Same CIT	Y: Tampa NSPECTION T	HONE: (8	813) 247-2333 ZIP: 33603	
	NSPECTION T			
INSPECTION DATE: TIME IN: TIME OUT: IN		TYPE:		
	non-CDS		STATU	JS:
Apr 27, 1999 8:30 10:00				
NEDS NUMBER: 571223				
SOURCE DESCRIPTION: Perc Dry Cleaner	_			
CONTACT(S): Margaret Rutherford				
Today's visit was to inform the R.O. that there is an 1998.				
An employee told me that the responsible official, Ms she'll have Ms. Rutherford to call me.	s. Rutherford,	, 1S S1CK 1	for a whole v	veek, and
The Hart Mill Reduction to building.				
	•			
				,
				,
·				
·	,			
INSPECTED BY: Roger Zhu		DA	TE: Apr 27,	1999

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💹	COMPLAINT/D	ISCOVERY	RE-INSPECTIO	N 🗌
TIME IN: 9: AM			AIRS ID#:	571221	
TYPE OF FACILITY: Pe	erc Dry cleaner	3			
FACILITY NAME: MA	Jestic Ideal Cl	eaner 8		DATE: 12-17	- 5 9
	411 MLK BIVOL.				
	Tampa, F1 3360	3 ,			
RESPONSIBLE OFFICIAL:	Mrs. Margaret Ru	therford	PHONE NUMBER:(<u>813) 871-570</u>	7
	s of the compliance requirements EP Rule 62-213.300, Florida Adn	•	<u>-</u>	lity is found to be in	
Based on the results discrepancies were	s of the compliance requirements noted:	evaluated during	this inspection, the foll	owing compliance	·
COMPLIANCE RE	EQUIREMENT/PROBLE	M FO	LLOW-UP ACTIO	ON REQUIRED	
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	Live		,	P	
				M	
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05/10	924 Tile folder		& ALEAN	7	,
not	ile tolder		300 O		•
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				•	
COMMENTS:		<u> </u>	,	_	
·					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
ℓ					
INSPECTION CONDUCTED BY: Mohammad No Zar, (Please Print)					
INSPECTOR'S SIGNATURE: M. NO Zari PHONE NUMBER: [813] 272-55 30					
	· 				

Page of .

Revised 10/96

Revised 10/10/96

Ace

AIRS ID#: 057 122 1

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majestic Ideal Cleaners	DATE: 12-17-89
FACILITY LOCATION: 1911 MCK BIVO.	
Tampa, F1 33603	
Annual Reporting Period: May 7, 19	99 TO <u>December 17,</u> 1999
Based on each term or condition of the Title V general air permit, my fa	cility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period co	wered by this statement. AYES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in contin	uous 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 contin	uous 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 le made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 gall year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	annual consumption of perchloroethylene solvent, based

^{*}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

	ANNUAL RE-INSPECTION	☑ COMPLAI	NT/DISCOVERY	
AIRS ID#: 57122 #			AM TIME OUT: <u>/</u>	: 00 Am
FACILITY LOCATION: 15	All MLK Bird			
RESPONSIBLE OFFICIAL:	ampa, Kl 336 : Margaret Ru		(513) 871-570	7
CONTACT NAME:	"	PHONE:		
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM		N/A	- 	
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box)	tion form that it is:		fication form ore/out of business/pet	roleum
A.		_	.	
A. 1. Existing small area soudry-to-dry only, x < 140 gales transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr dry r trai bot	New small area source t-to-dry only, x < 140 gal/ nsfer only, x < 200 gal/yr h types, x < 140 gal/yr nstructed on or after 12/9		
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr	l/yr dry r trai bot) (co rce □ 4. 2,100 gal/yr dry 600 gal/yr trai gal/yr bot	New small area source to-dry only, x < 140 gal/nsfer only, x < 200 gal/yr h types, x < 140 gal/yr	/91) /91) /00 gal/yr gal/yr gal/yr	
 Existing small area soudry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	l/yr dry r trai bot) (co rce □ 4. 2,100 gal/yr dry 00 gal/yr trai gal/yr bot) (co	New small area source x -to-dry only, $x < 140$ gal/ x -nsfer only, $x < 200$ gal/ y r h types, $x < 140$ gal/ y r nstructed on or after 12/9 New large area source x -to-dry only, x 140 x 1,800 h types, x 140 x 1,800 instructed on or after 12/9	/91) /91) /00 gal/yr gal/yr gal/yr	
 Existing small area sound ry-to-dry only, x < 140 gall transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91 Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 This is a correct facility of facili	l/yr dry r trai bot) (co rce □ 4. 2,100 gal/yr dry 00 gal/yr trai gal/yr bot) (co	New small area source to-dry only, $x < 140$ gal/nsfer only, $x < 200$ gal/yr h types, $x < 140$ gal/yr nstructed on or after $12/9$ New large area source to-dry only, $140 \le x \le 2$ nsfer only, $200 \le x \le 1,80$ h types, $140 \le x \le 1,800$ nstructed on or after $12/9$ $ A \qquad \square N \qquad \square Can not are permit as number A \qquad \square P \qquad \square Can not \qquad \square C$	/91) /91) /00 gal/yr gal/yr /91) determine	

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

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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON CONIA
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DXVIX
	Is the perc concentration equal to or less than 100 ppm?	DY DN DYNA
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?	בואים מם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/ .
1. Maintained receipts for perc purchased?	ON ZIN
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;	BY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BYNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BY/A
6. Maintained startup/shutdown/malfunction plan?	ey on
7. Maintained deviation reports?	באמש מם צם
Problem corrected?	DY ON PINIA
8. Maintained compliance plan, if applicable?	OY ON ØN/A

PART VI: LEAK DETECTION AND REPAIRS					
1. Does t	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspec	ction?			er on	
2. Has th	he facility maintained a leak log?			DAY DN	
3. Does	the responsible official check the fe	ollowing areas for leaks?	·		
]	Hose connections, fittings,		,		
	couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A	
]	Door gaskets and seating	DY ON ON/A	Stills	ZY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
<u> </u>	Pumps	CY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY ON ON/A	
•	Water separators	DY ON ON/A			
4. Which	h method of detection is used by th	e responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces	3)		
]	Physical detection (airflow felt three	ough gaskets)		2	
Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □				
Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:				
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	ОХЁИ	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	אם עם	
	c. Inspected for leaks and	d obvious signs of wear or	n a weekly basis?	MY DN	
	d. Kept in a clean and se	cure area when not in use	e?	ON CON	
	e. Verified for accuracy b	by use of duplicate sample	es (calorimetric only)?	OY ON	
<u> </u>					
	1		c G		
Moh	Inspector's Name (Please Prin	<u></u>	12 -17 - 9円 Date of Inspe		
	Importor 3 Frame (1 fease f fift	·)	Date of Hispo	,010ii	
M	Nozari	•	1 year		
131	Inspector's Signature		Approximate Date of	Next Inspection	

						<u> </u>
ENVIRO	II NMENTAL PROTE	NSPECTION RE ECTION COMMI		SBOROUGH (COUNTY	
FACILĪTY: Majestic Ideal Cleaners			PAGE 1	PAGE 1 OF 1		
FACILITY ADDRESS:	1411 East Martin	n Luther King	Boulevard	CITY: Tan	npa	
					813)837-8801	
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33603	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS	ll l
December 17, 1999	9:00 AM	10:00 AM	Annu	ıal	In Complia	nce
NEDS NUMBER: 0571	124					
SOURCE DESCRIPTION	N: Perchloroeth	ylene (perc) D	ry Cleaner			
CONTACT(S): Mrs. Ma			-			
The purpose of the vis						
1. The record keeping	· - ,					,
2. The gauge tempera	<u> </u>		•	_		
3. The vicinity around						
4. The Perc was loaded	-	_			-	
5. The monthly avera	_	-	s recorded cor	rectly for the	he total for past	: 12
month was 60 gallo						1
6. The machine was in	•	•				
7. The waste from the		_	properly store	in the tied l	id containers to	be
disposed in accorda	ince with regula	ations.				
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INSPECTED BY:					DATE:	
Mohammad Nozari				D	December 17, 199	99

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	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provided.		
DA 141	EAL CLEANERS VID P KUSHNER I KING BLVD MPA FL 33603	AIRS II	O # 0571124	
j	Certified Fee			
	Special Delivery Fee)
	Restricted Delivery Fee			
1996	Return Receipt Showing to Whom & Date Delivered			
, Apri	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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Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (©nly if paid) Domestic Retu	

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item 4 if Restricted ■ Print your name are so that we can ret	Rec DAVID P KUSHNER IDEAL CLEANERS Street 1411 KING BLVD TAMPA FL 33603 PS Form 3800, February 2000. SSENDOV NENTEN DE LE SECTION 2, and 3. Also complete d Delivery is desired. and address on the reverse urn the card to you. the back of the mailpiece, pace permits.	
VID P KUSHNER	D# 0571124001AG	
EAL CLEANERS 11 KING BLVD MPA FL 33603	· · ·	3. Service Type
7 <i>000052000</i> 2. Article Number (Cop)	20 9372,52.33 v from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July	1999 Domestic Rel	turn Receipt 102595-00-M-0952

US Postal Service
Receipt for Certified Mail
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on the reverse side?	Ol adolarua to dol lard SENDER: Complete items 1 and/or 2 för additional services. Complete items 3, 4a, and 4b: Print your name and address at the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this be does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	3. Article Addressed to: AIRS ID # 0571124 IDEAL CLEANERS DAVID P KUSHNER 1411 KING BLVD TAMPA FL 33603	4b. Service ☐ ☐ Registere ☐ Express I	33660625 Type ad Certified Insured Cept for Merchandise COD
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested



, 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 0571124

MAJESTIC-IDEAL INC DAVID P KUSHNER 1411 KING BLVD TAMPA FL 33603 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

MAJESTIC-IDEAL DRY CLEANERS & LAUNDRY, INC./GENERAL ACCOUNT

DEPARTMENT OF ENVIRONMENTAL

Check Number: 7051

Check Date: Mar 4, 1998

Check Amount: \$50.00

Item to be Paid - Description

- Description Discount Taken

Amount Paid

7051

AIRS ID 0571124 50.00

RECEIVED

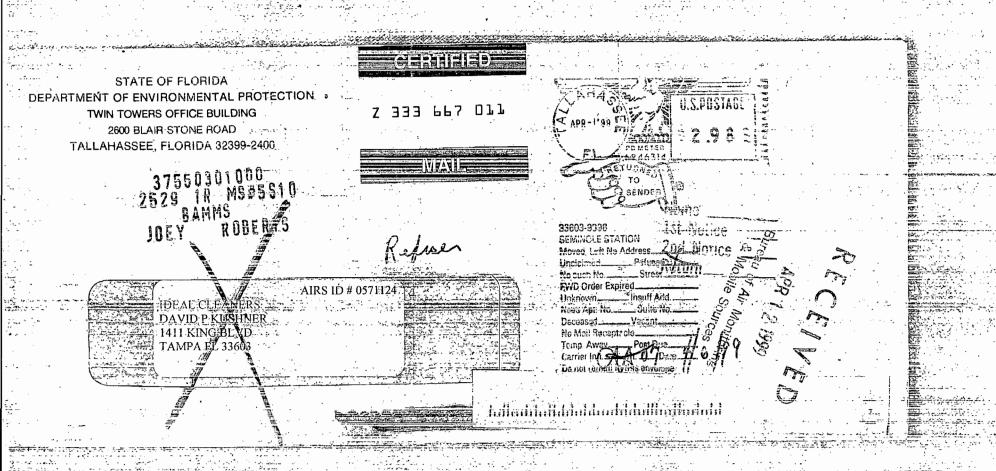
MAR 9 1998

E. Mobile Sources

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	US Postal Service Receipt for Cer	Provided
D 14	AJESTIC-IDEAL INC AVID P KUSHNER 411 KING BLVD AMPA FL 33603	AIRS ID 0571124
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	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	

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 artic. The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
your RETURN ADDRESS completed o	3. Article Addressed to: AIRS ID 0571124 MAJESTIC-IDEAL INC DAVID P KUSHNER 1411 KING BLVD TAMPA FL 33603 5. Received By: (Print Name) 6. Signature: (Kadressee or Agelft)	Consult postmaster for fee. 4a. Article Number 2 333 612 969	
ls)	PS Form 3811 , December 1994		Domestic Return Receipt

BEST AVAILABLE COPY



BEST AVAILABLE COPY Complete items:1 and/or 2 for additional services. Complete items 3, 4a, and 4b. I also wish to receive the following_services:(for;an---= Brint your name and address on the reverse of this form so that we can return this extra fea); = Attach this form to the front of the mallplece, or on the back if space does not 1. Addresses's Address 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. 2. Restricted Delivery delivered. Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number AIRS ID # 0571124 4b. Service Type IDEAL CLEANERS Certified ☐ Registered : DAVID P KUSHNER . 1411 KING BLVD Express Mail -☐ insured TAMPA FL 33603 . . ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested) and fee is paid) 6. Signature: (Addressee or Agent) Z 333 667 011 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571124 IDEAL CLEANERS DAVID P KUSHNER 1411 KING BLVD **TAMPA FL 33603** 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