

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Stephan Szikszay, President Tampa Bay Wholesale Cleaners, Inc. 5452 56th Commerce Park Boulevard Tampa, Florida 33610

Re: Facility No.: 0571143

Dear Mr. Szikszay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 22, 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, 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.

Grant, Patricia

From: Butler, Rick

Sent: Thursday, November 06, 2003 11:28 AM

To: Grant, Patricia
Cc: Bowman, Sandy

Subject: 0571143

Pat,

Please inactivate facility 0571143. M. Nozari, Hillsborough County, indicated to me by telephone that the facility is out of business and no longer in operation. Thanks,

Rick Butler

Asbestos NESHAP Coordinator Florida Department of Environmental Protection Division of Air Resource Management (850) 921-9586 rick.butler@dep.state.fl.us

#0571143

	#0571195
,	
•	Tampa Bay Wholesale Cleaners
	Thinga pry thousand the said
	11 01 1 0 11
	Spoke with Stephan Szikszay-
	Spoke with Stephan Szikszay- 5/20/97-boiler-30HP-uses approx. 1,000 gal./mon.=~12,000gal/p; -under limits
	ATTOMONY 1000 And Image -N/2 MORALL
	approx. 1,000 gui. 111011. = 12,000 guille
	Wholer Limits
	·
P.14	1/A) Dust dates in comment
Y:1-1	1.(a) put dates in correct Columns, add control date installed
	L'Olumns, add Control date installed
	I.C. mark out "X"
	3. Should be new large area
	S. Stores De Flev large ar as
	Source
P.15	4. should be new large area
*	Source W/refrig. con.
	F 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	5. add "uses propane"
-	5.(d) not required, mark out
	5.(d) not required, mark out
	n with the com-
	:
·	
	;
_	

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 2 2 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Tampa Bay Wholesale Cleaners, INc.

2. Site Name (For example, plant name or number):

same as above

3. Hazardous Waste Generator Identification Number:

4. Facility Location:

Street Address: 5452 56th Commerce Park Blvd.

City: Tampa

County: Hillsborough

Zip Code:

33610

5. Facility Identification Number (DEP Use):

0571143

Responsible Official

6. Name and Title of Responsible Official:

Stephan Szikszay, President

7. Responsible Official Mailing Address:

Organization/Firm: Tampa Bay Whsle. Clnrs., Inc.

Street Address: City: Tampa

5452 56th Commerce Park Blvd.

County: Hillsborough

Zip Code:

33610

8. Responsible Official Telephone Number:

Telephone:

(813) 626 - 9661

Fax: (813) 628-9319

Facility Contact (If different from Responsible Official)

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

Stephan Szikszay

10. Facility Contact Address:

Street Address: 5452 56th Commerce Park Blvd.

Ciry: Tampa

County: Hillsborough Zip Code: 33610

11. Facility Contact Telephone Number:

Telephone: (813) 626 - 9661 Fax: (813) 628 - 9319

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

Page 13 of 16

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-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	Multi-	4 Apr 9	В	4	July 96	#2	Detrex	8 Aug 8
(2) w/ carbon adsorber		Mat	i.c		Ī				
(3) w/ no controls									
Washer Unit						•	`_	-	
(4) w/ ref. condenser			}				Ĭ		
(5) w/ carbon adsorber									
(6) w/ no controls									1
Dryer Unit		<u> </u>	L			L	·	<u>.</u> .	·
(7) w/ ref. condenser									ĺ
(8) w/ carbon adsorber									
(9) w/ no controls									· · ·
Reclaimer Unit	-	<u>'</u>	I.,			L		<u> </u>	·
(10) w/ ref. condenser			1						
(11) w/carbon adsorber			-			-	_		
(12) w/ no controls					 	 		,	
(b) Control devices are (c) No control devices	-				·				
2.(a) What was the total of [205] (b) If less than 12 mont Check why it is less	gallo hs, h	ons ow many? [_] months						
3) What is the facility's so (Indicate with an "X".	urce	classificatior	based on the	e defi					
Existing small ar	ea so	ource [_X_]	· Ne	ew sn	nall area sou	rce [J		
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce [)		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is requ (Indicate with an "X".)	ired on machines	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	<u> </u>		
New large area source Refrigerated condenser			
•			
A facility which contains non-ecto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt		· ·
•			
Equipm	ent Monitoring a	and Recordkeeping Infor	mation
Check all logs which are required t	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		
(b) Leak detection inspection and r	repair		[x]
(c) Refrigerated condenser tempera	ature monitoring	-	<u>_x</u> _
Carbon adsorber exhaust perc of	concentration mor	itoring	<u>_x</u> _
(e) Instrument calibration			<u></u>
(f) Start-up, shutdown, malfunctio	on plan		[X]

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[_X_]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in lication. I hereby certify, based on information and belief formed after reasonable inquiry, that the the same 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.
comply v	with all terms and conditions of this general permit as set forth in Part II of this notification form. Omptly notify the Department of any changes to the information contained in this notification.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPOR ANNUAL 🖂 TYPE OF INSPECTION: TIME OUT: 154 TIME IN: TYPE OF FACILITY: PERC. DRY CLEANER **Bureau of Air Monitoring** & Mobile Sources BAY WHOLESALE IAMPA FACILITY NAME: FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM LEFT COPY OF APPLICATION AND FALLED TO FILE APPLICATION FUR PERMIT LEFT COPY OF ANNUAL COMPLIANCE CERTIFICATION WITH AND INSTRUCTED TO MAIL IT IN WITH PERMIT APPLICATION The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) SHOR MILLER PHONE NUMBER: 272-553 0 INSPECTOR'S SIGNATURE:

AIRS ID#: 057/143

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tampa E	Bay Wholesale C	leaners,	Inc.		DATE:	1/28/97
FACILITY LOCATION: _ 5452	56th Commerce	Park Blv	rd. T	ampa, FI	3361	0
Annual Reporting Period:	1/1	<u>19</u> 96	то	1/1		19_97
Based on each term or condition of t	-	-		. —		P Rule
62-213.300, Florida Administrative of NO, complete the following:	Loue (r.A.C.), during the	period covered	oy unis stat	ement. 😘	LES	L NU
#1. Term or condition of the general	permit that has not been	in continuous c	ompliance	during the re	corting period	istate above:
Exact period of non-compliance: fro	m		to_		JAN 3 1	1997
Action(s) taken to achieve compliance	æ:			Вι	ureau of Air	
Method used to demonstrate complia	nce:				. WINDING	
#2. Term or condition of the general	permit that has not been	in continuous o	compliance	during the re	porting perio	d stated above:
Exact period of non-compliance: fro	m		to			
Action(s) taken to achieve compliance	œ:	•				
Method used to demonstrate complia	nce:		·			
As the responsible official, I hereby on the second in this notification are true, action rolling averages of purchase revear for transfer or combination factors.	curate and complete. Fur eceipts, does not exceed 2,	ther, my annu	al consumpt	ion of perchl	oroethylene s	olvent, based
RESPONSIBLE OFFICIAL: St			John J	Jangle,		1/28/97
	Name (Please Print)		0	Signature		Date

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



Department of Environmental Protection



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

Virginia B. Wetherell Secretary

April 23, 1997

£0571143

Mr. Stephan Szikszay Tampa Bay Wholesale Cleaners, Inc. 5452-56th Commerce Park Boulevard Tampa, Florida 33610

Dear Mr. Szikszay:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#5585) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to your since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

TAMPA BAY WHOLESALE CLEANERS, INC. PHONE 813-626-9661

PHONE 813-626-9661 5452 - 56TH COMMERCE PARK BLVD TAMPA, FL 33610 THE BANK OF TAMPA TAMPA, FL 33603 63-868/631 BR 1 5585

4/18/97

PAYTOTHE Department of Environmental Protection ORDER OF

4444450.00

DOLLARS
Security leatures included.
Details on back.

Title V General permit

Mark Splinger

741 A TUTO 18 1947

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	•
10.1.01.2011	······································
-71147 2(31	100 0-0-0
AIRS ID#: 5/1145 DATE: 9/1/	$\frac{100}{100}$ TIME IN: $\frac{9=00}{1000}$ TIME OUT: $\frac{1000}{1000}$
FACILITY NAME: TAMPS BAY	H COMMERCE PARK BUD
FACILITY LOCATION: 5452 56	M COMMERCE PARK BUD
TAMPA, F	
RESPONSIBLE OFFICIAL: STEPHAN	SZIKS ZAY PHONE: (813) 626-9661 PHONE: SAME
CONTACT NAME:SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	<u> </u>
1. New facility notified DARM 30 days prior to sta	artun 📉
2. Facility failed to notify DARM to use general pe	
2. I definly failed to holdy DAIdvi to use general po	S. A. A.
	~ \$ P / p
PART II: CLASSIFICATION	
TART II. CLASSIFICATION	Nor IN
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form: ☐ Drop store out, of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store out of business/petroleum 2. New small area source
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	2. New small area source dry-to-dry only, x < 140 gal/yr
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	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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
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)	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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) 3. Existing large area source	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) 4. New large area source
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 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 (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 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 (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store four 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine

Daviced 9/11/

PART III: GENERAL CONTROL REQUIREMENTS	<u> </u>
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	מאם אם עם
2. Examining the containers for leakage?	AY 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?	OY 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.	**
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 refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
(construction)	
1. Equipped all machines with the appropriate vent controls?	OY ON
	OY ON ON/A
1. Equipped all machines with the appropriate vent controls?	
 Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? Equipped the condenser with a diverter valve so airflow will be directed away from the 	□Y □N □N/A
 Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated 	OY ON ON/A

B. Has the responsible official of an existing large or new large area source also:	/
 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	אם עם
2. Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□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
o. Routed attriow to the carbon adsorber (it used) at an unies?	UI UN UNA
of Routed attriow to the caroon adsorber (it used) at all times?	di di diva
PART V: RECORDKEEPING REQUIREMENTS	OT UN GN/A
	OT UN GN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	□У □И
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	□У □И
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	NO AO
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; 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
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OY ON ON/A OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A

8 Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND R	EPAIRS			
i.	Does the responsible official conduct a v	weekly (for small sour	ces, bi-weekly) leak detection ar	nd repair	
	inspection?			DY DN	
2.	Has the facility maintained a leak log?			DY ZN	
3.	Does the responsible official check the f				
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust darnpers	□Y □N □N/A	
	Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A	
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	OY ON ON/A	
	Water separators	DY DN DN/A			
4.	Which method of detection is used by the	he responsible official	?	· · · · · · · · · · · · · · · · · · ·	
Visual examination (condensed solvent on experior surfaces)					
Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta				
	Halogen leak detector	· a			
If using direct-reading instrumentation, is the equipment:				□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
	b. Calibrated against a standard gas prior to and after each use				
	PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and s			DY DN	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
Ļ					
/					
	ROGER ZHU 3/3/00				
	Inspector's Name (Please Prin	nt)	Date of Insp	ection	
	Roser Mu		NEXT	WEEK	
_	Inspector's Signature		Approximate Date of	Next Inspection	

• *					•
INSPECTION REPO					
ENVIRONMENTAL PROTECTION COMMIS FACILITY: Tampa Bay Wholesale Cleaners	SION OF HILLSBO	PAGE	OUNT 1	Y OF	1
FACILITY ADDRESS: 5452 56th Commerce Park Blv	d C	ITY: Tam	nna	<u> </u>	
PHONE: (813) 626-9661					
MAILING ADDRESS: Same	CITY: Tampa	FLA	ZIP:	33610	
INSPECTION DATE: TIME IN: TIME OUT:	INSPECTION			STATUS	ll l
Mar 3, 2000 9:00 10:00 NEDS NUMBER: 571143	non-CDS	5	ln	Complia	ince
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Stephan Szikszay					
The R.O. was very busy at the time I went there thi	s morning for t	he ànnual	inspe	ection. I	decided
to reschedule the inspection next week.					
-				-07 -07	
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		4			
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				٠	
INSPECTED BY: Roger Zhu		DA	TE:	Mar 3, 2	2000
Toger Ziiu					

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 13:00 TIME OUT: 14:19 TYPE OF FACILITY: PERC DRY CLEANER	AIRS ID#: 571143			
FACILITY NAME: TAMPA BAY WHOLESA	DAIE. //			
	CE PARK BLUD			
RESPONSIBLE OFFICIAL: STEPHAN SZIKSZAY				
RESPONSIBLE OFFICIAL:	PHONE NUMBER: Corry & -& 7667			
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).				
Based on the results of the compliance requirements evaluated discrepancies were noted:				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
-	*			
·				
	Pr			
	BER REAL OF THE PARTY OF THE PA			
	TELES CONTROLLED			
	60			
COMMENTS:				
·				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: (A)	pproximate)			
INSPECTION CONDUCTED BY:	lease Print)			
INSPECTOR'S SIGNATURE: Roger Bh	PHONE NUMBER: (813) 272-5530			
Page_ (of . Revised 10/96			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	
FACILITY NAME: TAMPA BAY FACILITY LOCATION: 5452 56 th	COMMERCE PARK BUD
TAMPA, FL RESPONSIBLE OFFICIAL: STEPHEN 521, CONTACT NAME: SAME	
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	½
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
dry-to-dry only, $x < 140$ gal/yr dr transfer only, $x < 200$ gal/yr tra both types, $x < 140$ gal/yr bo	New small area source y-to-dry only, x < 140 gal/yr ansfer only, x < 200 gal/yr th types, x < 140 gal/yr constructed on or after 12/9/91)
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dr transfer only, $200 \le x \le 1,800$ gal/yr transfer both types, $140 \le x \le 1,800$ gal/yr both	New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$)
5. This is a correct facility classification	Y □N □Can not determine
, ,	on: al permit as number above and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purch facility was 220 gallons.	nased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XXIVA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XXN/A 2. Examining the containers for leakage? 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? DYY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXINA 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? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XXY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MU YA condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD Y verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MY ON
2. Measured and recorded the washer exhaust temperature at the condensor 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? XY $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A Muck cookers couplings, and valves AND ND YK Door gaskets and seating XY ON ON/A Stills MY ON ON/A MY ON ON/A Exhaust dampers Filter gaskets and seating Pumps A'ND ND YA Diverter valves MY ON ON/A MY UN UNIA Solvent tanks and containers MY ON ON/A Cartridge filter housings MY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **X**N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (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? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? \Box Y \Box N

ROGER ZHU	3/8/00
Inspector's Name (Please Print)	Date of Inspection
Roser Shu	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#:	571143	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

,			
FACILITY NAME: TAMPA	BAY WHOLE SALE	DATE	3/8/0
FACILITY LOCATION: 5452	56 th COMMERCE	PARK BLUD	
FACILITY NAME: TAMPA FACILITY LOCATION: 5452 TAMPA	, FL 33610		
Annual Reporting Period: MAR	_ 26 _ 19 99 TO	Mar 8	20 0 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>	EP Rule
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuous compl	iance during the reporting per	iod 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 permi	t that has not been in continuous compl	liance during the reporting pe	riod 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, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	and complete. Further, my annual con, does not exceed 2,100 gallons per year	nsumption of perchloroethyler	ne solvent, based
RESPONSIBLE OFFICIAL: STEPA	ame (Please Print)	Signature Signature	Date

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

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Tampa Bay Wholesale Cleaners					1 OF	1	
					CITY: Tampa PHONE: (813) 626-9661		
MAILING ADDRESS: S	MAILING ADDRESS: Same CITY: Tampa						
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:	
Mar 3, 2000	9:00	10:00	Non-C	DS	In Complianc		
NEDS NUMBER: 571143							
SOURCE DESCRIPTION		Cleaner		-			
CONTACT(S): Step	han Szikszay	•					
The R.O. was very bu	sy at the time	I went there the	his morning fo	r the annua	l inspection.	I decided	
to reschedule the inspec	ction next wee	k.					
Follow-up on 3/8/00: Today I met with the owner, Mr. Szikszay, for the annual inspection. The facility is very clean. No odors or leaks were noticed. Both the machines are well maintained. The recordkeeping is good. The temperature and leak detection have been logged on a weekly basis. The perc usage was 220 gallons for the past 12 months. Comparing with the perc usage of 95 gallons from the previous annual inspection, it did jump a quite bit. Mr. Szikszay said this facility has been quite busy since last year, and now he considers buying a new machine to replace the two old ones. I told him that he should inform us when the purchase is made.						ained. a weekly c usage of y said this	
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INSDECTED DV.	Poger 7hii			D/4	ATE: Mar 3	, 2000	
INSPECTED BY:	Roger Zhu				ario. Maro	, 2000	

TBD00909

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	× o	COMPLAINT/DISC	OVERY	<u> </u>
AIRS ID#: FACILITY NAME: FACILITY LOCATION:	DATE: 1/13/97 FRC DRY CU 5452 567 TAMPA, 7	EANER	1-	EOUT:_ 1 WHO DARU	1545 LESALE
PART I: NOTIFICATION					
(check appropriate box)					· .
1. Existing facility notified D.					\sqr
2. New facility notified DARN	-				<u>ц</u> , -ф
3. Facility failed to notify DA	RM to use general permit	τ			<u> </u>
PART II: CLASSIFICATIO				· · · · · · · · · · · · · · · · · · ·	
A. 1. Existing small area son dry-to-dry only, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	urce 🗆 2. /yr di tr bo	ansfer only, soth types, x<	v, x<140 gal/yr x<200 gal/yr		
3. Existing large area sou dry-to-dry only, 140 <x<2, transfer only, 200<x<1,800 both types, 140<x<1,800 g<br="">(constructed before 12/9/91) This is a correct facility classi</x<1,800></x<1,800 </x<2, 	100 gal/yr di) gal/yr tr al/yr bd	ansfer only, oth types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
	ified for a general permit eds above limits and is no doroethylene (perc) purcl	ot eligible for	- ,	ns 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? 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? QY QN QN/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? MD AM ⊠Y □N □N/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 □N □N/A condenser upon opening the door? 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 responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted AY □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON
Is the temperature differential equal to or greater than 20° F?	Ď. □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 XN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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 ONXN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XONA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON MIN/A
DADOU DECORPIZEEDRIC DECYMPECTICS	
PART V: RECORDKEEPING REQUIREMENTS	· <u>-</u>
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	হিছি □৸
Has the responsible official: (check appropriate boxes)) дух Ои дух Ои
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	~
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	~
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	MA □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	NO AGE
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ADY ON ADY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	MANO NA SAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ONA MY ON MY MY ON M
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	ADY ON DY MONVA DY ON DY ON DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	MY ON MY MY ON ON A MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	MY ON MY MY ON ON A MY ON

2.	2. Which method of detection is used by the responsible official?							
	Visual examination (condensed solvent on exterior surfaces)	X						
	Physical detection (airflow felt through gaskets)	1						
	Odor (noticeable perc odor)	A A A						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<u>a</u>						
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a ran	ge of 0-500 ppm? □Y □N						
	 b. Calibrated against a standard gas prior to and after each (PID/FID only)? 	ı use □Y □N						
	c. Inspected for leaks and obvious signs of wear on a week	ly basis?						
	d. Kept in a clean and secure area when not in use?	מס עם						
	e. Verified for accuracy by use of duplicate samples (calor	imetric only)?						
3.	3. Has the facility maintained a leak log?	N□ Y						
4.	4. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	c cookers ⊠Y □N						
	Door gaskets and seating	яуу он						
	Filter gaskets and seating AY ON Exha	ust dampers ØY □N						
	Pumps Dive	rter valves 💆 Y 🗆 N						
	Solvent tanks and containers XY DN Carti	idge filter housings Y UN						
	Water separators							

STEVE SZIKSZAY	
Name of Responsible Official	1
LEROY SHEWON & SHEET MILER	1/13/97
Inspector's Name (Please Print)	Date of Inspection
1Em	Approx Lyr
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

FACILITY IS USING A WEEKLY CHECK UST AND RECORDING PERC USAGE & ALL MAINTENANCE ACTIONS.

40 GAL DETREX 50 GAL MULTIMATIC

(4)-55 GALLOW PERC CONTAINERS ON SITE MCF PICKS UP FILTER CARTRIDUES ONCE A MONTH

1996 PERC USAGE = 235#

COMMISSION

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

EXECUTIVE DIRECTOR

ROGER P. STEWART



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

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7104

August 25, 1997

Mr. Stephan Szikszay Tampa Bay Wholesale Cleaners, Inc. 5452 56th Commerce Park Blvd. Tampa, Fl 33610

Subject:

Corrections to Air General Permit Application

Reference: Air General Permit 0571143

Dear Mr. Szikszay,

The Florida Department of Environmental Protection has completed the review process for your application, and has assigned a permit number to your facility, as referenced above.

In the FDEP's review process of this application, the need to make some corrections has been identified. These corrections (indicated by orange dots on the attached copy) are required to be completed by you, as the indicated "Responsible Official", making sure you also sign and date the final page again, and mail to the following address:

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

If you have any questions, please don't hesitate to contact me at (813) 272-5530.

Sincerely,

James O. Holton, PE Air Toxics Engineer

RECEIVED

SEP 1 1 1997

Bureau of Air Monitoring & Mobile Sources

RECEIVED

JUN 26 1997 Perchloroethylene Dry Cleaning Facility Notification

APR 2 2 1997

EPC of HC	Facility Name and Location	Bureau of Air Monitori
1. Facility Owner Company Name	Mana of an annual and a second	& Mobile Sources
••	1//2	
# 0571	143	
2. Sit		
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i. Ha /(a) +2 m//	hine add date Control de	vice.
1.(C) #2 7000	mue. Otto care and a	
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Str. Cit	H T L L L V T , I	33610
Cit		33610
Fac	AUG 21 1997	
Company Compan		
- The control of the	EPC of HC	
	AIR MANAGEMENT	.}
Name of Title of Paragraphs	ACC - I - I	
 Name and Title of Responsible C 	Micial.	

Stephan Szikszay, President

7. Responsible Official Mailing Address:
Organization/Firm: Tampa Bay Whsle. Clnrs., Inc.
Street Address: 5452 56th Commerce Park Blvd.
City: Tampa County: Hillsborough Zip Code: 33610

8. Responsible Official Telephone Number:

Telephone: (813 626 - 9661

Fax: (813) 628 - 9319

Facility Contact (If different from Responsible Official)

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

Stephan Szikszay

10. Facility Contact Address:

Street Address: 5452 56th Commerce Park Blvd.

City: Tampa County:

County: Hillsborough Zip Code: 33610

11. Facility Contact Telephone Number:

Telephone: (813) 626 - 9661

Fax: (813) 628 - 9319

RECEIVED

JUN 26 1997 Perchloroethylene Dry Cleaning Facility Notification

APR 2 2 1997

EPC of HC

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

AIR MANAGEMEAN 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Tampa Bay Wholesale Cleaners, INc.

2. Site Name (For example, plant name or number):

same as above

3. Hazardous Waste Generator Identification Number:

4. Facility Location:

Street Address: 5452 56th Commerce Park Blvd.

City: Tampa

County: Hillsborough

Zip Code:

33610

5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official:

Stephan Szikszay, President

7. Responsible Official Mailing Address:

Organization/Firm: Tampa Bay Whsle. Clnrs., Inc. 5452 56th Commerce Park Blvd. Street Address:

Ciry: Tampa

County: Hillsborough

Zip Code:

33610

8. Responsible Official Telephone Number:

Telephone:

(813) 626 - 9661

Fax: (813) 628-

Facility Contact (If different from Responsible Official)

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

Stephan Szikszay

10. Facility Contact Address:

Street Address: 5452 56th Commerce Park Blvd.

City: Tampa

County: Hillsborough Zip Code: 33610

11. Facility Contact Telephone Number:

Telephone:

(813) 626 - 9661

Fax: (813) 628 - 9319

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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.

		Date	Date		Date	Date	<u> </u>	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID_	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	15-Aug8	37 7-Nov	<u>7</u> 96		·	#2	5-Dec 93	12/8/96
(2) w/ carbon adsorber			1						12.7.57.50
(3) w/ no controls						ļ			
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								·	
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber	_								
(9) w/ no controls		٠.							
Reclaimer Unit									
(10) w/ ref. condenser	_								
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months 									
Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew sn	nall area sou	rce [)		
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce [X]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ired on machines	pursuant to section (5) of I	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	(X)		
• · · · · · · · · · · · · · · · · · · ·			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam an	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
"USES PROPANE"		i.	
Equipmo	ent Monitoring a	and Recordkeeping Inform	mation
Check all logs which are required to	o be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pr	urchases		[x]
(b) Leak detection inspection and re	epair		[x]
(c) Refrigerated condenser tempera	ture monitoring	•	[X]
(d) Carbon adsorber exhaust perc c	oncentration mor	nitoring	5.
(e) Instrument calibration			<u> </u>
(f) Start-up, shutdown, malfunction	n plan		[<u>x</u>]

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
maintain	nts made in this notification are true, accurate and complete. Further, I agree to operate and In the air pollutant emissions units and air pollution control equipment described above so as with all terms and conditions of this general permit as set forth in Part II of this notification f	to
I will pro		
I will pro	omptly notify the Department of any changes to the information contained in this notification	
I will pro		
114	omptly notify the Department of any changes to the information contained in this notification 4/17/97	
114	omptly notify the Department of any changes to the information contained in this notification 4/17/97	
I will pro	omptly notify the Department of any changes to the information contained in this notification 4/17/97	
	comptly notify the Department of any changes to the information contained in this notification $\frac{4/17/97}{\text{Date}}$	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

MAR 1 1 1998

AIRS ID 0571143
TAMPA BAY WHOLESALE CLEANERS INC
STEPHEN SZIKSZAY
5452 56TH COMMERCE PARK BLVD
TAMPA FL 33610

MAR 1 1 1998	,	5452 56TH CON TAMPA FL 336	MMERCE PARK E 510	BLVD		: .	
Ureau)	
Sureau of Air Monitoring & Mobile Sources		Do	NOT Remove	Label			
Annual Reporting Period:	DEC 3	3 /	19 <u>96</u>	то _	JAN	/	19 <u>9</u> 7
Based on each term or condit 62-213.300, Florida Adminis						_	EP Rule
If NO, complete the following	g:						
#1. Term or condition of the	general permit t	that has not been	in continuous c	ompliano	the during the	reporting per	od stated above:
Exact period of non-complian	ice: from _			1		•	
Action(s) taken to achieve con	mpliance:		,		. :		
Method used to demonstrate of	compliance: _				•		
#2. Term or condition of the	general permit t	hat has not been	in continuous c	ompliano	e during the 1	reporting peri	od stated above:
Exact period of non-complian	ce: from _			to			
Action(s) taken to achieve cor	npliance: _					·	
Method used to demonstrate of	compliance:						
As the responsible official, I her notification are true, accurate a does not exceed 2,100 gallons po	nd complete. Fu	rther, my annual c	consumption of p	perchloro	ethylene solven	ıt, based upon	purchase receipts,
RESPONSIBLE OFFICIAL	: <u>STEPH</u> Nam	gw 521/d e (Please Print)	57247	I hy	Signature	Syly J	3-1-98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

X1.

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPE	CTION
AIRS ID#: 5711 43 DATE: 2/	14/98 TIME IN: 9:00 AM TIME OUT: 10:00 AM BAY WHOLE SACE CLEARNER 6 H COMMERCE PARK BLVD
FACILITY NAME: TAMPA	BAY WHOLE SACE CLEARNEN
FACILITY LOCATION: 5452. 5	6 th COMMERCE PARK BLVD
[- TAMPA	, FL 71610
RESPONSIBLE OFFICIAL:	AN SZIKSZAYPHONE: (8/3) 626-966 PHONE: SAME
CONTACT NAME: SANLE	PHONE: SAUCE
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	to startup
2. Facility failed to notify DARM to use gene	ral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that	
	it is: No notification form Drop store/out of business/petroleum
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source ☐
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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
Facility indicated on notification form that (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
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 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 (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification drives are the constructed facility qualified for	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) YY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y DN DN/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 □N □N/A 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? 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 □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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/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?

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?	DY ON
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 ØN/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?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Romed 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?	ДY ОИ
2. Maintained rolling monthly averages of perc consumption?	□Y X M
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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?	XY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MIN/A
6. Maintained startup/shutdown/malfunction plan?	X ON
7. Maintained deviation reports?	XXY ON ON/A
Problem corrected?	XOY □N □N/A
8. Maintained compliance plan, if applicable?	OY ON XIN/A

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DAY ON		
2. Has the facility maintained a leak log	?		MD AK		
3. Does the responsible official check the	e following areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	Y ON ON/A		
Door gaskets and seating	MY ON ON/A	Stills	Y ON ON/A		
Filter gaskets and seating	Øy on on/a	Exhaust dampers	MY ON ON/A		
Pumps	DY ON ON/A	Diverter valves	XY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	STY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfaces)		⊠		
Physical detection (airflow felt the	hrough gaskets)		ø		
Odor (noticeable perc odor)			×		
Use of direct-reading instrument	ration (FID/PID/calorimetric	tubes)			
Halogen leak detector			۵		
If using direct-reading inst	rumentation, is the equipm	ent:	M/A		
a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	DY DN		
b. Calibrated against a (PID/FID only)?	standard gas prior to and aft	er each use	DY DN		
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 use?		OY ON		
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	DY DN		
:					
/					
ROGER ZHU/LER		2/4/9	·		
Inspector's Name (Please Pri	int)	Date of Inspe	ction		
$\Omega \hookrightarrow \Lambda$		1 4			

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Tampa Bay	FACILITY: Tampa Bay Wholesale Cleaners PAGE 1 OF 1						1	
FACILITY ADDRESS:	5452 56 th Co	mmerce Park	Blvd	CIT	Y: Tai	mpa		
	PHONE: (813) 626-9661						1	
MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33610								
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TY	PE:		STAT	US:
Feb 4, 1998	9:00 AM	10:00 AM	non-C	non-CDS		IN	COMP	LIANCE
NEDS NUMBER: 571143								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Step	han Szikszay							

Today's visit was to conduct the annual inspection.

There are two machines in this facility. One is Multimatic Shop Star Series, SN 1-401. The other one is Detrex 15-10-4-3, SN 827.

The machine were not in operation today. No leaks or odors were noticed.

Mr. Szikszay did have the record in separate files for each machine and his perc purchase receipts indicated that he has purchased 125 gallons over last 12 months.

His record also indicated that door seal of one of the machines (Multimatic) was repaired on Dec, 1997.

The only thing missing from Mr. Szikszay's record keeping is that he did not have the averages of perc consumption on a monthly basis. He told us that he will start to record this as required.

Mr. Szikszay could not find the owners manual for one of the machines (Multimatic) when we were in the facility doing inspection. He requested that we mail him the generic maintenance manual. This was done on Feb 5, 1998.

	•			
INSPECTED BY:	Leroy Shelton & Roger Zhu	DAT	E:	Feb 4,1998
		_		,
		,		

TITLE V AIR QUALITY GENERAL PERMIT ' INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:00 AM	TIME OUT: 10:00	Am AIRS ID#:	571143
TYPE OF FACILITY: PG	ERC DRY CLEAN		
FACILITY NAME: TA	MPA BAY WHOLI	ESALE	DATE: 2/4/98
FACILITY LOCATION: 54	mpa BAY WHOLE 152 56 th Comm	MERCE PARK	BLVD
FACILITY LOCATION:	AMPA, FL 336	10	
	TEPHAN SZIKSZ	2AV	10131/21 - 9/11
RESPONSIBLE OFFICIAL:	TEPHENO SZINSE	PHONE NUMBER	R: (813) 626 - 966
compliance with DEP F	the compliance requirements evalu Rule 62-213.300, Florida Administr	rative Code (F.A.C.).	·
Based on the results of discrepancies were note	the compliance requirements evalued:	ated during this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
		· ·	
	-		
	·	,	
COMMENTS:			
			1mg \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
he Annual Compliance Certific	ation form has been properly certif	A	or. YES NO
ATE OF NEXT INSPECTION	N: YEA		
•		proximate)	(Ilee Tak)
NSPECTION CONDUCTED I		ZIO / LEROY	SHELTON
	Ple	ease Print)	(813) 272 = 552 A
NSPECTOR'S SIGNATURE:	Kerty DI	PHONE NUMBER	R: (813) 272 - 5530
		1	
	Page	ot <u> </u>	Revised 10/96

AIRS ID#: <u>05743</u> 0571143



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				_			$\overline{}$
FACILITY NAME: Tampa Bo FACILITY LOCATION: 5452 56	ay wholesa	le Clean	iers, INC	DA	ге: <u>3/2</u>	5/99	Ź
FACILITY LOCATION: 5452 56	6th Commerc	e Park B	lad., Tam	pg, F1	33610		_
				·			
Annual Reporting Period: March 1	i	19 <u>98</u> T	0 MA2	ch,	25	19	<u>9</u> 9
Based on each term or condition of the Titl	e V general air permi	t, my facility ha	s remained in co	mpliance with	DEP Rule		
62-213.300, Florida Administrative Code (F.A.C.), during the pe	eriod covered by	this statement.	YES	DNO	O	
If NO, complete the following:							
#1. Term or condition of the general perm	it that has not been in	continuous con	valiance during t	he renorting :	seriod state	d above:	
#1. Term of condition of the general permi	it mat has not own in	continuous con	iphanee during t	ne reporting j		I above.	\sim
					Bureau of Air & Mobile	AP	
Exact period of non-compliance: from			to		u df Air Mdbile	<u> </u>	
Action(s) taken to achieve compliance:						8	
Method used to demonstrate compliance:					r Monitoring Sources	1999	
					es		
#2. Term or condition of the general perm	it that has not been in	continuous cor	npliance during t	the reporting	9	d above	-
					•		
Format and after a complement from			•-				
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 made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	e and complete. Furth s, does not exceed 2,1	her, my annual	consumption of p	perchloroethy	lene solven	t, based	<i>t</i>
RESPONSIBLE OFFICIAL: 57E/	PHAN SZITO	/ 52A1 -	Shuk I		/ Mo	rol 2	5-9
	ame (Please Print)		Signatu	Tel /		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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/I	DISCOVERY	RE-INSPECTI	ОИ			
TIME IN: 13:30	TIME OUT:	15:20	AIRS ID#:57	[143	,			
TYPE OF FACILITY: Pero	CD-y Cleaner							
FACILITY NAME: Tamp	a Bay whole s	ale		DATE: 3/25	199			
FACILITY LOCATION: 5452 56Th Commerce Park Blud.								
	1P9, Y-1 33610							
RESPONSIBLE OFFICIAL: 5			PHONE NÜMBER: (813) 626-966	<u>; /</u>			
-,	the compliance requirements tule 62-213.300, Florida Adm		-	lity is found to be i	n			
Based on the results of the discrepancies were note	the compliance requirements d:	evaluated during	g this inspection, the follo	owing compliance				
COMPLIANCE REQU	JIREMENT/PROBLE	и F(OLLOW-UP ACTIO	ON REQUIRE) .			
					· .			
				<u>-</u>				
COMMENTS:								
The Annual Compliance Certifi	cation form has been properly		•	YES Y	ио 🗌			
DATE OF NEXT INSPECTIO)N:	1 YEAR	<u></u>					
	-	(Approximat						
INSPECTION CONDUCTED		OGEN						
INSPECTOR'S SIGNATURE	: Noger 18	(Please Prin	t) PHONE NUMBER:	:(813) 272-5	530			

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	M COMPLAINT/DISCOVERY							
RE-INSPECTIO								
AIRS ID#: 571143 DATE: 2141	98 TIME IN: 13:30 TIME OUT: 15:20							
FACILITY NAME: Tampa Bay wh.	ole Sule Cleaner							
FACILITY LOCATION: 5452 56 Th Commerce Park Blud.								
Tampa, F1 33610								
į	521Ks2a4 PHONE: (813)626-9661							
CONTACT NAME: SAME	PHONE: SAME							
PART I: NOTIFICATION								
(check appropriate box)								
1. New facility notified DARM 30 days prior to sta	$\sim \mathcal{N}/\mathcal{H}$							
2. Facility failed to notify DARM to use general pe	ermit 🖸							
PART II: CLASSIFICATION								
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum							
Facility indicated on notification form that it is:								
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							
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr							
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification gal/yr qualified for a gal-yr facility qualified for a 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 (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 (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?	XY ON ON/A				
2. Examining the containers for leakage?	XÍY □N □N/A				
3. Closing and securing machine doors except during loading/unloading?	Xon ⊓u Kyo				
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON KAN/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	;. !				
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).					
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
/If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	₹Y □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ONA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N ØN/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	A√Y □N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN MN/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עלי				

2 :: 5

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d ØY □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN ZINA
ls 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?	אואם אם צם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser conts?	DY ON: ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ONA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MD YK
2. Maintained rolling monthly averages of perc consumption?	MO A G
3. Maintained leak detection inspection and repair reports for the following:	·
a. documentation of leaks repaired w/in 24 hrs? or;	באר אל מם אם ANA
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 DAWA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WNA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON ≸N/A
Problem corrected?	OY ON MN/A
8. Maintained compliance plan, if applicable?	OY ON ANA

PART VI: LEAK DETECTION AND I	REPAIRS				
1. Does the responsible official conduct a	weekly (for small :	sources, bi-weekly) leak detection an	d repair		
inspection?	inspection?				
2. Has the facility maintained a leak log?			φy □n.		
Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	AY ON ONA	Muck cookers	אואם אם צואָן		
Door gaskets and seating	אואם אם צאָל	stills	QY ON ONA		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	YY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	AND NO YA	Cartridge filter housings	DY ON ON/A		
Water separators	אמם מם צולל	A			
4. Which method of detection is used by	the responsible offi	cial?			
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrument	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N				
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N 					
c. Inspected for leaks and obvious signs of wear on a weekly basis?					
d. Kept in a clean and	d. Kept in a clean and secure area when not in use?				
e. Verified for accuracy	by use of duplicate	e samples (calorimetric only)?	OY ON		
	•		•		

ROGER ZHU	3/25/99
Inspector's Name (Please Print)	Date of Inspection
Roser Min	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

· •					
ENVIRONMENTAL PROT	INSPECTION REFECTION COMMI		SB OROU GH (COUNTY	
FACILITY: Tampa Bay Wholesale Cle	aners		PAGE	1 OF 1	
FACILITY ADDRESS: 5452 56 th Commerce Park Blvd CITY: Tampa					
MAH DIG ADDDDGG G		OLTU T		813) 626-9661	
MAILING ADDRESS: Same		CITY: Tampa		ZIP: 33610	
INSPECTION DATE: TIME IN: Mar 25, 1999 13:30	TIME OUT: 15:20	INSPECTIO non-C		STATUS: In Complian	Ce
NEDS NUMBER: 571143	13.20	Hon-c		т сопрнан	
SOURCE DESCRIPTION: Perc Dry	Cleaner		•		
CONTACT(S): Stephan Szikszay	Clouner				
					
Today's visit was to conduct the and	_				
There two units (Multimatic and D Each unit has a own set of records.	etrex) in this f	acility. The	recordkeepi	ng is in a good	shape.
The perc usage for the past 12-mor	oth was only 0	S gallons com	naring to 1	25 gallons recor	ded in
the last annual inspection. Mr. Sziki	•	_		_	
because of the large quantity of unifor	•				50 ,, as
Also, he mentioned that he plans to	_			•	area in
this summer and he'll notify the EPC when he decides to move.					
			yan.		
	•				
				•	
	,				

INSPECTED BY: Roger Zhu DATE: Mar 25, 1999

#0571143 Tampa Bay Wholesale Cleaners 1./mon = ~12,000 gal./yr

Z 333 612 777 US Postal Service Receipt for Certified Mail No Insurance And Airs ID 0571143 TAMPA BAY WHOLESALE CLEANERS INC STEPHEN SZIKSZAY 5452 56TH COMMERCE PARK BLVD TAMPA FL 33610 Postage Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address

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PS Form 3800,

TOTAL Postage & Fees

Postmark or Date

4a. Article Nu Z 333 4b. Service T	3612977
☐ Registere ☐ Express M	Mail Insured ceipt for Merchandise COD elivery
8. Addressee and fee is	e's Address (Only if requested
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)	ce Coverage Provided)
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Postage \$	
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
Total Postage 8 10 Sent To STEPHEN SZIKSZAY TAMPA BAY WHOLE 5452 56TH COMMERCO TAMPA FL 33610 City, State, ZIP+ PS Form 3800, May 2000 SSBUGGY NUMBER SOLUTION SENDER: COMPLETE THIS SECTION	SALE CLEANERS CE PARK BLVD See Reverse for Instructions
 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) B. Date of Delivery C. Signature X
1. Article Addressed to: 10 AIRS ID # 0571143001AG STEPHEN SZIKSZAY TAMPA BAY WHOLESALE CLEANERS 5452 56TH COMMERCE PARK BLVD	If YES, enter delivery address below:
TAMPA FL 33610	3. Service Type Certified Mail
1002840000010244234 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 . Domestic Ret	urn 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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571143 TAMPA BAY WHOLESALE CLEANERS STEPHEN SZIKSZAY 5452 56TH COMMERCE PARK BLVD TAMPA FL 33610

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

TAMPA BAY WHOLESALE CLEANERS, INC.

Department of Eniromental Protection
682

The Bank of Tampa

AIRS ID#0571143

50.00

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405106 FEB12 2001

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Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fund: 20-2-03: Obj.: 002273

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7	33610		flor Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0571143 TAMPA BAY WHOLESALE CLEANERS STEPHEN :SZIKSZAY 5452 56TH COMMERCE PARK BLVD TAMPA FL 	A. Received by (Please Print Clearly) B. Date of Delivery 3 8 0 2 C. Signature Addressee D. Is delivery address different from item 12 Yes If YES, enter delivery address delow: No
33610	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
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STEPHEN SZIKSZ 5452 56TH COMM TAMPA FL 33610	AY ERCE PARK BLVD	L	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mai ☐ Return Rece ☐ C.O.D.	l ipt for Merchandise
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GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE **TAMPA FL 33604**

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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	-
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card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article.	following services extra fee): 1.	s (for an ee's Address d Delivery	elpt Service.	
AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604	4b. Service 1 Registere Express	36/369 Type ad Mail peipt for Merchandise	Certified Insured	you for using Return Rec
Received By: (Print Name) Signature: (Attoressee or Agent) PS Form 3811 December 1994	and fee is	paid)	·	Thank
	■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 spacepermit. ■Write*Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 4a. Article Ni 233 4b. Service 1 □ Registere □ Express 1 □ Return Receipt Registere □ Complete items 2, 4a. Article Ni 3. Article Ni 4a. Article Ni 4b. Service 1 □ Registere □ Express 1 □ Return Receipt Registere □ Complete items 2, 4a. Article Ni 3. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4b. Service 1 □ Registere □ Complete items 2, 4a. Article Ni 4c. Article	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 Begistered Express Mail Return Receipt for Merchandise 7. Date of Delivery S. Addressee's Address (Only in and fee is paid)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested** on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 AIRS ID# 0571148 GREATER TAMPA BAY CLEANERS QUOC KHANH NGUYEN 8408 N ARMENIA AVE TAMPA FL 33604 B. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent)

Z 333 613 492 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571143 TAMPA BAY WHOLESALE CLEANERS STEPHEN SZIKSZAY 5452 56TH COMMERCE PARK BLVD **TAMPA FL 33610** 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 Fold at line over top of envelope to SENDER: to receive the Complete items 1 and/or 2 for additional services. following services (for an Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

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PS Form **3811**, December 1994

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TAMPA BAY WHOLESALE CLEANERS INC
STEPHEN SZIKSZAY
5452 56TH COMMERCE PARK BLVD
TAMPA FL 33610

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TAMPA BAY WHOLESALE CLEANERS, INC.

Dept. of Environmental Protection 500

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The Bank of Tampa

Airs ID# 0571143

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g G	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

Meyne: Organistation BE COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Received by (Please Print Clearly) ■ Complete items 1; 2, and 3. Also complete B Date of Delivery item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0571143 TAMPA BAY WHOLESALE CLEANERS STEPHEN SZIKSZAY 5452 56TH COMMERCE PARK BLVD 3. Service Type **TAMPA FL 33610** Certified Mail
Registered ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 2333667450 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label)

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STEPHEN SZIKSZAY
5452 56TH COMMERCE PARK BLVD **TAMPA FL 33610**

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	TOTAL Postage & Fees	\$
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AIRS ID # 0571143 TAMPA BAY WHOLESALE CLEANERS STEPHEN SZIKSZAY 5452 56TH COMMERCE PARK BLVD TAMPA FL 33610	Service Type Certified Mail				
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STEPHEN SZIKSZAY
5452 56TH COMMERCE PARK BLVD
TAMPA FL 33610

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April 1995	Return Receipt Showing to Whom & Date Delivered	
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800	TOTAL Postage & Fees	\$
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Receipt Service

our RETURN ADDRESS completed on the reverse side

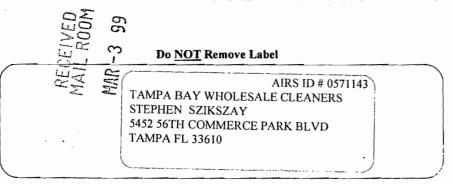


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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 TAMPA BAY WHOLESALE CLEANERS, INC.
Department of Eniromental Protection

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The Bank of Tampa

AIRS ID# 0571143

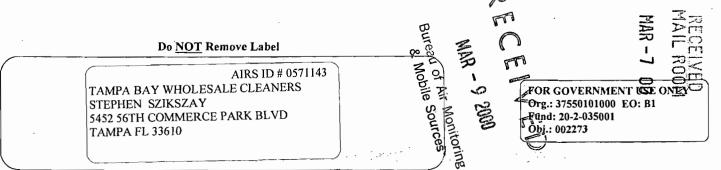
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TA: VHOLESALE CLEANERS, INC. 7215

Department of Eniromental Protection 3/3/'00 50.00

The Bank of Tampa

MRS ID# 0571143

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