

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 28, 1997

Mr. Robert Medina Bay Crest Dry Cleaners 5937 Memorial Highway Tampa, Florida 33615

Re: Facility No.: 0571154

Dear Mr. Medina:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 3, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

	#0571154
	Bay Crest Dry Cleaners
	Spoke with Carmen Medina—
P.13 P.14	6. add title - Owner 1.(a) add date control device installed-mark out extra "V"s
P.15	4 mark out "X" under existing large area source
	5. (f) required

Dear ms. Sordy Bournan-Here's a copy of my forms Perchloroethylene Dry Cleaning Facility Notification (8/3) 886- 8680 **Facility Name and Location** Facility Owner/Company Name (Name of corporation, agency, or individual owner): CARMEN MediNA SAME 3. Hazardous Waste Generator Identification Number: 4. Facility Location: MEMORIAC 5937 Street Address: (County) City: Facility Identification Number (DEP Use): 98/4698 Responsible Official Name and Title of Responsible Official: Organization/Firm: SAMC Street Address: City: County: Zip Code: 8. Responsible Official Telephone Number: Fax: () Telephone: 8/3 886 8680 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: 11. Facility Contact Telephone Number: Fax: (Telephone: (

RECEIVED

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

JUN 3 1997

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Tune of Machine	ID	Initially Purchased	Device Installed	"	Initially Purchased	Device Installed	10	Initially Purchased	Device Installed
Type of Machine	עו	Furchased	installed	ID	Furchased	instaned	ID	Fuichaseu	Installed
Example	#1	03-OCT-93 2 - 2 7 -	12-NOV-93 9 7	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		<u> </u>							
(1) w/ ref. condenser	-		•						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		1				<u>. </u>			•
(4) w/ ref. condenser	V	ĺ							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			ı						
(7) w/ ref. condenser	1			_					
(8) w/ carbon adsorber									
(9) w/ no controls					_				
Reclaimer Unit		·				1		<u> </u>	
(10) w/ ref. condenser	V								
(11) w/carbon adsorber									
(I2) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of	are re	equired to be	installed [_		٦	n the latest 15			
[moeuryiene (perc)	purchased ii	i tile latest 12	. 11101	iuis:	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	ŧ ,
Existing small ar	ea so	urce []	Ne	w sn	nall area sou	rce 🔀	į		
Existing large ar	ea soi	ırce []	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

e · Ores

What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	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 []	المنار المناسبة المنا
·	•
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of looiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	, ,
Equipment Monitoring and Recordkeeping Infor	
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	Cong. :
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

BEST AVAILABLE COPY

KECEINED

AIRS ID#: 0541154

JUN 3 1997

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL RESPECTIVES ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Boyce	st cle	ones		DATE: <u>_ 2_</u> -27_ <u>97</u>
FACILITY LOCATION:	737 N	nemorial	Heny	
	3615			1 (p)
Annual Reporting Period:	96	19 <u>97</u>	TO oct	
Based on each term or condition of the 62-213.300, Florida Administrative Co	_		<u> </u>	
If NO, complete the following:				
#1. Term or condition of the general pe	ermit that has not	been in continuous o	compliance during the repo	orting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:	_			
Method used to demonstrate compliance	e:			
#2. Term or condition of the general pe	ermit that has no	t been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				r
Method used to demonstrate compliance	e:		 	
As the responsible official, I hereby cer made in this notification are true, accurate upon rolling averages of purchase rece year for transfer or combination facility	rate and complet ipts, does not exc	e. Further, my annu- ceed 2,100 gallons pe	al consumption of perchlo	roethylene solvent, based

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

Page _____ of ____

#0571154

Best Available copy Bay Crest Dry Cleaners

3. 3. 5. 4.	Faci Spoke with Carmen Medina— 6/23/97 Site P./3 6. add title— Owner Haz P./4 1.(a) add date control device installed—mark out extra "/"s Fac P./5 4. mark out "X" under existing large area source 5. f) required Fac Table Tab	men MediNA S
7. 8.	Re Or Str Ci EPC of HC AIR MANAGEMENT Te Name and Title of Facility Contact (For example, plant manager):	e:
10.	Facility Contact Address: Street Address: City: County: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	·

RECEIVED

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

JUN 3 1997

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Reach a day of the my farms

(8/3) 286-2620 Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): CARMEN MediNA 4. Facility Location: MEMORIAC Street Address: City: 98/46927 Responsible Official Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: SAMC Street Address: City: Zip Code: Responsible Official Telephone Number: Telephone: (8/3) 886 8680 Fax: () Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: 11. Facility Contact Telephone Number: Telephone: Fax: (()

RECEIVED

JUN 3 1997

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		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
5 ,		03.007.03	12 1/01/ 03	".	00 DEC 01		" 3	02.1448.02	02.1440.03
Example	#]		12-NOV-93	#2	08-DEC-91		#3	02-MAK-92	02-MAR-92
Dry-to-Dry Unit	 	2-27- 27-JAN							
(1) w/ ref. condenser		27-1-97					I	<u> </u>	T
(2) w/ carbon adsorber	-	A/-A//	<u> </u>	-	1				
(3) w/ no controls	 	· · · · · · · · · · · · · · · · · · ·		-				 	
Washer Unit									<u> </u>
(4) w/ ref. condenser	4	1							1331
(5) w/ carbon adsorber		† : 		_					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(6) w/ no controls					-				**
Dryer Unit									
(7) w/ ref. condenser	200	· -			1				
(8) w/ carbon adsorber		134	-	_					
(9) w/ no controls		T						Ī	
Reclaimer Unit	- 40	1							<u> </u>
(10) w/ ref. condenser	20								
(11) w/carbon adsorber									_
(12) w/ no controls						·			
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in				Vereille.
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	nitions found nall area sour ge area sour	rce 🔀	3) of	Part II?	
LAISTING TAIGE AN	عاده عاد		140	w idi	50 area sour		J		

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

•		
4. What control technology is required on mach (Indicate with an "X".)	nines pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emissi to Rule 62-213.300, F.A.C. Verify that all stear exemption criteria or that no such units exist on All steam and hot water generating units on-site boiler HP or less), and (2) are fired exclusively during which propane or fuel oil containing no All steam and hot water generating units exemp No such units on-site	m and hot water generating unit-site: e (1) have a total heat input of by natural gas except for period more than one percent sulfur i	its on-site meet the following 10 million BTU/hr or less (298 ods of natural gas curtailment
Equipment Monitor	ing and Recordkeeping Infor	mation $\frac{\partial f}{\partial x}$
Check all logs which are required to be kept on-	-site in accordance with the rec	quirements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitor	ring	
(d) Carbon adsorber exhaust perc concentration	monitoring	
(e) Instrument calibration		
(f) Start-up shutdown malfunction plan		[/]

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:	
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	
	No air permits currently exist for the operation of the facility indicated in this notification form.	·
	Responsible Official Certification	
		Ö
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility accation. I hereby certify, based on information and belief formed after reasonable inquits made in this notification are true, accurate and complete. Further, I agree to operate the air pollutant emissions units and air pollution control equipment described above so ith all terms and conditions of this general permit as set forth in Part II of this notifications.	iry, that the e and so as to
I will pro	mptly notify the Department of any changes to the information contained in this notifica	ation.
Signature	bert mederna 2-27-97	 . •
	dent Mederna 8-11 97	_

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

NORTH E

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

FACILITY NAME: BRY CREST CLEAN FACILITY LOCATION: 5937 MEMORIAL PART I: NOTIFICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<200 gal/yr both types, x<140 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="" 140<<="" 140<x<1,800="" 20="" 200<x<1,800="" both="" dry-to-dry="" gal="" only,="" th="" transfer="" types,="" yr=""><th>COMPLAINT/DISC</th><th>OVERY 🗆</th></x<2,>	COMPLAINT/DISC	OVERY 🗆	
AIRS ID#: DATE: 1/1/97 TIME IN: 3.30 TIME OUT: 15.00 FACILITY NAME: BAY CREST CLEANERS FACILITY LOCATION: 5537 MEMORIAC HUY Recomposition of the control of the contro			
		7 TIME IN: 3.30 TIM	е оит: <u>/5.100</u>
FACILITY NAME: BAY	CREST	CLEANERS	
FACILITY LOCATION: 5	937 MR	MORIAL HWY	
		886	<u>- 868D</u>
	 		
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARN	1 by 9/1/96	•	٥
2. New facility notified DARM 30	days prior to start	tup	o ,
3. Facility failed to notify DARM	to use general per	mit	×
	· · · · · · · · · · · · · · · · · · ·	······································	
PART II: CLASSIFICATION			
	form that it is:		
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr		dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	×
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" th="" transfer="" types,="" yr<=""><td>gal/yr /yr</td><td>dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,></td></x<2,>	gal/yr /yr	dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
This is a correct facility classifica	tion	YY □N	
If no, please check the appropriate	e classification:	•	
		nit as number above not eligible for a general permit	
B. The total quantity of perchloro facility was 10 gallons.	ethylene (perc) pu	rchased within the preceding 12 month	s by this dry cleaning

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

∥ na			
"	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И	
	Is the temperature differential equal to or greater than 20° F?	OY ON	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ם אם כ	IN/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,		
ľ	or expansion; and downstream from no other inlet?	□Y □N	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON C	IN/A
_			
PA	ART V: RECORDKEEPING REQUIREMENTS		
	as the responsible official: heck appropriate boxes)	,	
1.	Maintained receipts for perc purchased?	MO Y	
2.	Maintained rolling monthly averages of perc consumption?	M□ Y X	
3.	Maintained leak detection inspection and repair reports for the following:		
	a. documentation of leaks repaired w/in 24 hrs? or;	MY DN	
		/ 1	
	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	,
4.		MY ON TO	(N/A
	and parts installed w/in 5 days of receipt?	· · · · · · · · · · · · · · · · · · ·	·
5.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	OY ON	·
5. 6.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	א אם צם 🏂	a W/V
5. 6.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	א אם צים א א אם צים א א אם צים א	a WA
5. 6. 7.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	אַ אם צם אַ אַ אַ אם צם אַ אַ אם צם אַ	a N/C
5. 6. 7.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	A NO AO	a N/C
5. 6. 7. 8.	and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	A NO AO	a N/C

2.	Which method of detection is used by	the respon	nsible officia	1?			
	Visual examination (condensed	solvent or	exterior sur	faces)	X		1
	Physical detection (airflow felt	through ga	skets)	•	\sim		
	Odor (noticeable perc odor)				XXX		
	Use of direct-reading instrumen	itation (FII	D/PID/calori	metric tubes)		,	
	If using direct-reading instru	nentation,	, is the equip	oment:		•	
	a. Capable of detecting	g perc vape	or concentra	tions in a range of 0-500 ppm?	. 🗆Y	□и	
	b. Calibrated against a (PID/FID only)?	a standard	gas prior to a	and after each use	ΠY	□и	ı
	c. Inspected for leaks	and obviou	is signs of w	ear on a weekly basis?	ΠY	ПN	
	d. Kept in a clean and	secure are	a when not i	in use?	ΠY	□и	
	e. Verified for accurac	y by use of	f duplicate sa	amples (calorimetric only)?	; □ Y	□и	
3.	Has the facility maintained a leak log	?			Y	□и	
4.	Does the responsible official check th	e followin	g areas for le	eaks?	/ \		
	Hose connections, fittings, couplings, and valves	⊠ (Y	ПN	Muck cookers	ΠY	ПИ	凶
	Door gaskets and seating	X Y	ПИ	Stills	ΣY	□и	
	Filter gaskets and seating	XΥ	ПN	Exhaust dampers	X	□и	
	Pumps	XY	ПΝ	Diverter valves	XY	ПN	
	Solvent tanks and containers	XXY	ПN	Cartridge filter housing	gs XY	ПN	
	Water separators	YY	ПN				

Name of Responsible Official

NEAL B. JANS

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

CONTRACT ON NEW MACHINE 1/7/97 TO DE INSTALLED ON OR BY 2/7/97

NEW MACHINE INSTALLED 2/27/97

MEN MACHINE INSTALLED 2/27/97

TRMP GUAGE BRING INSTALLED 2/27/97

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13'. 30 TIME OUT: 15'.00	AIRS ID#: None
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: BAY CREST CLEAG	NEV25 DATE: 1/14/97
FACILITY LOCATION: 5937 MEMORIAL	HWY
RESPONSIBLE OFFICIAL: BOB MEDINA	PHONE NUMBER: 886-8685
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
RECORD TEMP LOG. W INSTALLATION OF NEW MACHINE	BEGIN KHEPING TEMP LOG
NERDS TO SUBMIT PERMIT TO FORP	SUBMIT PERMIT TO FUEP
: 	RECEIVED
	MAR 7 7 1997
	Bureau of Air Monitoring & Mobile Sources
COMMENTS: COMPLIANCE CERTIFICATION LE FARWARD TO FORP.	EFT WRO. WHO WILL
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:(Ap	proximate)
· · · · · · · · · · · · · · · · · · ·	B JANIS
// (Pi	PHONE NUMBER: 272-5530
/ // Page 1	Devised 10/06

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME N: 10: 60 AM TIME OUT: 10: 45 Am AIRS ID#: 57 11 54 TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: BAY CREST DRY CLEANER FACILITY LOCATION: 5937 Mcmoral Hwy TAMIPA, FL 33615 RESPONSIBLE OFFICIAL: POBERT MEDINA PHONE NUMBER: (313) 836-8680 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED THE Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print) PHONE NUMBER: (513) 272-5536	TYPE OF INSPECTION:	annual 🔀 💢 Co	MPLAINT/DISCOVERY	RE-INSPECTION
TYPE OF FACILITY: DAY CLEAN CLEAN	TIME IN: 10 = 00 Am	TIME OUT: 10 = 4	Airs ID#:	571154
PACILITY NAME: DAY CREST DRY CLEANCRS DATE: 2/19/93 PACILITY LOCATION: 5937 MEMBRIAL HWY TAMPA, 17L 33615 RESPONSIBLE OFFICIAL: PLOGET MEDINA PHONE NUMBER: (313) 836-8680 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED OMMENTS: COMPLIANCE Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print)	TYPE OF FACILITY:	iekc Dr <u>y</u> clea	WER	
TAM PA, I=L 33615 RESPONSIBLE OFFICIAL: REPORT MEDINA PHONE NUMBER. (813) 886-8680 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED FOLLOW-UP ACTION REQUIRED COMMENTS: COMPLIANCE Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Rease Print)		BAY CREST DRY	CLEANCRS	DATE: 2/18/98
TAMPA, FL 33615 RESPONSIBLE OFFICIAL: PEGERT MEDINA PHONE NUMBER: (313) 836-8680 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED OMMENTS: COMPLIANCE REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREME		3937 MEMBRIAL	Hwy	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED OMMENTS: COOP RECORD (RECPIN 6 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES. NO. ATE OF NEXT INSPECTION: (Approximate) (Please Print) (Please Print) (CILLAR 22, 2002)				
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED FOLLOW-UP A				2: (813) 886 - 8680
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: COO RECORD (RECPIN 6 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Construction of the inspector of the in			- · ·	facility is found to be in
COMMENTS: CONTROLL RECORD RECORD RECPINE the Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (CONTROLL STRUCTS OF STRUCT		-	uated during this inspection, the	following compliance
The Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Please Print) (CARL 273 - CCC 7 6	COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
LECORD RECORD RE				
LECORD RECORD RE				
LECORD RECORD RE	·			· ·
LECORD RECORD RE				·
LECORD RECORD RECORD REEPINE the Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print)				
LECORD RECORD RECORD REEPINE the Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print)		-		· · · · · · · · · · · · · · · · · · ·
LECORD RECORD RE				
LECORD RECORD RE		·		
LECORD RECORD RE				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Please Print) (CARL 273 - CCC 7 6				
LECORD RECORD RE	· · · · · · · · · · · · · · · · · · ·			
he Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Please Print) (QUALITATA CONTROL OF CONTROL				
he Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Please Print) (QUALITATA CONTROL OF CONTROL				
LECORD RECORD RE	·			
LECORD RECORD RE				
LECORD RECORD RECORD REEPINE the Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print)				·
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) NSPECTION CONDUCTED BY: (Please Print)				
ATE OF NEXT INSPECTION: (Approximate) (SPECTION CONDUCTED BY: (Please Print) (CAR 1 277 CCC 7 C	6000	RECORD REE	PINE	
ATE OF NEXT INSPECTION: (Approximate) NSPECTION CONDUCTED BY: (Please Print) (GUZ 1 2772 - CCC 7 5		•		
ATE OF NEXT INSPECTION: (Approximate) RECER ZHO (Please Print)	•	•	·	
ATE OF NEXT INSPECTION: (Approximate) NSPECTION CONDUCTED BY: (Please Print) (GUZ 1 2772 - CCC 7 5	1 - A 1 C 1 i C i 5 -		:::	XEC YOU !!
ATE OF NEXT INSPECTION: (Approximate) NSPECTION CONDUCTED BY: (Please Print) (GUZ 1 2772 - CCC 7 C	-	1	-	or res NO /
NSPECTION CONDUCTED BY: ROCER ZHO (Please Print) (QUAL 2772 CCC 7 C	ATE OF NEXT INSPECTION			
(Please Print)		p	1	
(012 1272 5575	NSPECTION CONDUCTED I	~ · <u> </u>		
	NSPECTOR'S SIGNATURE:	Cut'M	PHONE NUMBER	R: (8/3/272-5530
Page of \ Revised 10/90		Pom !	of \	Revised 10/96

RECEIVED MARCO 4 230 BBHEST OF AIR MONITORING & MOSSILE SOUPES

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0571154
BAY CREST DRY CLEANERS
ROBERT MEDINA
5937 MEMORIAL HWY
TAMPA FL 33615

D. NOT D.... I al al

_	D0 <u>110</u>	1 Kemove Lauci		⁄n
Annual Reporting Period:	/¥.	_19 <u>97</u> _то	mont 1998	19
0				
Based on each term or condition of the Titl	-			
62-213.300, Florida Administrative Code (F.A.C.), during the period	od covered by this	s statement. YES	MO
If NO, complete the following:				
#1. Term or condition of the general perm	it that has not been in co	ontinuous complia	ance during the reporting pe	eriod stated above:
Exact period of non-compliance: from			to	-
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	it that has not been in co	ontinuous complia	ance during the reporting pe	eriod stated above:
Exact period of non-compliance: from		:	to	
Action(s) taken to achieve compliance:		,		
As the responsible official, I hereby certify, be notification are true, accurate and complete.				
notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	v-to dry facilities or 1,800)	gauons per year jo	or transfer or combination fac	

^{*}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 \mathcal{A}

ace

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY
AIRS ID#: 571154 DATE: 2/18 FACILITY NAME: BAY CREST	198 TIME IN: 10:66 AM TIME OUT: 10:45 AM TORY CLEANERS
FACILITY LOCATION: 5937 MER	MORIAL HIGHWAY
TAMPS,	FL 33615
RESPONSIBLE OFFICIAL: ROBERT	MEDINA PHONE: (8/3) 886-8680
CONTACT NAME: SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	_
1. New facility notified DARM 30 days prior to sta	artup W/A
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
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)	
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	☐ 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 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 \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	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 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 facility qualified for a ge	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

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 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? 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? XY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □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 ZY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD YE verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	_
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	½ ÓY □N
2. Maintained rolling monthly averages of perc consumption?	□Y ØN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON 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 SONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DDN/A
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY DN DANA
Problem corrected?	OY ON DANA
8. Maintained compliance plan, if applicable?	DY DN X(N/A

				
PART	VI: LEAK DETECTION AND	REPAIRS		
l. Do	es the responsible official conduct a	weekly (for small sources, b	n-weekly) leak detection a	nd repair
ins	spection?			pXy □n
2. Ha	s the facility maintained a leak log?			p £y □n
3. Do	es the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	EY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	YY ON ON/A
	Pumps	¶Y □N □N/A	Diverter valves	ANU UU YA
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	אואם אם צאָב
	Water separators	¶Y □N □N/A		
4. Wh	ich method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces)		×
	Physical detection (airflow felt thr	rough gaskets)		A
	Odor (noticeable perc odor)			S
	ubes)	Ó		
	Halogen leak detector			
	If using direct-reading instru	umentation, is the equipme	ent:	M N/A
	a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	□Y □N
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and afte	r each use	QY QN
	c. Inspected for leaks and	d obvious signs of wear on a	weekly basis?	QY QN
	d. Kept in a clean and se	cure area when not in use?		OY ON
	e. Verified for accuracy l	by use of duplicate samples ((calorimetric only)?	OY ON
•	ROGER ZHU		2/18/9	18
	Inspector's Name (Please Prin		Date of Inspec	
	Ruy Mu		1 YEA	
	Inspector's Signature		Approximate Date of N	Vext Inspection

ADDITIONAL SITE INFORMATION:

THE FACILITY IS CLEAN AND THE R.O. HAS A GOOD RECORD KEEPING.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AT	NUAL 🔀	COMPLAINT/DI	SCOVERY	RE-INSPECTION
TIME IN: 13:30	TIME OUT:	15:30	AIRS ID#:	571154
TYPE OF FACILITY: PERC	DRY CLEAN	NER		
FACILITY NAME: BAY C	CREST DRY	CLEANER	. \$	DATE: 2/23/99
FACILITY LOCATION: 5937	MEMORIAL	HWY		
TAMP	PA FL 330	615		- 1
FACILITY NAME: BAY OF FACILITY LOCATION: 5937 TAMP RESPONSIBLE OFFICIAL: ROBE	RT MEDINA	4	PHONE NUMBER	0. (813)886-8680
REST ONSIBLE OF TELAL.				
Based on the results of the cocompliance with DEP Rule 6				facility is found to be in
Based on the results of the co	mpliance requirements	evaluated during t	his inspection, the	following compliance
COMPLIANCE REQUIRE	EMENT/PROBLE	M FOI	LLOW-UP ACT	TION REQUIRED
				_
			DECE	IVEC
			KECL	
			MAR	1 9 1999
			Bureau of	Air Monitorin bile Sources
			& Mor	JIIC COLL
				<u>.</u>
COMMENTS:				
COMMENTS.				
				·
The Annual Compliance Certification	form has been properly	•	mitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION:_		1 YEAR		
		(Approximate)		
INSPECTION CONDUCTED BY:		ROGER	ZHU	
	7 . 12	(Please Print)		1012/272 5522
INSPECTOR'S SIGNATURE:	Roger Mr	~	PHONE NUMBI	ER: (813) 272 - 5530

Revised 10/96

AIRS ID#:	5	7	[[5	4		
-----------	---	---	----	---	---	--	--

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1					
FACILITY NAME:	BAY CRE	ST DRY C	LEANERS	D	ATE: 2/23/99
FACILITY LOCATION:	5937 N	1 CMORIAL	Hwy		
	TAMPA,	FL 336	,15		
Annual Reporting Period:	Feb.	24	_19 <u>_9</u> 8 to	Feb 23	19 99
Based on each term or condi	tion of the Title V	general air permit,	ny facility has remain	ned in compliance wi	ith DEP Rule
62-213.300, Florida Admini	strative Code (F.A	.C.), during the peri	od covered by this sta	tement. TYES	□NO
If NO, complete the following	ng:				
#1. Term or condition of the	e general permit th	nat has not been in co	ontinuous compliance	during the reporting	g period stated above:
Exact period of non-complia	ance: from		to		
Action(s) taken to achieve of	ompliance:				
Method used to demonstrate	compliance:				
#2. Term or condition of th	e general permit th	nat has not been in c	ontinuous compliance	during the reportin	g period stated above:
Exact period of non-complia	ance: from _		to_		
Action(s) taken to achieve c	ompliance: _				<u> </u>
Method used to demonstrate	compliance: _		·		
As the responsible official, a made in this notification are upon rolling averages of pu year for transfer or combine RESPONSIBLE OFFICIA	e true, accurate an rchase receipts, do ation facilities.	d complete. Furthe	r, my annual consum	otion of perchloroeth	ylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	KQ D	COMPLAINT	DISCOVERY	
AIRS ID#: <u>671154</u>	DATE: 2/23/9	79 TIME	IN: 13:30	TIME OUT:	15:30
AIRS ID#: 571154 FACILITY NAME: FACILITY LOCATION:	5937 MEM.	DRIAC !	twy		
	TAMPA, F	=L 336	15		
RESPONSIBLE OFFICIA	I: ROBERT N	1EDINA	_ PHONE: (8)	13) 886 - 8	3680 ———
CONTACT NAME:	<u>SAME</u>		_ PHONE:	SAME	,
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DA	RM 30 days prior to star	rtup			
2. Facility failed to notify D	· -	•	N/A	·	<u> </u>
PART II: CLASSIFICAT	ION	.,.			
Facility indicated on notifi			☐ No notificat	ion form	
(check appropriate box) A.	cation form that it is:		☐ Drop store/o	out of business/pe	troleum
(check appropriate box)	source gal/yr il/yr	transfer only, x both types, x <	area source , x < 140 gal/yr ; < 200 gal/yr	×	troleum
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y	source □ gal/yr ul/yr yr /91) source □ ≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	area source , x < 140 gal/yr ; < 200 gal/yr 140 gal/yr n or after 12/9/91)	gal/yr al/yr	troleum
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area so dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	source □ gal/yr tl/yr (91) source □ ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr (91)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	area source x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr area source $x < 140 \le x \le 2,100$ x < 1,800 gal/yr	gal/yr al/yr	troleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2000) 3. Existing large area sourced dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2000) 5. This is a correct facilial of the first type of the first ty	source □ gal/yr tl/yr (91) source □ ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr (91)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or CAY IN CATANA	area source	gal/yr al/yr ermine above	troleum

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN XX				
2. Examining the containers for leakage?	ANA NO YO				
3. Closing and securing machine doors except during loading/unloading?	NO AK				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Ø1Y □N □N/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אַן אם צם				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v.				
If classification 2 has been checked, the machine should be equipped with a ref. (complete A below).	rigerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	ÄY □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO Y				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON A N/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צו				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	HY ON				

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?	BY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/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) \mathbf{A} 1. Maintained receipts for perc purchased? ДУ ПИ 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN XN/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 DNA and parts installed w/in 5 days of receipt? DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN AN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD YE 6. Maintained startup/shutdown/malfunction plan? XY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DNA

PART VI: LEAK DETECTION AND R	FPAIRS			
		11		
Does the responsible official conduct a	weekiy (for s	maii sources, b	n-weekiy) leak delection at	,
inspection?				XY ON
2. Has the facility maintained a leak log?				ØY □N
3. Does the responsible official check the	following are	as for leaks?		<u> </u>
Hose connections, fittings, couplings, and valves	NO AND	□N/A	Muck cookers	Y ON ON/A
Door gaskets and seating	MY ON	□N/A	Stills	Y ON ON/A
Filter gaskets and seating	ATY ON	□N/A	Exhaust dampers	ØY □N □N/A
Pumps	ND Y	□N/A	Diverter valves	ØY □N □N/A
Solvent tanks and containers	ĎY □N	□N/A	Cartridge filter housings	Y ON ON/A
Water separators	NO Y	□N/A		`
4. Which method of detection is used by the	ne re <mark>spo</mark> nsibl	e official?		
Visual examination (condensed so	lvent on exte	erior surfaces)		⊠
Physical detection (airflow felt thr	ough gasket	s)		5 4
Odor (noticeable perc odor)				Þ
Use of direct-reading instrumenta				
Halogen leak detector				
If using direct-reading instr	umentation,	is the equipme	ent:	Ž N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON
b. Calibrated against a s	tandard gas j	orior to and aft	er each use	
(PID/FID only)?				OY ON
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?			OY ON	
e. Verified for accuracy	by use of dup	olicate samples	(calorimetric only)?	OY ON
		·		
ROSER ZH	N		2/23/	199
Inspector's Name (Please Prin			Date of Inspe	ection

Revised 8/11/97

Approximate Date of Next Inspection

	TECTION COMMI	ISSION OF HILL	SBOROUGH (COUNTY	
FACILITY: Bay Crest Dry Cleaners			PAGE	1 O)F 1
FACILITY ADDRESS: 5937 Memoria	al Highway		CITY: Tar	4	
	· · · · · · · · · · · · · · · · · · ·		PHONE: (` 	
MAILING ADDRESS: Same		CITY: Tampa		ZIP: 330	
INSPECTION DATE: TIME IN:	TIME OUT:	INSPECTIO			ATUS:
Feb 23, 1999 13:30	15:30	non-C	DS	In Co	mpliance
NEDS NUMBER: 571154					
SOURCE DESCRIPTION: Perc Dry	Cleaner				
CONTACT(S): Robert Medina					
Today's visit was to conduct the an	nual inspection	l.			
The machine wasn't operating during	ng my inspection	on. No leaks o	or odors we	re noticed	l.
Mr. Medina's record keeping is in	a good shape.	The perc usag	e was only	40 gallon	is for the pas
12 months.					
The repair log indicated that a com	-	_		_	
The dry cleaning operation had been			_		•
The owners manual including startu	up, shutdown a	nd malfunctio	n plan is ke	pt on site.	-
		2.3			

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 11:30	AIRS ID#: 571154
TYPE OF FACILITY: PERC DRY CLEANE	R
FACILITY NAME: BAY CREST DRY CL	CANERS DATE: 1/27/00
FACILITY LOCATION: 5937 MEMORIAL	Hwy
TAMPA, FL 3361	
RESPONSIBLE OFFICIAL: POBERT MEDINA	PHONE NUMBER: (813) 886 - 868 O
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	S NODE TO THE STATE OF THE STAT
	Sources
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
<u> </u>	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	YEAR
ρ_{κ}	pproximate) 96ER ZHU
MSFECTION CONDUCTED B1.	lease Print)
Λ ΛΛ	- PHONE NUMBER: (813) 272 - 5530
Page_	of /. Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

MAIL ROOM

Do NOT Remove Label

BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY

TAMPA FL 33615

TOTAL AMOUNT DUE: \$50.00EC 10 99

T Remove Label

AIRS ID # 0571154
Y CLEANERS
NA
I HWY

FOR GOVERNMENT USE ONLY
Org.: 37550001000 EO: BIFT!
Fund: 20-2-035001
Obi.: 002273

Obj.: 002273

AIRS 1D#: 571154

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BAY CREST CLEANERS DATE: 1/27/00 FACILITY LOCATION: 5937 MEMORIAL HWY TAMPA, FL 33615
1AMPA, FL 33615
Annual Reporting Period: Fe 6 24 1999 TO Jan 27 19206
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	9 4	COMPLAINT/DISCOVER	Y 🗅
AIRS ID#: 571154 FACILITY NAME:	DATE: 1/27/00 BAY CREST #	O TIME IT	N: 10:15 TIME OU	r: <u>11-30</u>
TA CTT TITLE T O CA TTON	5937 MEMO1	RIAL	HWY	
RESPONSIBLE OFFICIAL CONTACT NAME:	: ROBERT MEI SAME	DINA	PHONE: (813) 886 PHONE: 54me	- 8680
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DA				Þ.
PART II: CLASSIFICATIO	NAT .			
	JN			
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sondry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	urce 2. al/yr dry yr tra	insfer only, x th types, $x < 1$	x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gal/y both types, x < 140 gal/yr	urce 2. al/yr dry yr tra bot 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot 0 gal/yr bot	y-to-dry only, unsfer only, x th types, x < 1 onstructed on New large a y-to-dry only, unsfer only, 20 th types, 140	☐ Drop store/out of busine rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800	arce 2. al/yr dry tra bot 1) (cc arce 4. 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot 1) (cc	y-to-dry only, ansfer only, x th types, x < 1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	☐ Drop store/out of busine rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gat transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	arce 2. al/yr dry tra bot 1) (cc arce 4. 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot 1) (cc	y-to-dry only, unsfer only, x th types, x < 1 onstructed on New large a y-to-dry only, unsfer only, 20 th types, 140 onstructed on Y \text{N}	☐ Drop store/out of busine rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) ☐ Can not determine	ss/petroleum

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

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

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small source	es, bi-weckly) leak detection ar	nd repair		
inspection?	·		ŊY □N		
2. Has the facility maintained a leak log?			7 4Y □N		
3. Does the responsible official check the	following areas for leak	s?	Ĺ		
Hose connections, fittings, couplings, and valves	MAY □N □N/A	Muck cookers	ÿay □n □n/a		
Door gaskets and seating	MY ON ON/A	Stills	XÍY □N □N/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	XY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	XY ON ON/A		
Solvent tanks and containers '	MA ON ON'Y	Cartridge filter housings	Y ON ON/A		
Water separators	Y ON ON/A	, · · · · · · · · · · · · · · · · · · ·			
4. Which method of detection is used by t	he responsible official?	· . · ·			
Visual examination (condensed s	olvent on exterior surface	ces)	Þ		
Physical detection (airflow felt th	⋈				
Odor (noticeable perc odor)			χí		
Use of direct-reading instrumenta	uon (FID/PID/calorime	etric tubes)			
Halogen leak detector		*			
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	standard gas prior to an	d after each use	NO Y		
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and s	ecure area when not in	use?	OY ON		
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON		
·			·		
	· .				
ROGER 2H	<i>)</i>	1/27	100		
Inspector's Name (Please Pri	nt)	Date of Insp	ection		
Roger sh		I Ye	AR		
Inspector's Signature	Inspector's Signature Approximate Date of Next Inspection				

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Bay Crest Dry Cleaners PAGE 1 OF 1						1		
FACILITY ADDRESS: 5937 Memorial Highway CITY: Tampa PHONE: (813) 886-8680)			
MAILING ADDRESS:	Same		CITY: Tampa	FL	A	ZIP:	33615	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE			JS:	
Jan 27, 2000	10:15	11:30	non-CDS In Com		n Compl	liance		
NEDS NUMBER: 571154								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Rob	CONTACT(S): Robert Medina							

Today's visit was to conduct the annual inspection.

The dry cleaning machine is a new small unit. The machine is very clean. Apparently, it has been taken care very well. No leaks or odors were noticed.

Mr. Medina keeps good records. He has logged the temperatures every week and leak inspections every 2-week. The 12-month perc rolling total was 57 gallons.

The owner's manual including startup, shutdown and malfunction plan is kept on site.

INSPECTED BY: Roger Zhu DATE: Jan 27, 2000

91,30		MAIL REC	EIPT Coverage Provided)	
41.25	Postage Certified Fee	\$		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
7000 0500	BAY CREST Recipi ROBERT M 5937 MEMO TAMPA FL City, S.	DRY CLEANERS EDINA RIAL HWY 33615	S ID # 0571154	

 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 S - 5 - 0 (C. Signature X Addressee D Is delivery address different from item 12 Yes
1. Article Addressed to: AIRS ID # 0571154 AY CREST DRY CLEANERS DBERT MEDINA 37 MEMORIAL HWY	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AMPA FL 33615	3. Service Type Cl. Certified Mail Registered Return Receipt for Merchandise C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)

U.S. Postal Service CERTIFIED MAIL F (Domestic Mail Only; No Insura	RECEIPT vance Coverage Provided)
E C1 P P P P P P P P P P P P P P P P P P	
Postage \$	
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
BAY CREST DRY CLEANERS ROBERT MEDINA	ID# 0571154
5937 MEMORIAL HWY TAMPA FL 33615	
PS Form 3800, February 2000	See Reverse for Instructions
ICKER AT TOP OF ENVELOPE SENDELS: CT. STATE OF BEST OF THE OF TH	TS BOALY
 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 2 - 9 - 01 C. Signature X. Robert Medical Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 0571154 BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY	
TAMPA FL 33615	3. Service Type A Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2. On 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26 5803

0360949

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 # 0571154

BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY TAMPA FL 33615 IL ROOM B 18 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



304100

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

MAR -2 98

Do NOT Remove Label

AIRS ID 0571154

BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY TAMPA FL 33615

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 PPO 375

US Postal Service Receipt for Certified Mail

AIRS ID 0571154
BAY CREST DRY CLEANERS
ROBERT MEDINA
5937 MEMORIAL HWY
TAMPA FL 33615

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	_
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

URN ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so card to you. Attach this form to the front of the mailpiece, or on the bac permit. White "Return Receipt Requested" on the mailpiece below in the Return Receipt will show to whom the article was delived delivered. 3. Article Addressed to: AIRS ID 0571154 BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY TAMPA FL.33615	k if spac	e does not e number. d the date 4a. Article N 4b. Service Registere Express I	2. Restrict Consult postma umber Type ad Mail ceipt for Merchandis	certified
RETURN	5. Received By: (Print Name)		8. Addressee and fee is	e's Address (Only paid)	if requested
ls your	6. Signature: (Addressee or Agent) – X PS Form 3811, December 1994			Domestic Re	turn Receipt

] _ esc	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
, ,	9296	OFFICIAL USE
	7975	Postage \$ Certified Fee
	1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
	7001 0320	Total Posts 10 AIRS ID # 0571154 Sent To ROBERT MEDINA Street, Apt. 1 BAY CREST DRY CLEANERS or PO Box N 5937 MEMORIAL HWY City, State, 2 TAMPA FL 33615
<u>.</u>	i[PS Form 3800 United to 18 See Reverse for Instructions
CENIDER	RIGHT LINE	GETION ON DEFINERAL COMMERCE AND SECTION OF S
Compleitem 4 Rrint your so that Attach	ete iten if [®] Restr our nan we ca this ca	A. Received by (Please Print Clearly) B. Date of Delivery critical Delivery is desired. A. Received by (Please Print Clearly) C. Signature C. Signature Agent A Received by (Please Print Clearly)
1. Article A	ddresse	
10 ROBER		IRS ID # 0571154 DINA
BAY CR	EST I	DRY CLEANERS 3. Service Type A Certified Mail Express Mail
		4. Restricted Delivery? (Extra Fee) ☐ Yes
7001	038	20' 0001' 7975 '9296

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

CERTIFIED MAIL F (Domestic Mail Only; No Insur	RECEIPT ance Coverage Provided)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Contract of the state of the
Postage \$	Postmark
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
Total Po BAY CREST DRY CLE ROBERT MEDINA 5937 MEMORIAL HWY Street, Ar. TAMPA FL 33615	
1 TOP OF ENVELOPE	
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery 2 9 2 C. Signature X
AIRS ID # 0571154 BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY TAMPA FL 33615	D. 1s delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
<u> </u>	3. Service Type Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
2. Attack Hamber (copy from service label)	·

Domestic Return Receipt

102595-00-M-0952

PS Form 3811, July 1999



41**3**866 FEB 72002

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 # 0571154
BAY CREST DRY CLEANERS
ROBERT MEDINA
5937 MEMORIAL HWY
TAMPA FL
33615

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

407061 MAR 9 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571154

BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY **TAMPA FL 33615**

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

Obj.: 002273

BayCrest Cleaners) 5937 nomorial Herry-Tampa, Fl. 33615







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

32315%3070

Z 333 613 493

US Postal Service

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571154

BAY CREST DRY CLEANERS ROBERT MEDINA 5937 MEMORIAL HWY 5937 MEMORICA TAMPA FL 33615

i'osmgo	· ·
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	\$
TOTAL Postage & Fees Postmark or Date	

SENDER: of equience to quite	o enil 1s bl	0∃	
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.	e can return this	I also wish to receive the following services (for an extra fee):	
Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	
■ Write "Return Receipt Requested" on the mailpiece below the artic		2. Restricted Delivery	
The Return Receipt will show to whom the article was delivered and delivered.	id the date	Consult postmaster for fee.	
3. Article Addressed to:	4a. Article N		
AIRS ID # 0571154	_	3 613 493	
BAY CREST DRY CLEANERS	4b. Service	Туре	
ROBERT MEDINA	☐ Registered		
5937 MEMORIAL HWY	☐ Express i	Mail Insured	
TAMPA FL33615	☐ Return Receipt for Merchandise ☐ COD		
	7. Date of De	elivery - 13.99	
5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)	
6. Signature: (Addressee or Agent)	1	•	
X & medera			
PS Form 3811 , December 1994		Domestic Return Receipt	