

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

July 21, 1997

Mr. Eduardo Eseobar Palm Dry Cleaners 14616 Livingston Avenue Lutz, Florida 33549

Re: Facility No.: 0571167

Dear Mr. Eseobar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 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

Mr. Thomas Shelton, Hillsborough County

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

### Perchloroethylene Dry Cleaning Facility Notification 30N 2 5 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Eduardo Escobar.							
	2. Site Name (For example, plant name or number):							
F	Pahu Dry cleaner							
3.	Hazardous Waste Generator Identification Number:							
7	39-00-164451-49-3							
4.	Facility Location: 14616 Livingston Av. Street Address:							
	City: Lutz, County: Pl Zip Code: 33549							
5	Facility-Identification: Number (DEP) Use):							
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Eduardo Escóbar							
7.	Responsible Official Mailing Address: 14616 Livingston AU. Organization/Firm:							
	Street Address:							
	City: Letz: County: FL Zip Code: 33549							
8.	Responsible Official Telephone Number:							
	Telephone: (813) 971/4/5 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	5ame							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: ( ) - Fax: ( ) -							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# #0571167

P13 4	
4.	add courty
	•
<u> </u>	Odd Title of Responsible Official
7.	add organization name and
	county.
	add date control device installed
	Should not be marked. Mark out and initial.
	out and initial.
3	Existing small a. 5. should not be marked. Men Small a. 5. should be marked. Mark out Existing Small a. 5. and initial.
	be marked. New Small a 5 should
	be marked. Mark out Existing Small
115	
P 15 4.	Existing Large a, 5 ref. con should not be marked. Mark out and initial. New Small area Source should be
	not be marked. Mark out and initial
<u>.</u>	New Small Orla Source should be
	morked.

#### **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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									• .
(1) w/ ref. condenser		1/97							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•			•			•	,I
(4) w/ ref. condenser									
(5) w/ carbon adsorber								Ì	
(6) w/ no controls		_						1	
Dryer Unit					-1	•		I.	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	<b>!_</b>	-							
Reclaimer Unit					L	•••			
(10) w/ ref. condenser				_					
(11) w/carbon adsorber	_					1			
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ow many? [_	installed [_ proethylene ( ] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found nall area sour		3) of	Part II?	
Existing large are	ea sou	ırce [ ]	Ne	w lai	rge area sour	ce [	1		

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

<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	pursuant to section (5) of F	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 emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating unit					
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by naduring which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment				
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring a	nd Recordkeeping Inform	nation				
Check all logs which are required to be kept on-site	in accordance with the requ	irements 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 mon	itoring o					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

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

## RECEIVED

#### Surrender of Existing Air Permit(s)

JUN 2 5 1997

	4		00.11 2 0 1777
ease indica	te with an "X" the appropriate selection	1;	_
			Bureau of Air Monitoring
	I hereby surrender all existing air per facility indicated in this notification:		he & Mobile Sources
		<del>.</del>	V
	/		
/			
	No air permits currently exist for the this notification form.	operation of the facility indica	ited in
		•	·
	Responsible (	Official Certification	
_			
<b>7</b>		I C I P I I CIL C	Cal. C. are. III. In
	dersigned, am the responsible official, a		
-	ication. I hereby certify, based on infor		
	ts made in this notification are true, acc	-	-
	the air pollutant emissions units and a		
comply v	with all terms and conditions of this gen	eral permit as set forth in Part	II of this notification form.
			•
I will pro	omptly notify the Department of any cha	inges to the information contain	ned in this notification.
		•	
O			
	Questa	6-1	9-97
Signature	e	Date	ţ

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SUM	MARY REPORT				
TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 400 TIME OUT: 1530	AIRS ID#: 6571167				
TYPE OF FACILITY: DRY CLEATITE (PE	ERC)				
FACILITY NAME: PART DRY CLEARER	S DATE: 1/25/97				
FACILITY LOCATION: 14616 N. LIVINGSTO	~				
TAMPA, TI					
RESPONSIBLE OFFICIAL: GOUAMO ESCUBA	-R_ PHONE NUMBER: \$13 -471-1415				
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 evaluadiscrepancies were noted:	ited during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
HAS NOT FILED FUR A PERMIT.	LEFT COPY OF PERMITA-APLICATE & INSTRUCTED RO. TO SUBMIT WITHIN 30 DAYS,				
NO PERCUSAGE LOGS					
NO MAINT LOGS	IMMEDIATELY.				
NO TEMP LOGS	RECEIVED				
	MAR 1 7 1997				
	Bureau of Air Monitoring				
COMMENTS: LEFT COPY WITH R.D. TO FI PERMIT APPLICATION.	LE OUT & SUBMIT WITH				
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION:	9 K				
INSPECTION CONDUCTED BY: LEVEOY SHE	proximate)  270 2  ease Print)				
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 813-272-5530				

Revised 10/96

A C. L. Car M.

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECT	ом о
AIRS ID#: 1000 DATE: 2/25	797 TIME IN: 1400 TIME OUT: 1530
FACILITY NAME: PALM DRY	
FACILITY LOCATION: 14616, N	LIVINGSTON
TAMPA,	<u></u>
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to s	tartup
3. Facility failed to notify DARM to use general	permit ZI.
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	:
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	DA ON
If no, please check the appropriate classification:	
facility qualified for a general p facility exceeds above limits and	ermit as number above is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 20 gallons.	purchased within the preceding 12 months by this dry cleaning

### 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? 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 AY 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 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?

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	מם צם
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
	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?	חם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	
H:	as the responsible official:	OY XV
H: (ci	as the responsible official: heck appropriate boxes)	OY XV
H: (ci	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	OY XV
H: (ci	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	OY XIV
H: (ci	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	OY XIN
H: (cl	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 XIN OY XIN OY XIN OY ON XINA
H: (c) 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	TI YEN
H: (cl 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)	ON DANA
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	DY DAY A
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	DY DN DNIA
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	DY DU DUIA  DY DU DY  DY DN  DY DN  DY DN  DY DN
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  MANUFACTURES  BOXIL  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	OY DANA
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan? MANUTACTURES BOOKL  Maintained deviation reports?  Problem corrected?	OY DANA

2.	Which method of detection is used by	the respon	nsible offic	ial?			
	Visual examination (condensed						
	Physical detection (airflow felt the						
	Odor (noticeable perc odor)						
	Use of direct-reading instrument						
	If using direct-reading instrum	ipment:					
	a. Capable of detecting	perc vape	or concentr	rations in a range of 0-500 ppm?	ΟY	ПΝ	
	b. Calibrated against a (PID/FID only)?	o and after each use	ΟY	ПΝ			
	c. Inspected for leaks a	nd obviou	is signs of v	wear on a weekly basis?	ΩY	□и	
	d. Kept in a clean and	secure are	a when no	t in use?	ΠY	ПΝ	
	e. Verified for accuracy	y by use of	f duplicate	samples (calorimetric only)?	, <b>Q</b> Y	ПΝ	
3.	Has the facility maintained a leak log	?			ΠY	M	
4.	Does the responsible official check the	following	g areas for	leaks?		,	
	Hose connections, fittings, couplings, and valves	XΥ	ПN	Muck cookers	XY	ПN	
	Door gaskets and seating	Y	ПN	Stills	Y	□N .	
	Filter gaskets and seating	XY	ПN	Exhaust dampers	YY	ΠN	
	Pumps	MA MA MA	ПN	Diverter valves	<b>S</b> (Y	ПN	
	Solvent tanks and containers	$ \swarrow_{\mathbf{Y}} $	ПN	Cartridge filter housing	y X	ПИ	
	Water separators	XX	ПN	Wisk fir	fer		
	EDUARDO ESCUB	N/2					

EDUARDO ESCUBAR	,
Name of Responsible Official	1 /
LERON SHELTON	1/25/97
Inspector's Name (Rlease Print)	Date of Inspection
TZ	1 1R
Inspector's Signature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

NEW MACHINE INSTALLED JANUARRY 1997

- DONN WASCO-CLEAN (COMPUTEST 90) 28 CAPACIT
- · MACHINE DOES HAVE PAN UNDER IT.

NO ODORS (NO WASHING IN PROGRESS)

NO RECORDS OF PERC USAGE OR TEMPS.
MAINTENANCE MAIN (DICK PETERSON) SAID HE
DID HAVE MAINTENANCE RECORDS ON BLD
MAICHINE AT HOME,

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID 0571167

EDUARDO ESCOBAR EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL 33549 303555

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

PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	D COMP	LAINI/DISCOVERY	u	
AIRS ID#: <u>571167</u> FACILITY NAME:	PALM DRY	CLEANERS	)	11=15	
FACILITY NAME: FACILITY LOCATION: _	14616 LIVIN	GSTON A	vE		
FACILITY LOCATION: _	LUTZ, FL	33549			
RESPONSIBLE OFFICIAL CONTACT NAME:			SAUC	1415	
PART I: NOTIFICATION	· .				
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to startup		1/A		
2. Facility failed to notify DA	ARM to use general permit			<u> </u>	
DADELL OF ACCUERCA TO					
PART II: CLASSIFICATIO		DN			
Facility indicated on notification (check appropriate box)			notification form o store/out of business/pe	troleum	
Facility indicated on notification	ation form that it is:  urce		o store/out of business/pe ce gal/yr l/yr	troleum	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gat transfer only, x < 200 gal/y both types, x < 140 gal/yr	ation form that it is:  urce	New small area sourd-to-dry only, x < 140 galyster only, x < 200 galst types, x < 140 gal/yr	o store/out of business/pe gal/yr l/yr r 2/9/91) se	troleum	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gaternsfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800	ation form that it is:  urce	New small area sourd-to-dry only, $x < 140$ gal/ynsfer only, $x < 200$ gal h types, $x < 140$ gal/ynstructed on or after 1  New large area sourd-to-dry only, $140 \le x \le 1$ in types, $140 \le x \le 1$ in types, $140 \le x \le 1$ , anstructed on or after 1	o store/out of business/pe gal/yr l/yr r 2/9/91) se	troleum	
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gateransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so 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	ation form that it is:  urce	New small area source-to-dry only, $x < 140$ gal/ynsfer only, $x < 200$ gal h types, $x < 140$ gal/ynstructed on or after 1  New large area source-to-dry only, $140 \le x \le 1$ , and types, $140 \le x \le 1$ , the types, $140 \le x \le 1$ , the types, $140 \le x \le 1$ , the types, $140 \le x \le 1$ .  The large area source-to-dry only, $140 \le x \le 1$ , the types, $140 \le x \le 1$ .	ce gal/yr l/yr r 2/9/91) ce	troleum	

### PART III: GENERAL CONTROL REQUIREMENTS 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 2. Examining the containers for leakage? ØY □N 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? DY DN WDN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN AN/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 YÆ 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ØY □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MA\N□ N□ YM condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	אם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	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?	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?	Xay □n
2. Maintained rolling monthly averages of perc consumption?	XÍY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	oy on <b>⊠</b> n/a
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on <b>gi</b> n/a
4. Maintained calibration data? (for applicable direct reading instruments)	oy on by€ya
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N 1 <b>9</b> 40/A
6. Maintained startup/shutdown/malfunction plan?	<b>M</b> Y □N
7. Maintained deviation reports?	OY ON SKN/A
Problem corrected?	□Y □N ØAN/A
8. Maintained compliance plan, if applicable?	A/MEC NO YO

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?			òn ⊆n
2. Has the facility maintained a leak log	?		XX □N
3. Does the responsible official check the	e following areas for leaks	?	
Hose connections, fittings, couplings, and valves	TY ON ON/A	Muck cookers	QY ON ON/A
Door gaskets and seating	NY ON ON/A	Stills	XY ON ON/A
Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	AND NO YA
Pumps	Y ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	<b>□</b> ¥
Physical detection (airflow felt the	nrough gaskets)		<b>p</b> ⊠°
Odor (noticeable perc odor)			×
Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)	
Halogen leak detector			
If using direct-reading inst	rumentation, is the equip	oment:	XN/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in us	se?	OY ON
e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	□Y □N
ROGER ZH		2/16/9	
Inspector's Name (Please Pri	nt) .	Date of Inspe	ction .
Kint M	~	1 Yea	HR.
Inspector's Signature		Approximate Date of 1	Next Inspection

INSPECTION R		CDODO	ucu c	
ENVIRONMENTAL PROTECTION COMM	1122ION OF HILL			LOUNTY
FACILITY: Palm Dry Cleaners.		P A	AGE	1 OF 1
FACILITY ADDRESS: 14616 Livingston Avenue		CITY	: Lut	Z
		PHO	NE: (	813) 971-1415
MAILING ADDRESS: Same	CITY: Lutz		FLA	ZIP: 33549
INSPECTION DATE: TIME IN: TIME OUT:	T: INSPECTION TYPE: STATUS:			STATUS:
Feb 16, 1998 10:30 AM 11:15 AM	non-CDS In Cor			In Compliance
NEDS NUMBER: 571167				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Eduardo Escobar				
Today's visit was to conduct the annual inspection.				
The dry cleaning machine is the same one noted	in the last ins	pection	n and	the serial number for
this machine is 105-9-20399				

The machine was in operation today. No leaks or odors were noticed. The machine was very clean and apparently well maintained.

Mr. Escobar did not have the perc purchase receipts and the owners manual on site. I told him to call me when he finds them and I will come over there again to verify the total quantity of perc purchased over last twelve months. However, Mr. Escobar does have the records of inspection, leak checks, temperatures of the refrigerated condenser and his rolling total of perc consumption indicated that 115 gallons of perc has been used..

INSPECTED BY:	Roger Zhu	DATE:	Feb 16, 1998

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:30 Au	TIME OUT: 11:15	AM AIRS ID#:	571167
TYPE OF FACILITY: PE	IRC DRY CLEAN	IER	
FACILITY NAME: FACILITY LOCATION: 140	LIM DRY CLEAN	IERS	DATE: 2/16/98
FACILITY LOCATION: 140	616 LIVINGSTO.	N AVE	
LU	TZ, FL 33549	•	
RESPONSIBLE OFFICIAL:			R: (813) 971 - 1415
<del></del>	ne compliance requirements evaluate 62-213.300, Florida Administra		facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements evalu	nated during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
•			
		: :	
COMMENTS:			
	01/ T 10/	ALOK THE CARE	1: TV 01/2/1/90
FOLLOW-UP ACTION AFTER THE STORE PERC PURCHASE	E MANAGER CALL BECOIPTS AND	LED WE THEY THE OWNERS N	DO HAVE THE
	ion form has been properly certi	fied and submitted to the inspec	tor. YES NO NO
DATE OF NEXT INSPECTION	:	YEAR	
INSPECTION CONDUCTED B	ROGE	proximate)  R ZHU	<u>.</u>
INSPECTOR'S SIGNATURE:_	Reiffsh	PHONE NUMBE	R: (813) 272 - 5530

Page of .

Revised 10/96

AIRS ID#:	571167	
AIRO ID#.	J /// -	

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Palm Day	Cleaners	DATE:	3/24/99
FACILITY LOCATION: 14616 Li			
	1 33549		
Annual Reporting Period: Feb 10	6 19 <u>78</u> T	o Mar 29	19 <u>_9</u>
Based on each term or condition of the Title	V general air permit, my facility has	s remained in compliance with DE	P Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered by	this statement. WYES	□NO
If NO, complete the following:			PA
#1. Term or condition of the general permit	that has not been in continuous con	npliance during the reporting perio	d stated above
Exact period of non-compliance: from		to	100 Ar 100
Action(s) taken to achieve compliance:			Sol Monie
Method used to demonstrate compliance:			· Ces Oring
#2. Term or condition of the general permit	that has not been in continuous con	npliance during the reporting perio	d 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 a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual o does not exceed 2,100 gallons per y	consumption of perchloroethylene year for dry-to dry facilities or 1,8	solvent, based

<sup>\*</sup>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 COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:15 PM TIME OUT: 3:1	
TYPE OF FACILITY: Perc Dry Cleaner	
FACILITY NAME: Palm Doy cleaners	DATE: 3-24-99
FACILITY LOCATION: 14616 LIVINGSTON AW	
Tampa, F1 33549	
RESPONSIBLE OFFICIAL: EDuardo Escobar	PHONE NUMBER: (1/3) 971-1415
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	• • • • • • • • • • • • • • • • • • • •
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	····
i	
	· · · · · · · · · · · · · · · · · · ·
1	
	_
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: Mchammas No	eroximate)  Ezani/Roger ZM(1  ase Print)
INSPECTOR'S SIGNATURE: M. NOR	PHONE NUMBER:

Page  $\gamma$  of  $\gamma$ .

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DIS	COVERY	
	RE-INSPECTION	۵ ۷	• •		
AIRS ID#: <u>57//67</u>	3/24/9 DATE: 3/16/9	9 RB 79 TIME I	N: <u>2815Pat</u> TI	ме оит: <u>З</u>	. 15 Pm
FACILITY NAME: Palm	Dry Clean	10/5			
FACILITY LOCATION: 14			_		
	ctz, Fl		·	_	
RESPONSIBLE OFFICIAL:	EDuardo Es	seobar	PHONE:(813)9	71-1415	· .
CONTACT NAME:	Same		_ PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to start	tup	NIA	معودي الدي	o
2. Facility failed to notify DAR	M to use general perr	mit	~///	,	۵
		-		-	
PART II: CLASSIFICATION	I	<u> </u>			
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification☐ Drop store/out o		roleum
A.  1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer only, x both types, x <	x < 140 gal/yr < 200 gal/vт	<b>2</b> 3	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	100 gal/ут 0 gal/ут	transfer only, 2 both types, 140	arca source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility cl	assification	<b>⊠</b> Y □N	□Can not determi	ne_	
	appropriate classifica ty qualified for a gen- ty exceeds above limi	eral permit as n			
B. The total quantity of perchlo facility was 60 gallons.		rchased within t	he preceding 12 mor	ths 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 sealed and impervious containers? DY DN MNA 2. Examining the containers for leakage? DY DN MINA 3. Closing and securing machine doors except during loading/unloading? MD YO 4. Draining cartridge filters in their housing or in sealed containers for at DY DN BN/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? DY DN MNA 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? ZÓY □N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ONA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DOY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ADY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN MANA 6. Conducted all temperature monitoring after an appropriate cooldown period and after ио үм 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 loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated DY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	□Y □N □N/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?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? NC YO 2. Maintained rolling monthly averages of perc consumption? MD Y M 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; OY ON MINA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed win 5 days of receipt? DY ON DINA A/MKZ NO YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON DONA 6. Maintained startup/shutdown/malfunction plan? MC AN 7. Maintained deviation reports? DY ON MINA DY ON BONA Problem corrected? 8. Maintained compliance plan, if applicable? A'ME YE

PART VI: LEAK DETECTION AND	REPAIRS			
Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	nd repa	nir
inspection?	,		₽Ý	מם
2. Has the facility maintained a leak log	?		ØÝ	□N
3. Does the responsible official check the	e following areas for leak	s?		
Hose connections, fittings, couplings, and valves	407   DN   DN/A	Muck cookers	ØΥ	ON ON/A
Door gaskets and seating	AND NO YE	Stills	ДÞY	□N □N/A
Filter gaskets and seating	ZAY ON ON/A	Exhaust dampers	<b>P</b> Y	□N □N/A
Pumps	AND NO YES	Diverter valves	PY	□N □N/A
Solvent tanks and containers	AVI ON ONA	Cartridge filter housings	ДY	□N □N/A
Water separators	ADY ON ON/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surfac	ees)	<b>(3)</b>	
Physical detection (airflow felt t	hrough gaskets)		P	
Odor (noticeable perc odor)		. With	$\dot{\cancel{R}}$	
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)		
Halogen leak detector				
If using direct-reading ins	trumentation, is the equ	pment:	<b>Ø</b> N/.	A
a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	ΠY	□N
b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	ΩY	□N
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	ΠY	□N
d. Kept in a clean and	secure area when not in	ıse?	ΩY	חת
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	· 🗆 Ү	□N
	,	3/24/9	9	
w.nozav		9-16-9	<u> </u>	-> R/
Inspector's Name (Please Pr	rint)	Date of Insp	ection	

Date of Inspection  $\frac{2 + 6 + 2 + 000}{\text{Approximate Date of Next Inspection}} RN$ 

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Palm Dry C	_				AGE 1	
FACILITY ADDRESS: 14616 Livingston Avenue CITY: Lutz PHONE: (813)971-1415						
MAILING ADDRESS: The same as above CITY: Lutz					FLA	ZIP: 33549
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TY	PE:	STATUS:
March 24, 1999	2:15 PM	3:15 PM	Annual In Co			In Compliance
NEDS NUMBER: 5711	67					
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner						
CONTACT(S): Mr. Eduardo Escobar						
The purpose of the visi		•				

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded biweekly.
- 3. The vicinity around the dry cleaning machine was very clean and well maintained..
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 60.6 gallons and it was verified.
- 6. The machine was not in operation today. No leaks or odors were noticed.

Through an interpreter we told Mr. Escobar that the temperatures log should be recorded weekly instead of biweekly.

INSPECTED BY: Mohammad Nozari / Roger Zhu	DATE: March 24, 1999
<u> </u>	

## T LE V AIR QUALITY GENERAL P. MIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9/30	TIME OUT: // //	AIRS ID#: O	571162
TYPE OF FACILITY:	y Cleaner		
FACILITY NAME:	Oser Cleaner	<i>J</i>	DATE: 1/7/9 8
FACILITY LOCATION: 2	291 Blans	lue, Tampa,	F/ 336/3
RESPONSIBLE OFFICIAL:	nelissa de	PHONE NUMBER:	813-971-1855
	the compliance requirements eva Rule 62-213.300, Florida Admini	aluated during this inspection, the facistrative Code (F.A.C.).	cility is found to be in
Based on the results of discrepancies were not	<del>-</del>	aluated during this inspection, the fo	llowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ON REQUIRED
		P	
		Eliza PER C	
		Modile Source	
		Ces Corning	
			-
COMMENTS:			-
			NA
The Annual Compliance Certific	cation form has been properly ce	ertified and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTIO		Man	
	// · · · · ·	Approximate)	
INSPECTION CONDUCTED		(Please Print)	
INSPECTOR'S SIGNATURE		`	1: 813-272-53-30
	7	) of 1	Revised 10/94

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL COMPLAIN 1/DISCOVERY
AIRS ID#: 0571162 DATE: 1/7/98 TIME IN: 9:30 TIME OUT: 11:15  FACILITY NAME: Clossec Closes  FACILITY LOCATION: 2291 Blass Que  Tampa, F1 33613  RESPONSIBLE OFFICIAL: Melissa Lee PHONE: (813) 971-1855  CONTACT NAME: Melissa Lee PHONE: " "
PART I: NOTIFICATION
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:    Check appropriate box

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

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 DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON KINIA
	Is the temperature differential equal to or greater than 20° F?	AVA NO YO
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?  Is the perc concentration equal to or less than 100 ppm?	OY ON ANIA
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 PINIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AND NO AND
6.	Routed airflow to the carbon adsorber (if used) at all times?	A/MG NO YO

### 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? NO Y 6. Maintained startup/shutdown/malfunction plan? DY DN. 7. Maintained deviation reports? Problem corrected? DY DN 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? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, Y DN DN/A Y ON ON/A couplings, and valves Muck cookers Y QN QN/A Stills DY DN DN/A Door gaskets and seating Filter gaskets and seating Y ON ON/A Exhaust dampers DY ON ON/A IY ON ON/A Pumps Y\_ON ON/A Diverter valves Y ON ON/A Solvent tanks and containers Cartridge filter housings □N □N/A Y ON ON/A 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 If using direct-reading instrumentation, is the equipment: DN/A 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? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Inspected this dry cleaner to ensure compliance with record beeping her requirements. All seconds required by the rule are being maintain project.

This includes - Temperature by enspection logs, per purchase records enspection logs, and maintenance bogs. And usage logs, and maintenance logs. No discrepancies edentified en etic records since 11/3/97

action taken to close losinery natice for several beigns violations:

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT:	11:30 AIRS ID#: 571167
TYPE OF FACILITY: PERC DRY CLEA	
FACILITY NAME: PALM DRY CLEA	DATE: 2/15/00
FACILITY LOCATION: 14616 LIVINGS 70	ON AVE
LUTZ, FL 33	54 9
RESPONSIBLE OFFICIAL: EDUARDO ESCA	PHONE NUMBER: (8/3) 971-1415
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Ad	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	FOLLOW-UP ACTION REQUIRED
•	
	<b>□</b>
	Bureau & M
	Zu ot R
	R 1 3 2010 u of Air Mohitor vobile Sources
	3 2010 r Monit Source
	1 3 2000 Air Mohitoring ile Sources
· .	ing
·	·
	•
COMMENTS:	·
•	
The Annual Compliance Certification form has been proper	· · · · · · · · · · · · · · · · · · ·
DATE OF NEXT INSPECTION:	YEAR
	(Approximate) ROGER ZHV
INSPECTION CONDUCTED BY:	
P ~ 1/	(Please Print)  W PHONE NUMBER (813)272-55
INSPECTOR'S SIGNATURE: Light 18	he PHONE NUMBER: (813) 272-55
. Pa	age / of / Revised 10.

AIRS 1D#: 571167

Kin

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PALM D	RY CLEX	NERS			DATE: 2/1	5/00
EACH TO LOCATION 14616	LIVING	STON	AVE		<del>-/</del>	
FACILITY NAME: PALM DEFACILITY LOCATION: 14616  LUTZ	, FL	3354	7		<del></del>	
			_			
Annual Reporting Period: Max	25	1999	7 то	eb 15		_20_0
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	_	-	-	<u> </u>	_	
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been	in continuous	compliance du	ring the report	ing period state	d above:
			<u>.</u>			•
Exact period of non-compliance: from	<u> </u>		to	·	•	·
Action(s) taken to achieve compliance:			•		<u>.</u>	
Method used to demonstrate compliance:						-
				· ·		
#2. Term or condition of the general permit	t that has not been	n in continuou	s compliance di	uring the report	ting period stat	ed 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.  RESPONSIBLE OFFICIAL:	and complete. F	urther, my ann 2,100 gallons	ual consumption	on of perchloro	vethylene solver les or 1,800 ga	ıt, based
	me (Please Print)	)	S	ignature	<del></del>	Date

	1		- 1
Page	1.	_ of _	_L.

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

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
l	JALM WKY (	00 TIME IN: 10=30 TIME OUT: 11=30	2
FACILITY LOCATION: _	14616 LIVIN	JGSTON AVE	_
·	LUTZ, FL	33549	_ I
RESPONSIBLE OFFICIAL	: EDUARDO	ESCOBAR PHONE: (813) 971-1415	5
CONTACT NAME:	SAME	ESCOBAR <sub>PHONE:</sub> (813) 971-1415 PHONE: SAME	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DAR	· -		
2. Facility failed to notify DA	ARM to use general peri	mit	
		·	
PART II: CLASSIFICATION	ON		
PART II: CLASSIFICATION Facility indicated on notific (check appropriate box)		☐ No notification form ☐ Drop store/out of business/petroleum	n
Facility indicated on notific	ation form that it is:  ource   al/yr /yr		n
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is:  ource	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	n
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80	ation form that it is:  ource	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	n
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1 transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80 (constructed before 12/9/9  5. This is a correct facility.  If no, please check the content of the cont	ation form that it is:  ource  cal/yr  fyr  21)  ource  cal/yr  22,100 gal/yr  3800 gal/yr  300 gal/yr  21)  y classification  the appropriate classification qualified for a gen	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	n

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MAY ON 4. Draining cartridge filters in their housing or in sealed containers for at KOY ON ON/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? DY DN ANA 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) OXY □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 XY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\mathbf{Z}$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	٧	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condensar coils?	ΘY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŒΥ	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AT ON			
2. Maintained rolling monthly averages of perc consumption?	□Y ¥N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AND YOU			
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON MON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	AMA NO YO			
Problem corrected?				
8. Maintained compliance plan, if applicable?	AND YO			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MANO NO YE Muck cookers couplings, and valves XY ON ON/A MY ON ONA Stills Door gaskets and seating MY ON ON/A MY ON ON/A Filter gaskets and seating Exhaust dampers MAY ON ON/A MY ON ON/A Pumps Diverter valves MY ON ON/A MY ON ON/A Cartridge filter housings Solvent tanks and containers MY ON ON/A 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use $\Box$ Y $\Box$ N (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? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\square$ Y $\square$ N 2/15/00 ROGER ZHU Inspector's Name (Please Print) Date of Inspection Roger Show YEAR

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Palm Dry Cleaners			PAGE	l OF	1
FACILITY ADDRESS: 14616 Livingston	n Avenue		CITY: Lu		-
				.2 (813) 971-1415	
MAILING ADDRESS: Same		CITY: Lutz	FLA		
INSPECTION DATE:   TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATU	JS:
Feb 15, 2000 10:30	11:30	non-C	DS	In Compl	iance
NEDS NUMBER: 571167					
SOURCE DESCRIPTION: Perc Dry C	leaner	<u> </u>			
CONTACT(S): Eduardo Escobar					
Today's visit was to conduct the annual The facility is very clean and the machine was in operation during The owner, Mr. Escobar, has done recorded the temperature and leak dete. The perc usage was 55 gallons according the percursage was 55 gallons.	hine is well n my inspectio the recordke ection on a we	naintained. on. No leaks of eeking by his eekly basis.	mself since		it. He's
INSPECTED BY: Roger Zhu			DA	TE: Feb 15,	2000

		U.S. Postal S CERTIFIEL (Domestic Mail O	MAIL I			vided)	
,	5405	d use du La d'Arte.	91		, ,		
	9214 9200	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$		Postma Here		
<ul> <li>Complete ite item 4 if Res</li> <li>Print your na so that we c</li> <li>Attach this c</li> </ul>	ems 1 stricted ame a an re card t int if s	AIRS ID # (	NER BAR N ROAD  D IHBIB HITO BENERAL SOV  INCIDENTAL SOV  INCI	A. R. E. C. Si	IS SE eccived by (Plea- eccived by (Plea- eccive	different from itenery address below	B. Date of Delivery  Agent  Addressee  179 Yes
EDUARDO E 14616 LIVING LUTZ FL 3354	SCOI STOI	BAR		<b>X</b>	ervice Type  Certified Mail Registered Insured Mail	☐ C.O.D.	ipt for Merchandise
2. Article Numbe	r (Cop	by from service label)	6 4/2	14. A	estricted Delivery	y: (Extra ree)	☐ Yes
PS Form 3811	PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789						

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 # 0571167

PALM DRY CLEANER EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL 33549

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### Z 333 612 979

# US Postal Service Receipt for Certified Mail

EDUARDO ESCOBAR EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL 33549

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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
ADDRESS completed	AIRS ID 0571167 EDUARDO ESCOBAR EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL 33549	4b. Service Registers Express I	umber  3
Is your RETURN	5. Received By (Print-Name)  6. Signature: (Addressee or Agent)  X   PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested



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 <u>NOT</u> Remove Label

AIRS ID # 0571167
PALM DRY CLEANER
EDUARDO ESCOBAR
14616 LIVINGSTON ROAD

LUTZ FL 33549

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

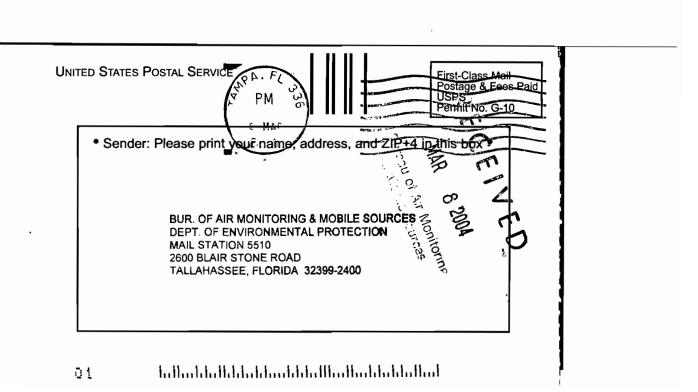
P 174 052 671 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to AIRS ID # 0571167 PALM DRY CLEANER EDUARDO ESCOBAR 14616 LIVINGSTON ROAD **LUTZ FL 33549** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

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

,—	searbbs mutar and to their and					
]	at line over top of envelope to	Fold				
rse side?	■ 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.	I also wish to receive the following services (for an extra fee):				
reverse	Attach this form to the front of the mailpiece, or on the back if span permit.	ce does not	1. Addressee's Address			
the	Write "Return Receipt Requested" on the mailpiece below the artic     The Return Receipt will show to whom the article was delivered art	le number.	2. Restricted Delivery			
5	delivered.	id the date	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.			
completed	AIRS ID # 0571167 PALM DRY CLEANER EDUARDO ESCOBAR	4a. Article N 4b. Service	Type ad Mr Certified			
SS	14616 LIVINGSTON ROAD	☐ Express	Mail Insured			
DRESS	LUTZ FL 33549	☐ Return Receipt for Merchandise ☐ COD				
NAD		7. Date of D	palivery 49 no.			
RETUR	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)			
your	6. Signature: (Addressee dr Agent)	1 ·	·			
s yo	X60~03~					
. =	PS Form <b>3811</b> , December 1994		Domestic Return Receipt			

55 <b>b</b> 2	(Do	U.S. Postal Service <sub>TM</sub> CERTIFIED MAIL <sub>TM</sub> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com <sub>8</sub>					
	For	delivery informs	ALION VISIK			r www.usps.co	OLD OLD
174		OFF			L.	NO D	1
		Postage	\$			cert	<i>-</i>
4000		Certified Fee				2-00 Postma	23
		eturn Reciept Fee sement Required)				Here	
500	Restri (Endor	cted Delivery Fee sement Required)					
0.5	Tot			-	D#	571167	
		EDUARDO	ESCO	3AR			
	Sent	PALM DRY	Y CLEA	NER			
7003	Stree	LIGICAL VINIGSTON ROAD			D		
1-	or Pt	LUTZ, FL	33559				
	PS For	m 3800, June 200	2			See Reverse fo	rinstructions

ENDER: COMPLETE THIS	COMPLETE THIS SECTION ON DELIVERY			
■ Complete items 1, 2, and 3 item 4 if Restricted Delivery Print your name and addresso that we can return the cannot be addressed to:  ■ Attach this card to the back or on the front if space per 1 Article Addressed to:	Is desired. ss on the reverse and to you. to of the mailpiece, mits.	A. Signature  X B. Received by (Prin  D. Is delivery address If YES, enter deliv	different from item	
14616 LIVENGSTON LUTZ, FL 33659	ROMO. IVEN	3. Service Type Certified Mail Registered Insured Mail 4. Restricted Deliver	☐ C.O.D.	il elipt for Merchandise
2 Article Number (Transfer from service label)	7003 09	00 0004 01	44 5562	
DC Form 2011 August 2001	Domostic Bot	urn Bossint		400505 00 M 4540 )



1356		Service <sub>TM</sub> D MAIL <sub>TM</sub> RECI Inly; No Insurance Co			
Tu	For delivery information	ation visit our website at	www.usps.com®		
5.1	OFF	ICIAL	W SE		
5.6	Postage	\$			
03	Certified Fee		Postmark		
000	Return Reclept Fee (Endorsement Required)		Plere		
29	Restricted Delivery Fee (Endorsement Required)		!		
뮙	Total ID# 57116	7			
l m					
7003	PALM DR	Y CLEANER			
~	Street 14616 LIV	NGSTON ROAD	,		
1	City: LUTZ, FL 33559				
	PS Form 3800, June 200	2	structions		
	D.J.	HI OL Serventina do casado o	E), Nive and		

SENDER: COMPLETE THIS SECTION	DN .	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the nor on the front if space permits.</li> <li>Article Addressed to:</li> <li>ID#\$7/1167</li> <li>EDIJARDO ESCOBAR</li> <li>PALM DRY CLEANER</li> </ul>	ed. e reverse ou.	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
14646 LIVINGSTON ROAD LUTZ, FL 33559		3. Service Type  Contridied Mail  Registered  Return Receipt for Merchandise  C.O.D.  Restricted Delivery? (Extra Fee)  Yes
2 Article Number (Transfer from service label)	·7003 23	FO 0003 2F27 532F

racu sed t

• Sender: Please print your name, address, and ZIP+4 in this box

BUR OF AIR MONITORING & MOBILE SOUTHERS
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATIO: 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2460 007000

	U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Ins.		
91.80	0 77101	ALUSE	
7975	Postage \$ Certified Fee	Postmark	
1000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)		
0350	Total Po 10 AIRS I	D # 0571167	
7007	Street, Ap PALM DRY CLEA or PO Box 14616 LIVINGSTO City, State LUTZ FL 33549		
1	PS Form 3800; danuary 2001	Seer Heverse toranstituctions	
THE RIGHT	PŁĄĆĘ ŚŢICKER ŚŢ TOP OF ENVELOPE TO	Section (Control of Control of Co	
SENDER: COMPL	ETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
item 4 if Restricts Print your name a so that we can re	1, 2, and 3. Also complete ed Delivery is desired. and address on the reverse eturn the card to you. to the back of the mailpiece, space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Agent  Addressee	
Article Addressed to	o:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
0 AIRS II DUARDO ESCO ALM DRY CLEA	D # 0571167 BAR		
4616 LIVINGSTO UTZ FL 33549		3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
		4. Restricted Delivery? (Extra Fee)	
7001 0320			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

(cut Here)

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412749 JAN 82002 📉

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 # 0571167 PALM DRY CLEANER EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL

33549

FOR GOVERNMENT USE ONLY Org.: 37550 81000 EO: A1 Fund: 20-2-035001 Obi:: 002273 177

Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDIAS 52815 2001

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 # 0571167

PALM DRY CLEANER EDUARDO ESCOBAR 14616 LIVINGSTON ROAD LUTZ FL 33549

FOR GOVERNMENT USE ONLY

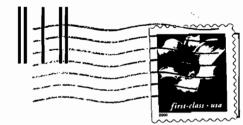
Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273







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

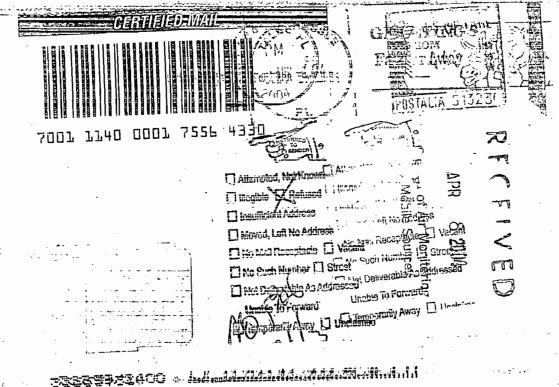
35312X3030

5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

TOS / APIA ROUGRIS

PALM DRY CLEANER EDUARDO ESCOBAR 14616 LIVINGSTON AVE LUTZ, FL 33559



-SENDER: COMPLETE THIS SECTION-	GOMPLETE 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	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature
 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.	B. Received by ( Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIKS ID# 5/110/	
EDUARDO ESCOBAR 12616 LIVINGSTON AVE	3. Service Type
 , 1.LIUTZ, FL 33559	☐ Certifled Mail ☐ Express Waii ☐ Registered ☐ Return Receipt for Merchandise
1 Summa in Sugarion and the summer of	☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) Yes  1.2. Article Number 7001 1140 0001 7556 4330	
 PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540