Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 23, 1998

Mr. Jon A. Turner
Fleetwood Cleaners
4343 henderson Boulevard #110
Tampa, Florida 33629

Re: Facility No.: 0571192

Dear Mr. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 27, 1998.

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,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 9:30 TIME OUT: 10:45 AIRS ID#: 571192

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: FLEET WOOD CLEANERS DATE: 6/15/98

FACILITY LOCATION: 4343 HENDERSON BLVD, #110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE NUMBER: (813)251-1605

[ ] 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.).

[X] 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
RECORDED THE TEMP. AND LEAK INSPECTION ON A MONTHLY BASIS	RE-INSPECT IN 60 DAYS

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JUL 13 1998
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [ ] N/A

DATE OF NEXT INSPECTION: 60 DAYS
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (813)272-5530

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571192 DATE: 6/15/98 TIME IN: 9:30 TIME OUT: 10:45

FACILITY NAME: FLEETWOOD CLEANERS

FACILITY LOCATION: 4343 HENDERSON BLVD #110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE: (813) 251-1605

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup N/A ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 404 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☐Y	☐N	☒N/A
2. Examining the containers for leakage?	☐Y	☐N	☒N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

✓ **If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☒Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☐Y	☐N	☒N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y	☒N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y	☐N	☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	☒Y	☐N	
2. 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?	☐Y	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y	☐N	
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;	☐Y	☐N	☒N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y	☐N	☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☒N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

CHECKED MONTHLY

Hose connections, fittings, couplings, and valves	☒Y	☐N	☐N/A
Door gaskets and seating	☒Y	☐N	☐N/A
Filter gaskets and seating	☒Y	☐N	☐N/A
Pumps	☒Y	☐N	☐N/A
Solvent tanks and containers	☒Y	☐N	☐N/A
Water separators	☒Y	☐N	☐N/A

CHECKED MONTHLY

Muck cookers	☒Y	☐N	☐N/A
Stills	☒Y	☐N	☐N/A
Exhaust dampers	☒Y	☐N	☐N/A
Diverter valves	☒Y	☐N	☐N/A
Cartridge filter housings	☒Y	☐N	☐N/A

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:	☒N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

6/15/98
Date of Inspection

Inspector's Signature

60 DAYS
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Fleetwood Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 4343 Henderson Blvd Suite 101				CITY: Tampa PHONE: (813) 251-1065
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33629
INSPECTION DATE: June 15, 1998	TIME IN: 9:30	TIME OUT: 10:45	INSPECTION TYPE: non-CDS	STATUS: Minor Out Compliance
NEDS NUMBER: 571192				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Jon Turner				

Today's visit was to conduct the annual inspection.

There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts.

The machine was in operation today. No leaks or odors were noticed.

Mr. Turner who is the responsible official had recorded the temperature and leak inspection monthly instead of weekly required by rule. After I interpreted the record keeping requirement to him, he said his temperature log and leak log will be perfect on my next visit in 60 days.

INSPECTED BY: Roger Zhu	DATE: June 15, 1998

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   FLEETWOOD CLEANERS / JON G. TURNER
2. Site Name (For example, plant name or number):
   FLEETWOOD CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 4343 HENDERSON BLVD #110
   City: TAMPA County: Hillsborough Zip Code: 33629
5. Facility Identification Number (DEP Use): 0570192

Responsible Official

6. Name and Title of Responsible Official:
   JON G. TURNER, OWNER
7. Responsible Official Mailing Address:
   Organization/Firm: FLEETWOOD CLEANERS
   Street Address: 4343 HENDERSON BLVD #110
   City: TAMPA County: HILLSBOROUGH Zip Code: 33629
8. Responsible Official Telephone Number:
   Telephone: (813) 251-1605 Fax: (813) 251-1605

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

RECEIVED

FEB 27 1998

Bureau of Air Monitoring & Mobile Sources

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following 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 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt	[X]
No such units on-site	[ ]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases	[✓]
(b) Leak detection inspection and repair	[✓]
(c) Refrigerated condenser temperature monitoring	[✓]
(d) Carbon adsorber exhaust perc concentration monitoring	[✓]
(e) Instrument calibration	[✓]
(f) Start-up, shutdown, malfunction plan	[✓]

1.) STOP LEAK
2.) Absorb ANY Spill (Contain)
3.) CALL EPA 813-272 5530

Surrender of Existing Air Permit(s)

Please indicate 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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date _____

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	31-Oct-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ]

(c) No control devices are required to be installed [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[442] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Existing small area source [ ] New small area source [ ]

Existing large area source [ ] New large area source [X]

0571192

p14

1(a) Add date control device installed

1(c) Should not be marked. Marbout and initial.

p15

4. Existing large area source C.A. should not be marked. Marbout and initial.

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Responsible Official sign and DATE for changes.

3/17/98 Spoke to Jon Turner. Control device install date is some as purchase date.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 8:45 TIME OUT: 10:15 AIRS ID#: 571192

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: FLEETWOOD CLEANERS DATE: 8/20/98

FACILITY LOCATION: 4343 HENDERSON BLVD, # 110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE NUMBER: (813) 251-1605

☒ 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

COMMENTS:

RECEIVED
SEP 17 1998
Bureau of Air Monitoring & Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☐ N/A

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [signature] **PHONE NUMBER:** (813) 272-5530

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 571192 DATE: 8/20/98 TIME IN: 8:45 TIME OUT: 10:15

FACILITY NAME: FLEETWOOD CLEANERS

FACILITY LOCATION: 4343 HENDERSON BLVD, # 110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE: (813) 251-1605

CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☑ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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)

5. This is a correct facility classification ☐Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☐Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☐Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☐Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☐Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☐Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☐Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y ☐N
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;	☐Y ☐N ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☐N/A
Problem corrected?	☐Y ☐N ☐N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☐N/A
Door gaskets and seating	☐Y ☐N ☐N/A	Stills	☐Y ☐N ☐N/A
Filter gaskets and seating	☐Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☐N/A
Pumps	☐Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☐N/A
Solvent tanks and containers	☐Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☐N/A
Water separators	☐Y ☐N ☐N/A		

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:** ☐N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

8/20/98
Date of Inspection

Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Fleetwood Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 4343 Henderson Blvd Suite 101				CITY: Tampa PHONE: (813) 251-1065
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33629
INSPECTION DATE: June 15, 1998	TIME IN: 9:30	TIME OUT: 10:45	INSPECTION TYPE: non-CDS	STATUS: Minor Out Compliance

NEDS NUMBER: 571192

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Jon Turner

Today's visit was to conduct the annual inspection.

There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts.

The machine was in operation today. No leaks or odors were noticed.

Mr. Turner who is the responsible official had recorded the temperature and leak inspection monthly instead of weekly required by rule. After I interpreted the record keeping requirement to him, he said his temperature log and leak log will be perfect on my next visit in 60 days.

Follow-up on 8/20/98: Mr. Turner has done a excellent job on improving his record keeping since my last visit in June. The temperature measurement and leak inspection have been logged clearly on every Friday.

INSPECTED BY: Roger Zhu	DATE: June 15, 1998

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 9:30 TIME OUT: 11:30 AIRS ID#: 571192

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: FLEETWOOD CLEANERS DATE: 7/29/99

FACILITY LOCATION: 4343 HENDERSON BLVD, #110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE NUMBER: (813) 251-1605

[X] 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

RECEIVED
AUG 10 1999
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [X] NO [ ]

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu **PHONE NUMBER:** (813) 272-5530

AIRS ID#: 571192

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FLEETWOOD CLEANERS **DATE:** 7/29/99

FACILITY LOCATION: 4343 HENDERSON BLVD, #110
TAMPA, FL 33629

Annual Reporting Period: Aug 20 19 98 TO July 29 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and 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: JON TURNER (Name (Please Print)) Jon G Turner (Signature) 7/29/99 (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

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571192 DATE: 7/29/99 TIME IN: 9:45 TIME OUT: 11:00

FACILITY NAME: FLEETWOOD CLEANERS

FACILITY LOCATION: 4343 HENDERSON BLVD, # 110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE: (813) 251-1605

CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup N/A ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 377 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☐Y ☐N ☒N/A
2. Examining the containers for leakage?	☐Y ☐N ☒N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☒Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	☒Y	☐N	
2. 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?	☐Y	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y	☐N	
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;	☐Y	☐N	☒N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y	☐N	☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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:** ☒N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

7/29/99
Date of Inspection

Roger Zhu
Inspector's Signature

1 YEAR
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Fleetwood Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 4343 Henderson Blvd Suite 101				CITY: Tampa PHONE: (813) 251-1065
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33629
INSPECTION DATE: July 29, 1999	TIME IN: 9:30	TIME OUT: 11:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571192				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Jon Turner				

Today's visit was to conduct the annual inspection.

Mr. Turner's recordkeeping is excellent. The perc usage was 377 gallons for the last 12 months according to the purchase receipts.

The machine was in operation during my visit. No leaks or odors were noticed.

INSPECTED BY: Roger Zhu	DATE: July 29, 1999

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 9:30 TIME OUT: 10:45 AIRS ID#: 571192

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: FLEET WOOD CLEANERS DATE: 6/15/98

FACILITY LOCATION: 4343 HENDERSON BLVD, #110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER PHONE NUMBER: (813) 251-1605

[ ] 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.).

[X] 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
RECORDED THE TEMP. AND LEAK INSPECTION ON A MONTHLY BASIS	RE-INSPECT IN 60 DAYS

RECEIVED
DEC - 4 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [ ] N/A

DATE OF NEXT INSPECTION: 60 DAYS
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: (813) 272-5530

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 571192 **DATE:** 6/15/98 **TIME IN:** 9:30 **TIME OUT:** 10:45

FACILITY NAME: FLEETWOOD CLEANERS

FACILITY LOCATION: 4343 HENDERSON BLVD, #110
TAMPA, FL 33629

RESPONSIBLE OFFICIAL: JON TURNER **PHONE:** (813) 251-1605

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup N/A ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 404 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☐Y ☐N ☒N/A
2. Examining the containers for leakage?	☐Y ☐N ☒N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

✓ **If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☐Y ☐N ☒N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y ☒N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y ☐N ☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	☒Y	☐N	
2. 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?	☐Y	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y	☐N	
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;	☐Y	☐N	☒N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y	☐N	☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☒N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

CHECKED MONTHLY

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

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:	☒N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

ROGER ZHU
Inspector's Name (Please Print)

6/15/98
Date of Inspection

Inspector's Signature

60 DAYS
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Fleetwood Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 4343 Henderson Blvd Suite 101			CITY: Tampa PHONE: (813) 251-1065	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33629
INSPECTION DATE: June 15, 1998	TIME IN: 9:30	TIME OUT: 10:45	INSPECTION TYPE: non-CDS	STATUS: Minor Out Compliance

NEDS NUMBER: 571192

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Jon Turner

Today's visit was to conduct the annual inspection.

There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts.

The machine was in operation today. No leaks or odors were noticed.

Mr. Turner who is the responsible official had recorded the temperature and leak inspection monthly instead of weekly required by rule. After I interpreted the record keeping requirement to him, he said his temperature log and leak log will be perfect on my next visit in 60 days.

INSPECTED BY: Roger Zhu	DATE: June 15, 1998

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ACRES

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0571192 DATE: 7-13-00 TIME IN: 8:30 Am TIME OUT: 9:30 Am

FACILITY NAME: Fleetwood Cleaners

FACILITY LOCATION: 4343 Henderson Blvd.
Tampa, FL 33629

RESPONSIBLE OFFICIAL: Jon Turner PHONE: (813) 251-1605

CONTACT NAME: " " PHONE: "

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup N/A ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☒ facility qualified for a general permit as number A.4 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 225 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☒Y ☐N ☐N/A
2. Examining the containers for leakage?	☒Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). ***Carbon adsorber must have been installed prior to September 22, 1993***

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/~~bi-weekly basis~~?	☑Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y ☐N ☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y ☐N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	☑Y	☐N	
2. 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?	☐Y	☐N	☑N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☑N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☑N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☑N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☑N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
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;	☑Y	☐N	☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☑Y	☐N	☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☑Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

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:** ☐N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☑Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Mohammad Nozari
Inspector's Name (Please Print)

7-13-00
Date of Inspection

M. Nozari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Fleetwood Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 4343 Henderson Blvd.				CITY: Tampa PHONE: (813)251-1605
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP:33629
INSPECTION DATE: July 12, 2000	TIME IN: 8:30 AM	TIME OUT: 9:30 AM	INSPECTION TYPE: Annual	STATUS: In Compliance

NEDS NUMBER: 571192

SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner

CONTACT(S): Jon Turner

The purpose of the visit was an annual inspection. We found the following:

1. The record keeping of the Perc purchases was very good and organized.
2. The gauge temperature reading was recorded weekly.
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 225 gallons and it was verified.
6. The machines were in operation today. No leaks or odors were noticed.
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

INSPECTED BY: Mohammad Nozari	DATE: July 12, 2000

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 8:30 AM TIME OUT: 9:30 AM AIRS ID#: 1057192

TYPE OF FACILITY: Perc Dry Cleaners

FACILITY NAME: Fleet wood Cleaners DATE: 7-29-00

FACILITY LOCATION: 4343 Henderson Blvd
Tampa, FL 33629

RESPONSIBLE OFFICIAL: Jon Turner PHONE NUMBER: (813) 251-1605

Bureau of Air Monitoring & Mobile Sources

[X] 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

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [X] NO [ ]

DATE OF NEXT INSPECTION: 1 year
(Approximate)

INSPECTION CONDUCTED BY: M. Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari **PHONE NUMBER:** (813) 272-5530

AIRS ID#: 0571192

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Fleetwood cleaners **DATE:** 7-13-00

FACILITY LOCATION: 4343 Henderson Blvd. #110
Tampa, Fl 33629

Annual Reporting Period: July 29 1999 TO July 13 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and 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: JON G TURNER (Name (Please Print)) _____ (Signature) 7/13/00 (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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357535

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 # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

RECEIVED
MAIL ROOM
JAN 19 09

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

P 174 052 513

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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.

1. Article Addressed to:

AIRS ID # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

P 174 052 513

2. Article Number *(Copy from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery 2-14-00

C. Signature
X
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

422903 FEB13 2003

Do NOT Remove Label

AIRS ID#0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL
33629

Bu... Air Monitoring
... Sources

FEB 19 2003

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7027 5760

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pc	

Postmark Here

AIRS ID#0571192

Sent To FLEETWOOD CLEANERS
JON G TURNER
Street, Ap 4343 HENDERSON BLVD #110
TAMPA FL
City, State 33629

PS Form 3800, May 2000 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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.

1 Article Addressed to:

AIRS ID#0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL
33629

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

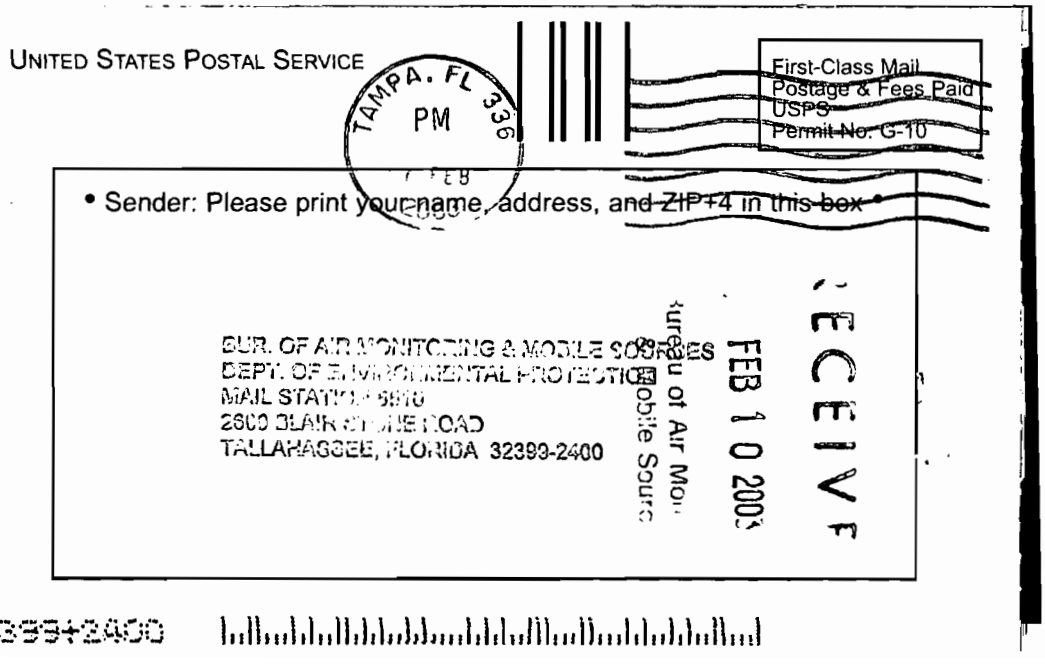
FEB 7 2003 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2 Article Number *(Copy from service label)* 7000 2870 0000 7027 5760

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-99-M-1789



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 7329

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	

Postmark Here: Miami 03

Recipien: 10 AIRS ID # 0571192001AG
JON G TURNER
FLEETWOOD CLEANERS
Street, Api: 4343 HENDERSON BLVD #110
City, State,: TAMPA FL 33629

PS Form 3800, February 2000 — See Reverse for Instructions

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.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

1. Article Addressed to:

10 AIRS ID # 0571192001AG
JON G TURNER
FLEETWOOD CLEANERS
4343 HENDERSON BLVD #110
TAMPA FL 33629

7000 0520 0020 9372 7329

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: C. HERNANDEZ — B. Date of Delivery: 12-12-02

C. Signature: Carolina Hernandez — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, March 2001 — Domestic Return Receipt — 102595-01-M-1424

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413689 JAN31 2002

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

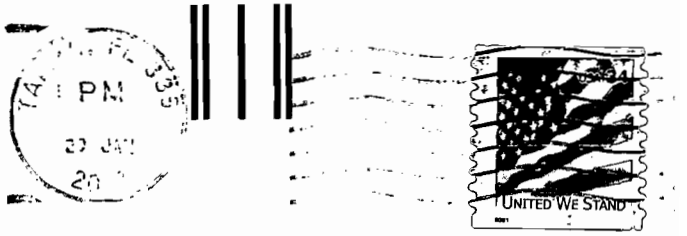
TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL
33629

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Jon G. Turner
DBA Fleetwood Cleaners
4343 Henderson Blvd.
Tampa, FL 33629



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

32315+3070 33

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 404002

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

1-26-01 pd

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

Bureau of Air Monitoring & Mobile Sources

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Org.: 37550101000 EC: AI
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392951

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

refund #5884
paid 07-Feb-00

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAIL ROOM
MAR - 1 00

RECEIVED
MAR - 3 00

FOR GOVERNMENT USE ONLY
Org: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

DDN 392954

remit 375852
pay 394552

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0391894

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 # 0571192
FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

RECEIVED
MAIL ROOM
FEB - 7 80

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