

Department of **Environmental Protection**

Lawton Chiles Governor

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

June 24, 1998

Virginia B. Wetherell Secretary

Mr. Jose' M. Gomez Paxsons Dry Cleaners 511 North Parsons Avenue Brandon, Florida 33510

Facility No.: Re: 0571198

Dear Mr. Gomez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 10, 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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
José M. Gowez
2. Site Name (For example, plant name or number):
Parsons Dry Cleaners
3. Hazardous Waste Generator Identification Number:
7. Thezaidous waste deficitator identification number.
4. Facility Location: Street Address: 511 N- Parsons Ave.
City: Brandon County: Hillsboroughzip Code: 33510
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: Sque as 4 City: County: Zip Code:
City: County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: $(813)689-5291$ Fax: () -
<u>. </u>
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Same as 6
10. Facility Contact Address:
Street Address

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

11. Facility Contact Telephone Number:

(

)

City:

Telephone:

Fax: (

)

County:

Zip Code:

Facility Information $\eta(0,\eta)$

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-9
Dry-to-Dry Unit	۲	98-Dec.	-92		Anti-logani) s	. PPATS			
	#1	UNKHOUA					-		
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	F		$[-n] = [-2] \cdot \frac{2}{n} \left[-n \right]_{2} \cdot \frac{1}{n} \cdot \frac{1}{n} \left[-n \right]_{2} \cdot \frac{1}{n} \cdot $		and the				The state of the state of
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		ich Masa	g vija sez		i jiraji ayat		٦		
(7) w/ ref. condenser					ļ				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	4111		de Principal de la	i, EK			hard.		gy We.
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [138.4] (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [y perc)	purchased ir				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce [X]	cation only.) Ne	w sm	nitions found nall area sour	ce [3) of]	Part II?	
						•	•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	<u>[X]</u>
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	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration more	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	Ľ

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

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)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the thin the thin this notification form.
I will prom	apply notify the Department of any changes to the information contained in this notification. $6 - 8 - 98$ Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Felicita Santos y José Gamas
2. Site Name (For evalupie, plant name or number):
Parsons DRY Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
4. Facility Location: Street Address: 5/1 M. Parsdics Ave City: Brandon County: HillsboroudZip Code: 33510
5. Facility Identification Number (DEP Use):
0571198
. Responsible Official
6. Name and Title of Responsible Official:
Felicita Santos
7. Responsible Official Mailing Address: Folicita Santos Organization/Firm: Parsons Dry Cleanoss Street Address: 51/N. Parsons Rve.
Organization/Firm: Taysons Dry Cleaness
Street Address: 51/ N. Parsons AVE. City: Brandon County: HillsGoroughZip Code: 33510
8. Responsible Official Telephone Number: Telephone: (413)689-527 Fax: () -
Telephone: $(413)689-52(7)$ Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
José M. Gomez
10. Facility Contact Address: 5/1.5. Parsons Ave.
Street Address:
Street Address: City: Brandon County: Hillsborough Code: 35 570
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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.

Perc	l	Date	Date		Date	Date	1	Date	Date
Dry to Dry		Machine	Control	ĺ	Machine	Control	1	Machine	Control
,		Initially	Device	l	Initially	Device		Initially	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-92
Dry-to-Dry Unit									
(I) w/ ref. condenser	7/1	UNKMOUR	ľ	_					
(2) w/ carbon adsorber		1							
(3) w/ no controls					1				
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									
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	one classific	ation only.)		nitions found		s) of I	Part II?	
Existing large are	a sou	rce	Ne	w lar	ge area sourc	e]			

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

	icate with an "X".)	ined on machines	pursuant to section (3) of F	art II of this notification form:
	Existing large area source	<u>.</u>		
	Carbon adsorber		Refrigerated condenser	
	New small area source			
	Refrigerated condenser			
	New large area source Refrigerated condenser	ſĵ		
	3			
-				
to Rule		that all steam and		use the general permit pursuant on-site meet the following
boiler H		d exclusively by no	nural gas except for period	nillion BTU/hr or less (298 s of natural gas curtailment fired.
	n and hot water generating	units exempt	(<u>K</u>)	
No such	units on-site			
	Equipme	ent Monitoring a	nd Recordkeeping Inform	action
Check al	l logs which are required to	be kept on-site it	accordance with the requi	irements of this general permit:
(a) Purch	ase receipts and solvent pu	ırchases		
(b) Leak	detection inspection and re	epair		
(c) Refrig	gerated condenser temperat	ture monitoring		
(d) Carbo	on adsorber exhaust perc co	oncentration monit	toring	<u> </u>
(e) Instru	ment calibration			
(f) Start-	up, shutdown, malfunction	plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(\mathbf{X})	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	5-19-98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 CO	MPLAINT/DISCOVERY	RE-INSPECTION .
FACILITY LOCATION: 511	RC DRY CLEAN RESONS ANDON, FL	*	571198(\$4000) DATE: 7/21/98
RESPONSIBLE OFFICIAL:	OSE GOMEZ	PHONE NUMBER	: 813-689-5291
compliance with DEP R Based on the results of t discrepancies were note	ule 62-213.300, Florida Adminis he compliance requirements eval	uated during this inspection, the fatrative Code (F.A.C.). uated during this inspection, the fo	ollowing compliance
	,	2 3 2 3 1 4 1 1 2	
			PK
·		Qureau & Mo	All K
			Source Controlling
COMMENTS:			
-	1	tified and submitted to the inspect	or. YES NO NO
DATE OF NEXT INSPECTION	(A	pproximate)	
INSPECTION CONDUCTED I		Please Print) PHONE NUMBER	. 813-27Z-553 <i>0</i>
moi ector o diunature;	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE	HYLENE DRY CLEANERS v general permit	PAN
COMPLIANCE	E INSPECTION CHECKLIST	\mathcal{C}
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY	AUG CE L
AIRS ID#: 571198 DATE: 7/2	1/98 TIME IN: 9-30 TIME OUT: 16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FACILITY NAME: PARSONS	DRY CLEANERS	TO THE
FACILITY LOCATION: $500 N_{\odot} PA$	RSONS ANB	
FACILITY NAME: PARSONS FACILITY LOCATION: 511 N PA BRANDON	J / FL 33510	
responsible official: 505 E G	ОМСZ PHONE: 813-689-52 РИОПЕ: 54-16	.9/
CONTACT NAME: Same	PHONE: SAME	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to s	startup	
2. Facility failed to notify DARM to use general	permit N/A	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is (check appropriate box) A.	s: No notification form Drop store/out of business/petr	roleum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	·
5. This is a correct facility classification	Y DN DCan not determine	
☐ facility exceeds above	general permit as number above limits and is not eligible for a general permit	ataonina
) purchased within the preceding 12 months by this dry EW STORE OPENED IN MAY	Cicating

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON DANA			
2. Examining the containers for leakage?	OY ON DONA			
3. Closing and securing machine doors except during loading/unloading?	MA DN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	\$ 0Y □N □N/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MAN/A			
PART IV: PROCESS VENT CONTROLS				
In Part JI-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 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?	חם עם			
2. Equipped dry-10-dry machines with a closed-loop vapor venting 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?

verifying that the coolant had been completely charged?

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

Davised 9/11/07

אם צם

OY ON

OY ON ON/A

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	CIY CIN QX 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 X			
4. Maintained calibration data? (for applicable direct reading instruments)	оу ом б и∧а			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN M N/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?	מא של אוע			

3 of 5

PART V	: LEAK DETECTION AND RE	EPAIRS				
1. Does t	he responsible official conduct a w	eekly (for small sources, b	i-weekly) leak detection an	d repair		
inspec				Ø(Y □N		
	e facility maintained a leak log?			MD ND		
3. Does	3. Does the responsible official check the following areas for leaks?					
]	Hose connections, fittings,					
	couplings, and valves	DAY ON ON/Y	Muck cookers	DALA DIN DINVY		
1	Door gaskets and seating	AND NO YO	Súlls	AND NO THE		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A		
	Pumps	MY ON ON/A	Diverter valves	AND DU DINA		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	AND NO YES		
	Water separators	DY ON ONA				
4. Whic	h method of detection is used by th	c 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: Dan/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN					
	b. Calibrated against a standard gas prior to and after each use					
	(PID/FID only)?	d aboiess aires afresa an	a supably basis?			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			מא מא		
	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)?						
	1 1- ~					
106ER ZHU 7/21/98						
	Inspector's Name (Please Print) Date of Inspection					
autimm 1 YEAR						

Approximate Date of Next Inspection

Inspector's Signature

•					
		INSPECTION REI	PORT FORM		
		ECTION COMMIS	SSION OF HILLS	SBOROUGH	COUNTY
FACILITY: Parsons Cle	eaners			PAGE	1 OF 1
FACILITY ADDRESS:	511 N. Parsor	ns Avenue		CITY: Ta PHONE:	mpa (813) 689-5291
MAILING ADDRESS: S	Same	(CITY: Brando	n FLA	ZIP: 33510
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS:
May 18, 1998	13:00	14:45	non-C	DS	
NEDS NUMBER: .571	1059				
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			
CONTACT(S): Myu	ng S. Goralcz	yk			
The ownership of this dry cleaner was changed. The new owner, Mr. Jose Gomez, just bought the Parsons Cleaners last month with the same dry cleaning machine and the store name remains same. I stopped by this facility today to give Mr. Gomez the Notification Form and the Compliance Calendar. Also I explained to him what he would be expected to meet the requirement. As a result of meeting with Mr. Gomez, he is going to send out the form to the FDEP this week and start the record keeping immediately. I also requested him to mail me a copy of the notification form when he files the application in order for us to keep track on it. The first inspection for this facility will be conducted within 6 months.					
Follow-up on 5/21/98: I received the copy of the Notification Form today.					

Follow-up on 7/22/98: Today's visit was to conduct the first annual inspection after this facility's ownership changed. I verified that it is the same machine (SUPREMO SINGLE 750, S/N 750-716) noted in the last inspection.

Mr. Gomez's record keeping is in a good shape. He has logged the leak inspection as well as the temperature measurement which is not required for this facility's classification as a "Existing small area source". He only purchased 20 gallons of perc after he took over in May.

Mr. Gomez couldn't find the owners manual. I'm going to send a generic one him tomorrow.

Bureau of Air Monitoring Ryya

INSPECTED BY: Roger Zhu DATE: Mar 18, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \square COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13=00 TIME OUT: 14= TYPE OF FACILITY: PERC DRY CLEANS FACILITY NAME: PAILSONS DRY C	45 AIRS ID#: 57/198
FACILITY LOCATION: SII N. PARSONS BRANDON, I=C	33510
RESPONSIBLE OFFICIAL: TOSE GOME Z	· ·
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Bureau & N
	0 0 1
	JUL 1 5 1999 eau of Air Monitoring & Mobile Sources
	es ces
COMMENTS:	
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: (A _I	pproximate)
INSPECTION CONDUCTED BY:	GER ZHU
INSPECTOR'S SIGNATURE: Roger Bu	PHONE NUMBER: (813) 272-5530
Page_	of Revised 10/96

AIRS ID#: 57 11.98	BE CREVISED TO 10/96
DRY CLEANER AIR QUALITY GE ANNUAL COMPLIANCE CERTIFIC FACILITY NAME: PARSONS DRY CLEANERS FACILITY LOCATION: 511 N. PARSONS AVE BRANDON, FL 33510	NERAL PERMITE ATION FORM SOLUTION F
FACILITY NAME: PARSONS DRY CLEANERS	DATE: 6/24/39
FACILITY LOCATION: 511 N. PARSONS AVE	πα '
FACILITY NAME: PARSONS DRY CLEANERS FACILITY LOCATION: 511 N. PARSONS AVE BRANDON, FL 33510	2
Annual Reporting Period: July 21 19 98 To	0 June 24 1999
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous com	apliance 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 con	upliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u>. </u>
As the responsible official, I hereby certify, based on information and belief formade in this notification are true, accurate and complete. Further, my annual a upon rolling averages of purchase receipts, does not exceed 2,100 gallons per y year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	consumption of perchloroethylene solvent, based
, //	

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/D	Air Mi le So	5 199
AIRS ID#: 571198 FACILITY NAME:	_ DATE: 6/24/9 PAKSONS	79 TIME:	IN: <u>13:00</u> 1 LEANERS	TIME OUT:	=45
AIRS ID#: 571198 FACILITY NAME: FACILITY LOCATION: _	STI N. PER BRANDON	esons , FL	AUE 33510		
RESPONSIBLE OFFICIAL	Semo	OMEZ.	_ PHONE:	-689-529 SAME	<u> </u>
PART I: NOTIFICATION					
 (check appropriate box) New facility notified DAF Facility failed to notify DAF 		-	ו/מ	₹.	ם ו
PART II: CLASSIFICATI	ON				
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 (constructed before 12/9/9	ource A gal/yr /yr	transfer only, x both types, x <	area source , x < 140 gal/yr : < 200 gal/yr	n form t of business/petrole	um
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1,80$	€ 2,100 gal/yr		area source $x, 140 \le x \le 2,100 \text{ ga}$ $x \ge 0.00 \le x \le 1,800 \text{ ga}$		
(constructed before 12/9/9	00 gal/yr	both types, 140	$0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	, .	
(constructed before 12/9/9 5. This is a correct facility If no, please check to	00 gal/ут Э1)	both types, 140 (constructed or IN ation:	$0 \le x \le 1,800 \text{ gal/yr}$ n or after 12/9/91) Can not determinated the control of the control	nine	

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 X N/A
2. Examining the containers for leakage?	DY DN 94 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?	Mgy □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Oy On A IN/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 refu (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 minimum installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refi (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting 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?	ОУ ОИ
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?	OY ON

	•		Ď	
В.	Has the responsible official of an existing large or new large area source also:		reau & N	JUL
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?	ΩY	No Kingon	A 5 1977
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N,	SO SYA
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□ÑA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a v	weekly (for small sources, b	oi-weckly) leak detection ar	nd repair ·		
inspection?	inspection?				
2. Has the facility maintained a leak log?			M□ YM		
3. Does the responsible official check the f	following areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A				
Door gaskets and seating	MY ON ON/A	Stills	ØY □N □N/A		
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	May □n □n/a		
Pumps	MY ON ON/A	Diverter valves	ØY □N □N/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MAY ON ON/A		
Water separators	¥OY □N □N/A				
4. Which method of detection is used by the	e responsible official?				
Visual examination (condensed so	lvent on exterior surfaces)		A		
Physical detection (airflow felt thr	ø				
Odor (noticeable perc odor)	à(
Use of direct-reading instrumental					
Halogen leak detector					
If using direct-reading instru	M/A				
a. Capable of detecting p	OY ON				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and se	cure area when not in use?	? ·	OY ON		
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON		
· · · · · · · · · · · · · · · · · · ·					
ROGER Z	ROGER ZHU 6/24/99				
Inspector's Name (Please Prin	it)	Date of Inspe	ection		
Roger Bhu I YEAR					
Inspector's Signature Approximate Date of Next Inspection					

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Parsons Cleaners PAGE 1 OF 1				1		
			CITY: Tar PHONE: (npa 813) 689-529	1	
MAILING ADDRESS:	Same		CITY: Brando		ZIP: 33510	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:
June 24, 1999	13:00	14:45	non-C	DS	In Comp	oliance
NEDS NUMBER: 571198						
SOURCE DESCRIPTIO	<u> </u>	Cleaner				
CONTACT(S): Jose	Gomez					
Today's inspection we Mr. Gomez keeps a receipts. The dry cleaning mac	good records.	The perc us	age was 40 g		-	-
				_		
				·		
· 						
						•
·						
INSPECTED BY:	Roger Zh	u		DA	ΓE: June 24	4, 1999

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:15 TIME OUT: 10:0 TYPE OF FACILITY: PERC DRY CLEANE	ARS ID#
FACILITY NAME: PARSONS DRY CLE	
FACILITY LOCATION: 511 N. PARSONS AL	
	33510
RESPONSIBLE OFFICIAL: JOSE COME 2	PHONE NUMBER: (8/3) 689 - 529 /
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluation discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
OUT OF BUSINESS	•
	REC Bureau & 1
	of Air Ma
	u Cos
COMMENTS: PARSONS DRY CLEANER	-S IS CLOSED. THE PACILITY
15 VACANT EXCEPT THE DRY O	LEANING MACHINE I SAW
THROUGH THE WINDOW.	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (A)	pproximate)
INSPECTION CONDUCTED BY:	lease Print)
	PHONE NUMBER: (8/3) 272-553 E
Page	of Revised 10/96

acoss

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	1		
AIRS ID#: 571198	DATE: 5/18/	100 TIME I	n: 9:15 time out	r: 10:00
FACILITY NAME: P	ARSONS D	RY CLE	ANERS	
FACILITY LOCATION:	511 N. PAR	SONS A	we	<u>.</u>
	BRANDON	, FL .	33510	
RESPONSIBLE OFFICIAL	JOSE GO	MEZ	_PHONE: (813) 689	-5291
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME		PHONE: SAM	<i>G</i>
PART I: NOTIFICATION				•
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(check appropriate box)	620 3	.	•	ø
1. New facility notified DARN	, -			· .
2. Facility failed to notify DA	RM to use general per	mit ·		
PART II: CLASSIFICATIO	· NAT		·	· ·
TAKI II: CLASSIFICATIC	377			1
Facility indicated on notifica			☐ No notification form	,
Facility indicated on notifica (check appropriate box)			☐ No notification form ☐ Drop store/out of busine	ss/petroleum
Facility indicated on notifica	tion form that it is:	2. New small	☐ Drop store/out of busine	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gas	urce A	dry-to-dry only	☐ Drop store/out of busine area source y, x < 140 gal/yr	ss/ p etroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	urce A	dry-to-dry only transfer only,	☐ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gas	urce Al/yr.	dry-to-dry only transfer only, to both types, x <	☐ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound 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 sound.	urce A	dry-to-dry only transfer only, both types, x < (constructed of the constructed of the con	☐ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr aror after 12/9/91) area source	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤	urce Al/yr. l) urce □ 2,100 gal/yr	dry-to-dry only transfer only, tooth types, x < (constructed of the large dry-to-dry only transfer only only transf	□ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr x 140 gal/yr area source y, 140 ≤ x ≤ 2,100 gal/yr	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,	urce Al/yr. 1) urce C 2,100 gal/yr 800 gal/yr	dry-to-dry only transfer only, to both types, x < (constructed of the large dry-to-dry only transfer only,	☐ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr x 140 gal/yr a or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ 200 $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤	urce Al/yr. l) urce	dry-to-dry only transfer only, tooth types, x < (constructed of the dry-to-dry only transfer only, both types, 14	□ Drop store/out of busine area source y, x < 140 gal/yr x < 200 gal/yr x 140 gal/yr area source y, 140 ≤ x ≤ 2,100 gal/yr	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1,800	urce Al/yr. l) urce	dry-to-dry only transfer only, tooth types, x < (constructed of the dry-to-dry only transfer only, both types, 14	Drop store/out of busine area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr aror after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the face of the state	ation form that it is: arce al/yr. yr 1) arce 2,100 gal/yr 800 gal/yr 0 gal/yr 1) classification are appropriate classification are appropriate for a general section and appropriate for a general section are appropriate for a general section are appropriate for a general section are appropriate classification are appropriate for a general section are appropriate for a general section are appropriate classification are approp	dry-to-dry only transfer only, both types, x < (constructed of the large dry-to-dry only both types, 14 (constructed of transfer only, both types, 14 (constructed of the large dry	Drop store/out of busine area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ 140 gal/yr area source y, $140 \le x \le 2,100 \text{ gal/yr}$ 200 $\le x \le 1,800 \text{ gal/yr}$ 0 $\le x \le 1,800 \text{ gal/yr}$ n or after 12/9/91) Can not determine	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	, .
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	אם עם
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?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	-
If classification 1 has been checked, no controls are required. Proceed to Part V.	; - " -
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated 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?	מם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting 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?	ОУ ОИ
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?	оу ом

Deviced 9/11/97

مربلاء

В.	Has the responsible official of an existing large or new large area source also:			
l.	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?	ωy/t	/ NC	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?		ו אב	⊐n/a
	Is the temperature differential equal to or greater than 20° F?	ΟY (ן אב	□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?		ו אב	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY (אכ	□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?	 	DN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	, Q Y	ПИ	□N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
ш	(as the responsible official:	, .		

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПΝ inspection? 2. Has the facility maintained a leak log? $\Box Y$ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers DY DN DN/A couplings, and valves DY ON ON/A Door gaskets and seating Stills DY DN DN/A DY ON ON/A Exhaust dampers DY DN DN/A Filter gaskets and seating Pumps DY DN DN/A Diverter valves DY DN DN/A Solvent tanks and containers DY ON ON/A Water separators DY DN DN/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: UN/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Calibrated against a standard gas prior to and after each use (PID/FID only)? UZ UN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? ND YD 5/18/00 ROGER ZHU Inspector's Name (Please Print) Date of Inspection

Date of Inspection

Loger Bhr

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS.5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



10 AIRS ID# 0571198001AG

PARSONS DR



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U.S. Postal Service CERTIFIED MAIL R (Domestic Mail Only; No Insura	
3027 OFFICIA	AL, USA
Postage \$ Certified Fee	Posymark
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Were
Total 1 10 AIRS ID# 057119800 Sent To PARSONS DRY CLEAN JOSE M GOMEZ Street, 8 511 N PARSONS AVENUATION OF PO B City, Sie BRANDON FL 33510	ERS
1002 yanuary 2001 DE THE BELLINN VUUBESS TOT VI DOLLEG FINE BYCE 2LICKEN VI LOD OF ENAFLODE LO LHE BICH	See Reverse for Instructions
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
10 AIRS ID# 0571198001AG PARSONS DRY CLEANERS	
JOSE M GOMEZ 511 N PARSONS A VENUE BRANDON FL 33510	3. \$ervice Type Certified Mail Registered Return Receipt for Merchandise CO.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Capy from conting label) 7001 0320 0001 797	'6 3071
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361087

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 # 0571198

RSONS DRY CLEANERS
OSE M GOMEZ

511 N PARSONS AVENUE

BRANDON FL 33510

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

265 300 514 **US Postal Service** Receipt for Certified Mai No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571198 PARSONS DRY CLEANERS JOSE M GOMEZ 511 N PARSONS AVENUE BRANDON FL 33510 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800 TOTAL Postage & Fees \$ Postmark or Date Form S Fold at line over top of envelope to **SENDER:** I also wish to receive the ■ Complete items 1 and/or 2 for additional services. following services (for an ■Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit.

White "Return Receipt Requested" on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date 2. Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: Article Number completed AIRS ID # 0571198 4b. Service Type PARSONS DRY CLEANERS □ Registered Certified JOSE M GOMEZ ☐ Express Mail ☐ Insured 511'N PARSONS AVENUE ☐ Return Receipt for Merchandise ☐ COD **BRANDON FL 33510** 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent) Domestic Return Receipt PS Form 3811, December 1994

Z 333 660 674

US Postal Service Receipt for Certified Mail

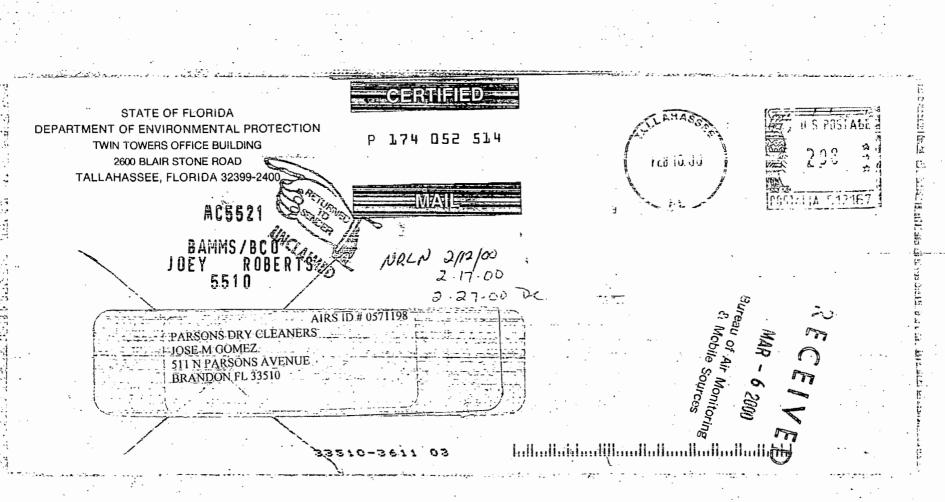
AIRS ID # 0571198

PARSONS DRY CLEANERS JOSE M GOMEZ 511 N PARSONS AVENUE BRANDON FL 33510

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of equelope to	line over	oid at

on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	AIRS ID # 0571198 PARSONS DRY CLEANERS JOSE M GOMEZ 511 N PARSONS AVENUE BRANDON FL 33510	4b. Service 1 Registere Express I Return Rec	Type ad
8 your RETUF	Received By: (Print Name) Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested paid)
_	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt



elivery address of ES, enter delivery address of ES, enter delivery control of ES, enter delivery address of ES, enter deliver	☐ Express Ma ☐ Return Red ☐ C.O.D. ? (Extra Fee)	☐ Agen ☐ Addro m 1? ☐ Yes ow: ☐ No	ndise
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elivery address of ES, enter delive vice Type Certified Mail Registered insured Mail stricted Delivery ipt	Express Ma Return Rec C.O.D. (Extra Fee)	□ Addrom 1? □ Yes ow: □ No ail pelpt for Mercha □ Yes	
vice Type Certified Mail Registered Insured Mail stricted Delivery	Express Ma Return Rec C.O.D. (Extra Fee)	□ Addrom 1? □ Yes ow: □ No ail pelpt for Mercha □ Yes	
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Certified Mail Registered Insured Mail Stricted Delivery Ipt 2 5 1 4	Return Reco	Yes 102595-99-M	
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CERTIFIED.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

AC5521

JOEY ROBERTS

x 570 PP3 740





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PARSONS DRY CLEANERS
JOSE M. GOMEZ
511 N. PARSONS AVENUE

PARSS11 3BS102074 1200 42 04/05/00 RETURN TO SENDER SHOVED LEFT NO ADDRESS UNABLE TO FORWARD RETURN TO SENDER

HAR 31.00

	SENDER: COMPLETE THE CE	Yeren and	Own Carrier Sp. DNONDEL	VERY
	 Complete items 1, 2, and 3. All item 4 if Restricted Delivery is Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits 	desired. n the reverse to you. the mailpiece,	A. Received by (Please Print Clearly) C. Signature X	B. Date of Delivery Agent Addressee 17 Yes
	1. Article Addressed to:		D. Is delivery address different from iter If YES, enter delivery address below	
	AIRPARSONS DRY CLEANERS JOSE M GOMEZ • 511 N PARSONS AVENUE BRANDON FL 33510	.S ID # 0571198	3. Service Type	
े. पुर चर्च			_	il eipt for Merchandise
3	7 710 (1:2	/M 0 :	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	
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	· ·	, z 5	10 663 170	<i>3</i> .
d.	TO THE STATE OF TH	PARSONS D JOSE M GOI	for Certified Mail Coverage Provided AIRS ID # 0571198 DRY CLEANERS MEZ ONS AVENUE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Postage	\$	\$ \$
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		Postmark or Date	В	
		PS Form		

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

AC5521

BAMMS/BCO LOEY ROBERTS 5510 Z 210 662 469



A L C L Maria of the Sounds

AIRS ID # 0571198

PARSONS DRY CLEANERS
JOSE M. GOMEZ
511 N PARSONS AVENUE
BRANDON FL 33510

PARS511 335103160 1200 35 03/20/00
RETURN TO SENDER
PARSONS DRY CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

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SENDER: COMPLETE THIS SECTION	"COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS 1D # 0571198	}
PARSONS DRY CLEANERS JOSE M GOMEZ 511 N'PARSONS AVENUE	VI
BRANDON FL 33510	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured iMail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 2. 2\0 (6\cdot) 4(6\cdot):	
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M-1789
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US Postal Service Receipt for Certifi No Insurance Coverage Prov	ed Wall
Do not use for International M	Mail (See reverse) AIRS ID # 0571198
PARSONS DRY CLEANER JOSE M GOMEZ	
511 N PARSONS AVENUE BRANDON FL 33510	3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees \$	
TOTAL Postage & Fees \$ Postmark or Date	