

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 19, 1998

Mr. Richard Doeblex Diplomat Dry Cleaner 10438 North Dale Mabry Tampa, Florida 33618

Re: Facility No.: 0571212

Dear Mr. Doeblex:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 3, 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 Environemntal 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, of 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 Facility Name of corporation, agency, or individual owner):

Δ

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RICHARD DOESLER
2.	Site Name (For example, plant name or number):
	DIPLOMAT DRY Cleaner
3.	Hazardous Waste Generator Identification Number:
	TO BE ASSIBNED
4.	Facility Location: 10438 U. DALE MABRY Street Address:
	City: TAMPA County: Hills Borough Zip Code: 33618
5.	Facility Identification Number (DEP Use);

Responsible Official

	Name and Title of Responsible Official: RICHARO DOEBLEX		
7.	Responsible Official Mailing Address: 4 Organization/Firm: Diplomar Da Street Address: 10 438 N. DALE City: TAMPA	MABRY County: Hills BORNSH	Zip Code: 336/8
8.	Responsible Official Telephone Number: Telephone: (813) 908-8900	Fax: (8(3)908	· 3340

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
RECHARD DOEBLER			
10. Facility Contact Address:			
, <i>, , , , , , , , , , , , , , , , , , </i>	County: #\$1/5BoRows# Zip Code: 336/8		
11. Facility Contact Telephone Number: Telephone: (8/3)90 (- 890)	Fax: (813) 908 - 3340		

0571212

11/4/98 Spoke to Richard Doebler and he stated that he is the owner of the facility and the machine has a refug. condenser and carbon absorber as control devices.

p13

6. Add Title "owner".

p14

1(a) Dates should be in row (1) by ref. condenser.

ρlle

Responsible Official signs and dates for wanges

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.

Town a CN or a c		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine Example	# <i>1</i>	Purchased 03-OCT-93	Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	#3	Purchased 02-MAR-92	Installed 02-MAR-9
Dry-to-Dry Unit	Γ								
(1) w/ ref. condenser									
(2) w/ carbon adsorber		91.000	The last		1626				
(3) w/ no controls		7/13/98	7/13/98		9300	-			
Washer Unit					1	<u> </u>			
(4) w/ ref. condenser				i		 		ī	<u></u>
(5) w/ carbon adsorber					I				
(6) w/ no controls		-		-	1				
Dryer Unit					<u> </u>	<u> </u>			
(7) w/ ref. condenser		_							<u>-</u>
(8) w/ carbon adsorber					1				
(9) w/ no controls						-			
Reclaimer Unit			- ,,				i		
(10) w/ ref. condenser									
(11) w/carbon adsorber						-	—-		
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
(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: []									
What is the facility's sou (Indicate with an "X". S	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 are	a sou	rce	Nev	w sm	all area sourc	:e [X]			
Existing large area	sou!	rce []	Ne	w larg	ge area sourc	e			

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 What control technology is requir (Indicate with an "X".) 	red on machines	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	\checkmark		
New large area source Refrigerated condenser			
5			
5. A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify to exemption criteria or that no such un	hat all steam and		
All steam and hot water generating to boiler HP or less), and (2) are fired a during which propane or fuel oil con	exclusively by no	tural gas except for period	ds of natural gas curtailment
All steam and hot water generating u No such units on-site	nits exempt		
Equipmen	nt Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	be kept on-site in	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pur	chases		<u>~</u>
(b) Leak detection inspection and rep	pair		\square
(c) Refrigerated condenser temperatu	ire monitoring		
(d) Carbon adsorber exhaust perc cor	ncentration moni	toring	
(e) Instrument calibration			K G G F F F
(f) Start-up, shutdown, malfunction	plan		\checkmark

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Surrender of Existing Air Permit(s)

Please indicat	re 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)				
4	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notifi statement maintain	dersigned, 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 s 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 ith 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. 10/21/98 Date Date					

BEST AVAILABLE COPY

NON SISSO F. Part III. Notification

The Perchloroethylene Dry Cleaning Facility Notification, pages 13-16 of this form, shall be completely and submitted to the Division of Air Resources Management at least 30 days prior to beginning operation, or somewhar 1 1996, whichever is later. Please type or print clearly all information. A copy of this notification of the print of the pr form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part Cennual 2 workers II of this form.

Mail the signed and completed pages 13 through 16 of this form to:

General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, FL 32399-2400

Instructions

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use) Enter the facility identification number assigned by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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Page 11 of 16

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and subheading corresponding to the type of air pollution control device installed on the machine (e.g., dry-to-dry unit (1) w/ ref. condenser). Enter its identification (e.g., #1) in column 1. Enter the date the machine was initially purchased from the manufacturer in column 2 in the dd-mon-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. If control equipment has been installed on that machine, enter the date of installation in column 3. If control equipment is required, but has not yet been installed, indicate with an "X" in 1(b). If no control devices are required to be installed, indicate this with an "X" in 1(c). Up to three machines of each type and control configuration may be entered across this table. Complete the table for all machines located at the facility. If more than three machines are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
- 2. Enter the total amount, in gallons, of perchloroethylene purchased during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (e.g., new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount entered in No. 2 above, enter the facility's classification (e.g., existing small area source). The classification is based on the definitions found in section (3) of Part II of this notification form.
- 4. Indicate which control technology is required on machines pursuant to section (5) of Part II of this notification form, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site.

Equipment Monitoring and Recordkeeping Information

Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing Air Permit(s)

Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X".

Responsible Official Certification

This statement must be signed by the person named on page 13, Field 6, of this form.

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Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINTA	DISCOVERY 💢	RE-INSPECTION
TIME IN: 14:30 TYPE OF FACILITY: PER	TIME OUT:	16:30 ANER	AIRS ID#:	-NONE 057/2/2
FACILITY NAME: DIPL	OMAT DRY	CLEANET		DATE: 19/12/98
FACILITY LOCATION: 1043			Hery	
RESPONSIBLE OFFICIAL: PIC	HARD DOEBU		PHONE NUMBE	R: (813)908 - 8900
Based on the results of the compliance with DEP Rul	_		-	facility is found to be in
Based on the results of the discrepancies were noted:		ts evaluated during	g this inspection, the	following compliance
COMPLIANCE REQUI	REMENT/PROBL	EM FO	OLLOW-UP AC	TION REQUIRED
DROPPED OFF TO	HE NOTIFICA-	TION INS		60 DAYS
· · · · · · · · · · · · · · · · · · ·				RECEIVED RUREAU OF AIR MA
·			6	NOV 1 8 1998 & Mobile Sources
				& Mobile Sources
COMMENTS:		ļ		
The Annual Compliance Certifica	tion form has been prope			ector. YES NO NO NO
DATE OF NEXT INSPECTION	l:	(Approximat		
INSPECTION CONDUCTED B	BY:	206CR (Please Prin	ZHV	
INSPECTOR'S SIGNATURE:_	Roger/	32	PHONE NUMB	er: (813) 272-553 0
	F	age of		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
FACILITY NAME:	DATE: 10/12/	98 TIME 11	N: 14 = 30 TIME OUT	: 16=30
FACILITY NAME:	PLUMAT	DRY	CLEANERS	
FACILITY LOCATION: $\frac{j}{c}$	0438 N. t	PALE MA	ABRY HWY	
	AMPA, F	L 336	18	
RESPONSIBLE OFFICIAL :	RICHARD J	DOEBLER	PHONE: (813)908	3-8900
RESPONSIBLE OFFICIAL :	SAME	·	PHONE: SAME	<u> </u>
DADAY NOMEYCATION				
PART I: NOTIFICATION (check appropriate box)				
(check appropriate box) 1. New facility notified DARM	30 days prior to starts	un.		П
New facility notified DARM Facility failed to notify DAR	-	-		
2. Facility failed to floury DAIC	IN to use general bern			
"PARTHE CLASSIFICATION	J			
PART II: CLASSIFICATION Facility indicated on notification			DNo notification form	
Facility indicated on notificati (check appropriate box)			No notification form Drop store/out of business	:/petroleum
Facility indicated on notificati (check appropriate box) A.	on form that it is:	2. Newsmall a	☐ Drop store/out of business	√petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:	2. New small a dry-10-dry only,	Drop store/out of business rea source x < 140 gal/yr	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	on form that it is:	dry-10-dry only, transfer only, x	Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is:	dry-10-dry only, transfer only, x both types, $x < 1$	Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	on form that it is:	dry-to-dry only, transfer only, x both types, x < . (constructed on 4. New large a	Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is:	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	☐ Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	√petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is: ce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	√petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2,	on form that it is: ce	dry-to-dry only, transfer only, x both types, x < (constructed on dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out of business rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	√petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types,	on form that it is: ce	dry-to-dry only, transfer only, x both types, x < (constructed on dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	√petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to th types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	on form that it is: ce yr ce 100 gal/yr gal/yr dassification appropriate classificat ty qualified for a gene	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on Y	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	√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?	מ/אם אם עם			
2. Examining the containers for leakage?	אואם אם אלם			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
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	<u>.</u>			
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 refr (complete A below).	igerated condenser			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refr (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?	DY DN			
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			
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□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			

1,1

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?	מא פא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
_		-
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	OY ON
2.	Maintained rolling monthly averages of perc consumption?	OY ON
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?	□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?	OY ON ON/A
6.	Maintained startup/shutdown/malfunction plan?	□Y □N
7.	Maintained deviation reports?	OY ON ON/A
	Problem corrected?	□Y □N □N/A
	Maintained compliance plan, if applicable?	

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
in	inspection?			DY ØN	
2. Ha	as the facility maintained a leak log?			אם עם	
3. Do	oes the responsible official check the	following areas for lead	ks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A	
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A	
	Filter gaskets and seating	OY ON ON/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	OY ON ON/A	
	Water separators	OY ON ON/A	,		
4. W	hich method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfa	ices)		
	Physical detection (airflow felt th	rough 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?			OY ON		
l	b. Calibrated against a standard gas prior to and after each use (PID/FID/only)?			OY ON	
	c. Inspected for leaks ar	nd obvious signs of wea	r on a weekly basis?	OY ON	
	d. Kept in a clean and s	-	•	OY ON	
	J		nples (calorimetric only)?	OY ON	
		7	. /	10.54	
	ROGER ZH		10/12	198	
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection	
	Zogensk	3hn_	60	DAYS	
	Inspector's Signature	Approximate Date of	Next Inspection		

*ر*١.

ADDITIONAL SITE INFORMATION:

This is a new dry cleaners with a machine Today I dropped off the Notification form at this facility.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13=30 TIME OUT: 16=6	AIRS ID#.
TYPE OF FACILITY: Perc Dry Cleaner	
FACILITY NAME: Diplomat Dry	Cleaners DATE: 12/7/98
FACILITY LOCATION: 18438 N. Dale M.	· · · · · · · · · · · · · · · · · · ·
Tampa FL 33618	
RESPONSIBLE OFFICIAL: Richard Doebler	PHONE NUMBER: (813) 908-896-2
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVE
	JAN 1 3 VYYY
	s air Monitoring
	Bureau of All Morres & Mobile Sources
•	
	·
·- •	
COMMENTS:	
CONTRACTO.	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEW MICHES	zear
DATE OF NEXT INSPECTION: (AI	nproximate)
	GER ZHU
INSPECTION CONDUCTED BY:	lease Print)
INSPECTOR'S SIGNATURE: ROSE Sh	PHONE NUMBER: (813) 272 -553 0
	,

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	ON COMPLAINI/DISCOVERY
AIRS ID#: 57/2/2 DATE: 12/7/	98 TIME IN: 13:30 TIME OUT: 16:00 Dry Cleaners Dale Makery
FACILITY NAME:	
FACILITY LOCATION: $104-38$ N	. Vale Malery
Tampa,	FL 33618
RESPONSIBLE OFFICIAL: Richard	Duebler PHONE: (813) 908 - 8900
CONTACT NAME: SAME	FL 33618 Duebler PHONE: (813) 908 - 8900 PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to sta	artup N/A
2. Facility failed to notify DARM to use general pe	ermit /
DADTH. OF ACCURACY TON	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) Y

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	DAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	SAY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON DANA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ÞÍN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
III I dit II-A.	
If classification 1 has been checked, no controls are required. Proceed to Par	rt V,
If classification 2 has been checked, the machine should be equipped with a r (complete A below).	refrigerated condenser
If classification 3 has been checked, the machine should be equipped with eit condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a r (complete A and B below).	refrigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	ØY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	.
3. Equipped the condenser with a diverter valve so airflow will be directed away from the	DAY ON ON/A
condenser upon opening the door?	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated	' ∦
 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 	

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	HALLS NO YO
2. Maintained rolling monthly averages of perc consumption?	ол ои)
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON BIN/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 Ø N/A
4. Maintained calibration data? (for applicable direct reading instruments)	□У □И ФИА
5. Maintained exhaust duct monitoring data on perc concentrations?	או או אם אם אם A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON ŽÁN/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OY ON PANA

PART	VI: LEAK DETECTION AND	REPAIRS	· · · · · · · · · · · · · · · · · · ·	- (-	
	s the responsible official conduct a		; bi-weekly) leak detec	ction and re	pair
	pection?	(,	02/5	
2. Has	the facility maintained a leak log?			12	or starts
3. Doe	s the responsible official check the	following areas for leaks?	,	1 Ju	st Stanke
	Hose connections, fittings, couplings, and valves	(DY ON ON/A	Muck cookers	, <u>, , , , , , , , , , , , , , , , , , </u>	Z □N □N/A
	Door gaskets and seating	OY ON ON/A	Stills	\$ \01	Z ON ON/A
	Door gaskets and seating Filter gaskets and seating	אמם מם Yם A	Exhaust dampers	7 02	Y ON ON/A
	Pumps &	OY ON ON/A	Diverter valves	to a	ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter hor	ısings DY	Z ON ON/A
	Water separators	V□Y □N □N/A			
4. Whi	ich method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surface	s)	4	
	Physical detection (airflow felt th	rough gaskets)		赵	
	Odor (noticeable perc odor)			赵	
	Use of direct-reading instruments	ation (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector		حمص		
	If using direct-reading instr	umentation, is the equip	ment:	4	J/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 p	pm? □Y	Z □N
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	□	Z □N
	c. Inspected for leaks ar	nd obvious signs of wear o	n a weekly basis?	ΩY	מם ׳
	<u>-</u>	ecure area when not in us	-	ΩY	מם ץ
	•	by use of duplicate sampl			
	•				

ROGER ZHU

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPO	DET EODM		
ENVIRONMENTAL PROTECTION COMMISS		ROUGH C	COUNTY
FACILITY: Diplomat Dry Cleaners]	PAGE	1 OF 1
FACILITY ADDRESS: 10438 N. Dale Mabry Hwy	CIT	Y: Tan	 npa
	PH	ONE: (813) 908-8900
MAILING ADDRESS: Same C	ITY: Tampa	FLA	ZIP: 33618
	INSPECTION T	YPE:	STATUS:
Dec 7, 1998 13:30 16:00	non-CDS		In Compliance
NEDS NUMBER: 571212			
SOURCE DESCRIPTION: Perc Dry Cleaner			
CONTACT(S): Richard Doebler			
Today's visit was to conduct the first annual inspect from FDEP on 11/23/98. It is a brand new machine with the model # (Union) As Mr. Doebler indicated, the machine is very efficilled any additional perc into the machine since the f I gave Mr. Doebler a 1999 Compliance Calendar fo temperature measurement and perc usage. Furthermokeeping. As I can see on today's visit, this facility is under a given the control of the co	and serial # (47- cient as a new o first fill-up of 110 or him to log his ore, I showed hin	E7-433 The it shows gallon check-un the count and k	ould be and he hasn't is in October, 1998. The specific properties on leak inspection, where the way to do record the test very clean.
INSPECTED BY: Roger Zhu		DA	TE: Dec 7, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

V

		COMPLAINT/DI		RE-INSPECTION	口
TIME IN: 8:30 TYPE OF FACILITY: PERC FACILITY NAME: DIPLON FACILITY LOCATION: 10438 TAMPA	TIME OUT:	0:00	AIRS ID#: 5	71212	
TYPE OF FACILITY: PERC	DRY CLEA	NER		7 / 6	_
FACILITY NAME: DIPLON	1AT DRY	CLEANER	-5	_DATE:_ Z/3/9	7_
FACILITY LOCATION: 10438	N. DALE 1	1ABRY HU	7		
RESPONSIBLE OFFICIAL: LICHA	1 FL 376	1 0 = 0		(813) 908 - 890	20
RESPONSIBLE OFFICIAL:				(01)/1007	
Based on the results of the com compliance with DEP Rule 62-	•	_		cility is found to be in	
Based on the results of the com discrepancies were noted:	pliance requirements	evaluated during the	his inspection, the fol	lowing compliance	
COMPLIANCE REQUIREM	MENT/PROBLE	1 FOI	LLOW-UP ACTI	ON REQUIRED	
			ECEIVE MAR 19 1999	D	
		K	MAR 1 9 1999 MAR 1 9 1999 Bureau of Air Morie Sou	nitoring	
.			Bureau of Air Mor & Mobile Sou	KCE3	
			_		
			•		
COMMENTS:					
The Annual Compliance Certification for	orm has been properly		mitted to the inspecto	r. YES NO] ^//
DATE OF NEXT INSPECTION:		1 YEAR			
	A	(Approximate)	7 HV		
INSPECTION CONDUCTED BY:		(Please Print)			
INSPECTOR'S SIGNATURE:	Rose 1		PHONE NUMBER	<u>:(813)272-59</u>	30

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	р 2	COMPLAINT/DIS	COVERY	٥
AIRS ID#: 571212 FACILITY NAME: T	DATE: 2/3/9	79 TIME	IN: 8:30 TO	ME OUT: _	10:00
FACILITY NAME:T	0438 N. P. TAMPA, FL	HE MA - 33618	BRY HWY		·
RESPONSIBLE OFFICIAL CONTACT NAME:	: RICHARD SAME	DOBBLER	PHONE: (\$13)	908-8 Same	39 <i>0-0</i>
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DA		- ·	NA		0
PART II: CLASSIFICATIO	· · ·				
Facility indicated on notifica (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce	2. New small dry-to-dry only transfer only, x both types, x <	, x < 140 gal/yr : < 200 gal/yr		troleum
(constructed before $12/9/91$ 3. Existing large area soudry-to-dry only, $140 \le x \le 1$, so that types, $140 \le x \le 1$, 800 (constructed before $12/9/91$	urce 2,100 gal/yr 800 gal/yr 0 gal/yr	4. New large dry-to-dry only transfer only, 2 both types, 140	arca source $x_1, 140 \le x \le 2,100 \text{ gal/yr}$ $x_2 \le x \le 1,800 \text{ gal/yr}$ $x_3 \le x \le 1,800 \text{ gal/yr}$ $x_4 = x \le 1,800 \text{ gal/yr}$ $x_5 = x \le 1,800 \text{ gal/yr}$ $x_5 = x \le 1,800 \text{ gal/yr}$	O yr	
☐ faci	classification e appropriate classific ility qualified for a ger ility exceeds above lim	neral permit as ri		ve	
B. The total quantity of perch facility was <u>i O</u> gallon		urchased within	the preceding 12 mont	ths by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N ØN/A
2. Examining the containers for leakage?	□Y □N ØN/A
3. Closing and securing machine doors except during loading/unloading?	Σήγ □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ØY □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	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (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?	ØY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אַע סט סען ⊃א/א
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A/N UN YA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØYY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	oy on Ön/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	thY □N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the cendenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊒Y	ØŃ.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\square Y$	ΠN	□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 adserber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	\square N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	$\square N$	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	⊃N/A
ج6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART	VI: LEAK DETECTION AND R	EPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	ection?				Ø Y C	אב
2. Has	the facility maintained a leak log?				DÁX C	אב
3. Does	s the responsible official check the f	following a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	ØY □N	□N/A	Muck cookers	ØY □N	□N⁄A
	Door gaskets and seating	ØY □N	□N/A	Stills	ØY □N	□N/A
	Filter gaskets and seating	ØY □N	□N/A	Exhaust dampers	ØY □N	□N/A
	Pumps	MO AQ	□N/A	Diverter valves	MO YE	□N⁄A
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	ŊA □N	□N/A
	Water separators	фY Пи	□N/A			
4. Whi	ch method of detection is used by th	e responsi	ble official?	•		
	Visual examination (condensed so	lvent on e	xterior surfaces)			
	Physical detection (airflow felt thr	ough gask	ets)		ឯ	
	Odor (noticeable perc odor)				Þ	
	Use of direct-reading instrumentat	tion (FID/F	PID/calorimetric	tubes)		
,	Halogen leak detector					
	If using direct-reading instru	ımentatio	n, is the equipm	ent:	M/A	
	a. Capable of detecting p	erc vapor	concentrations is	n a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	andard ga	s prior to and af	ter each use	OY ON	
	c. Inspected for leaks and	d obvious s	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 t	by use of d	uplicate samples	s (calorimetric only)?	QY QN	
					_	
		· ·				
	ROBER ZI	V		2/3/	199	
	Inspector's Name (Please Prin	it)		Date of Inspe	ection	
	Roser 3h	_		1 Y	EAR	
	Inspector's Signature			Approximate Date of	Next Inspe	ction

•							
		INSPECTION RE	PORT FORM				
ENVIRO	NMENTAL PROT			SBOROUGH (COUNT	Y	
FACILITY: Diplomat 1	Dry Cleaners			PAGE	1	OF	1
FACILITY ADDRESS:	10438 N. Dal	e Mabry Hwy		CITY: Ta	-		
A CARE DE LA CONTRACTION DEL CONTRACTION DE LA C			OTTAL TO	PHONE: (<u>` </u>		
MAILING ADDRESS:			CITY: Tampa		ZIP:	33618	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		т.	STAT	
Dec 7, 1998 NEDS NUMBER: 5	13:30 71212	16:00	non-C	מס	ın	Comp	liance
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Ricl	hard Doebler	•		-			
Today's visit was to	conduct the first	st annual inspe	ction after we	received t	he cop	y of No	otification
from FDEP on 11/23/9	8.		•		_		
It is a brand new mac	hine with the r	nodel ♯ (Unior	n) and serial #	(47-E7-43	3).		
As Mr. Doebler indic	-	•					
filled any additional pe			-	_			
I gave Mr. Doebler a	_		_		_		- 1
temperature measurem	ent and perc us	sage. Furthern	nore, I showed	i him the co	orrect	way to	do record
keeping.	o'a viait thia fa	ailite is undan	a acad mana	amant and	150mt = 1	alaa	
As I can see on today	S VISIL, UIIS 120	ciffly is under a	a good manag	ement and	kept ve	ery cież	111.
Follow-up on 2/3/99:	Today I revisit	ed this facility	for the purpo	se of check	ring wl	hether 1	the record
keeping is in compli		· · · · · · · · · · · · · · · · · · ·			-		
inspections and perc v				_		-	
including the startup, s	_	<u> </u>	*				
-		-					

INSPECTED BY: Roger Zhu DATE: Dec 7, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

RECEIVED
NOV 1 2 1999

Revised 10/96

TYPE OF INSPECTION:	NNUAL 🛛 C	OMPLAINT/DISCOVERY	BRE INSPECTION
TIME IN: 400	TIME OUT:(O.	AIRS ID#:_	57/2 Mobile Sources
TYPE OF FACILITY: PERC	DRY CLEAN	IER	
FACILITY NAME: DIPL	OMAT DRY	CLEANERS	DATE: 10/13/99
FACILITY LOCATION: 1043	18 N. DALE	MABRY	
Thu	PA, FL 330		
RESPONSIBLE OFFICIAL: <u>FICH</u>	ARD DOEBLE	PHONE NUMB	BER: (813)908-8900
Based on the results of the compliance with DEP Rule		aluated during this inspection, this instrative Code (F.A.C.).	e facility is found to be in
Based on the results of the c discrepancies were noted:	compliance requirements ev	aluated during this inspection, th	ne following compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP A	CTION REQUIRED
	÷		
<u> </u>			
			ŧ.
•			
COMMENTS:			,
The Annual Compliance Certification	n form has been properly c	ertified and submitted to the insp	pector. YES NO
DATE OF NEXT INSPECTION:_		(Approximate)	
INSPECTION CONDUCTED BY	•	Approximate) CON ZHU	
INSPECTOR'S SIGNATURE:	Roser Bh	(Please Print) PHONE NUM	BER: (8/3) 272-5530

KECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

Mobile Source

Mobile Sou

TYPE	OF	INSP	\mathbf{EC}	TION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 57/2/2 DATE: 10/13/99 TIME IN: 9:00 TIME OUT: 10:00

FACILITY NAME: DIPLOMAT DRY CLEANERS

FACILITY LOCATION: 10438 N. DALE MABRY HWY

TAMPA, FL 33618

RESPONSIBLE OFFICIAL: RICHARD DOBBLER PHONE: (813) 908-8900

PHONE: ___ SAME CONTACT NAME: ____ SAME

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

No notification form

Drop store out of business/petroleum

- 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/yrboth 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, $200 \le x \le 1,800$ 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 < x < 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
- \Box Y $\square N$ □Can not determine

If no, please check the appropriate classification:

- Acility 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?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	מם צם			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part	v. /			
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser ,			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	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-weel-ly basis?	ПО ЛО			
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?	מם עם			

				_
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΔY	ΠN	
	<u></u>			
2	Measured and recorded the washer exhaust temperature at the condenser			
۷.	inlet and outlet weekly?	ΠV	□Nī	□N/A
	fillet and odder weekly!	_ ,	□ 14	UIV/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	\square 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,			
l	if machines are equipped with a carbon adsorber?	ΠY	□N	□N/A
	in machines are equipped with a carbon adsorber?	u x	ПN	UN/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□N/A
4.	Assured that the sampling port on the earbon adsorber exhaust for measuring			
'	perc concentrations is at least 8 duel 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?	ΠV	□Nī	□N/A
	of expansion, and downstream from no other finet?	u ı		UIV/A
_	The state of the s			
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ЦY	UN	□N/A
			_	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A
	-/			,

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

PART	PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	pection?	·		DY DN	
2. Has	the facility maintained a leak log?			מם עם	
3. Doe	s the responsible official check, the	following areas for leal	ks?		
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ON/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	OY ON ON/A	,		
4. Wh	ich method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surfa	aces)	.	
	Physical detection (airflow felt the	rough gaskets)		<u> </u>	
	Odor (noticeable perc odor)				
	0				
		0			
	□N/A				
	a. Capable of detecting p	perc vapor concentration	ons in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to ar	nd after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wea	r on a weekly basis?	DY DN	
	d. Kept in a clean and so	ecure area when not in	use?	OY ON	
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	□Y □N	
- /		• • • • • • • • • • • • • • • • • • • •			
	LOGER ZH	<i>)</i>	10/13/	99	
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection	
	loze sh	_	^/	· ⁄<	
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

The dry cleaning business was sold to
I after Five of Garrallwood Dry Cleaners"

The new owner is Ms. anita Klier

L dropped off the notification form

today for Ms. Klier to fill it out

and send it to FDEP

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCO	VERY	
•	RE-INSPECTION	ı 2		70	
AIRS ID#: 571212	DATE: 2/3/9	9 TIME	N: 8:30 E TIME	onf: 7	10:00
FACILITY NAME:	DIPLOMAT	DRY CL	EANERE	5 1	· •
FACILITY LOCATION: _	10438 N. VA	HE MA	BIZY AUSTE	# 2500 E	73
-	TAMPA, FL	DOBBLED	(8/3)	308 - 8°	900
RESPONSIBLE OFFICIA	L: KICHARD S	7-20-0-2	PHONE: Cory	AME	
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION	V				
(check appropriate box)	<u> </u>				
1. New facility notified DAI	RM 30 days prior to starti	up	11/0		
2. Facility failed to notify D		•	NA		٥
	·				
PART II: CLASSIFICAT	ION				
Facility indicated on notific			☐ No notification form ☐ Drop store/out of bu		roleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:		☐ Drop store/out of bu	ısiness/petr	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	cation form that it is: source gal/yr l/yr	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on	□ Drop store/out of but Area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr		roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal	cation form that it is: source gal/yr 1/yr r 91) source \(\leq 2,100 \) gal/yr 1,800 \(\text{gal/yr} \) 00 \(\text{gal/yr} \)	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	□ Drop store/out of but area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ısiness/petr	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/2) 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr 1/yr r 91) source Sour	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	□ Drop store/out of but area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source x < 1,800 gal/yr x < 1,800 gal/yr x < 1,800 gal/yr	usiness/petr	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/yr (constructed before 12/9/yr stransfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/yr 5. This is a correct facility If no, please check the check the constructed before 12/9/yr facility is a correct facility of the check the che	cation form that it is: source gal/yr 1/yr r 91) source Sour	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on 2	□ Drop store/out of but area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	usiness/petr	roleum

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

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
ب6	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

1.						
	Does the responsible official conduct a	weekly (for small sourc	cs, bi-weekly) leak detection ar	nd repai	r	
	inspection?			Ø Y	ПN	
2.	Has the facility maintained a leak log?		•	X Y	ПN	
3.]	Does the responsible official check the	following areas for leak	·s?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	Ò,YY (N/A □	
	Door gaskets and seating	ØY □N □N/A	Stills	Μ Υ C	ON □N/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	Ø Y (ON/A	
	Pumps	A'NO NO YÉ	Diverter valves	XY C	אותם מב	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	β Υ (ON □N/A	
	Water separators	AND ND YA				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surface	ces)	5 4		
Physical detection (airflow felt through gaskets)				×		
Odor (noticeable perc odor)					À 1	
	Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)			
Halogen leak detector						
	If using direct-reading inst	rumentation, is the equ	ipment:	ØN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N					□и	
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	Y (א⊂	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y I	□и	
	d. Kept in a clean and	secure area when not in	use?	□Y (□и	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y I	□и	
		-				

7 'LE V AIR QUALITY GENERAL P' MIT INSPECTION SUMMARY REPOKT

TYPE OF INSPECTION: ANNUAL	COMP	LAINT/DISCOVERY [RE-INSPECTION 🛣
TIME IN: 8:30 TIME OUT:	10=6		: 571212
TYPE OF FACILITY: PERC DRY CL FACILITY NAME: DIPLOMAT DR	VZIE	ANF-OS	7/3/99
			DATE: Z/3/99
FACILITY LOCATION: 10438 N. DALLE TAMPA, FL 3	= MAD	29 1000/	
, ,			12.23 209 2002
RESPONSIBLE OFFICIAL: PICHARD DOE	BLEK	PHONE NUM	MBER: (813) 908 - 8900
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florida			the facility is found to be in
Based on the results of the compliance requirement discrepancies were noted:	nents evaluate	ed during this inspection,	the following compliance
COMPLIANCE REQUIREMENT/PROP	BLEM	FOLLOW-UP	ACTION REQUIRED
			· · · · · · · · · · · · · · · · · · ·
		•	
-		-	
			·
•			
COM ATTAINS.			
COMMENTS:			
			. •
	•		·
The Annual Compliance Certification form has been pro	operly certifie	ed and submitted to the in	nspector. YES NO NO NO
DATE OF NEXT INSPECTION:	1 Y	EAR	1
		roximate)	
INSPECTION CONDUCTED BY:		ER ZHU	
	(Plea	se Print)	, <u> </u>
INSPECTOR'S SIGNATURE: Roser	18h	PHONE NU	MBER: (813) 272-5530

Page of .

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLI. G

0362941

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 # 0571212 DIPLOMAT DRY CLEANER RICHARD DOEBLER 10438 N DALE MABRY **TAMPA FL 33618**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

P 265 300 513 **US Postal Service** Receipt for Certified Mai No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571212 DIPLOMAT DRY CLEANER RICHARD DOEBLER 10438 N DALE MABRY **TAMPA FL 33618** 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 8 Fold at line over top of envelope to SENDER: also wish to receive the 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 Receipt Service 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery • The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee. 5 3. Article Addressed to: completed 300 513 265 using Return AIRS ID # 0571212 4b. Service Type DIPLOMAT DRY CLEANER Certified ☐ Registered RICHARD DOEBLER your RETURN ADDRESS ☐ Insured ☐ Express Mail 10438 N DALE MABRY **TAMPA FL 33618** □ Return Receipt for Merchandise □ COD ₫ 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee ør/Agent)

Domestic Return Receipt

PS Form 3811, December 1994

Z 333 660 675

US Postal Service Receipt for Certified Mail AIRS ID # 0571212

DIPLOMAT DRY CLEANER RICHARD DOEBLER 10438 N DALE MABRY **TAMPA FL 33618**

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
13 LOUIS 3600, April 1883	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date, & Addressee's Address	
2	TOTAL Postage & Fees	\$
Š	Postmark or Date	
5		
2		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed	AIRS ID # 0571212 DIPLOMATEDRY CLEANER RICHARD DOEBLER 10438 N DALE MABRY TAMPA FL 33618	4b. Service The Registere Express I	Type ad Certified Mail Insured ceipt for Merchandise COD
Is your <u>RETUR</u>	5. Received By: (Rrint Name) 6. Signature: (Addressee or Agent) PS Form 2811 December 1994	8. Addressee and fee is	e's Address (Only if requested

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

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Do NOT Remove Label

AIRS ID # 0571212

AFTER FIVE OF CARROLLWOOD WILLIAM F KLIER 10438 N DALE MABRY **TAMPA FL 33618**

After Five of Carrollwood, Inc.
10438 North Dale Mabry

Tampa, H 33618





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Deplomet Lly Cleoner 10438 N. Well Mabry Jomps, 71 33618



Seneral Permits Section
Bureau of Din Monitory & Marilo Faureus

EPA
2600 Blair Stone Road

Jellahasseet Fl. 32399 2400