

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1998

Mr. Luis Reyes D'Gala Dry Cleaner 14837 North Florida Avenue Tampa, Florida 33613

Re: Facility No.: 0571213

Dear Mr. Reyes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 1, 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

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

## Bowman, Sandy

From: Sent:

Alain Watson [WatsonA@epchc.org] Friday, June 28, 2002 9:09 AM Butler, Rick Bowman, Sandy T5GP Update

To: Cc: Subject:

Good morning Rick: One more update. D'Gala dry Cleaning facility 0571213, is closed as per the 11/16/2001 inspection report. Please inactivate this facility. Thanks again.

alain

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

0571213

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13=30 TIME OUT: 15=00	AIRS 10#: (WAS) 571206 TBD0292
TYPE OF FACILITY: PERC DRY CLEANER	2
TYPE OF FACILITY: PERC DRY CLEANERS	DATE: 10/5/98
FACILITY NAME: D' GACA ELEANERS  FACILITY LOCATION: 14837 N. FLORIDA  TAMPA DE 3361	AVE
TAMPA Fi 3361	3
TAMPS, FC 3361 RESPONSIBLE OFFICIAL: LUIS REYES	PHONE NUMBER: (813) 264-0675
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
SUBMIT A NOTIFICATION FORM	INSPECT IN GO DAYS
	P
	Burge My Cr
	A Ly COLL NOTH
	oring
COMMENTS:	
COMMENTS.	
	N/A
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	O DAYS
(A <sub>1</sub>	pproximate)
INSPECTION CONDUCTED BY:	GER ZHU
$\overline{\mathcal{O}}$	lease Print)  PHONE NUMBER: (813)272-53-30
INSPECTOR'S SIGNATURE:	PHONE NUMBER:
Page	of

# PERCHLOROETHYLENE DRY CLEANERŞ TITLE V GENERAL PERMIT

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DI		<u>×</u>
AIRS ID#: 571206  FACILITY NAME: D	DATE: 10/5/93 GALA CLE	8 TIME I	N: <u>13:30</u> T	IME OUT: _	15:00
FACILITY LOCATION:	4837 N. FL.	0R19A	AUE 13		
RESPONSIBLE OFFICIAL CONTACT NAME:	LUIS REYE same	-5		) 264- same	0675
PART I: NOTIFICATION					
<ol> <li>(check appropriate box)</li> <li>New facility notified DARN</li> <li>Facility failed to notify DAR</li> </ol>		·			0
		· · · · · · · · · · · · · · · · · · ·		<u>-</u>	
PART II: CLASSIFICATIO	N .			-	٠.
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)	rce 2.  Vyr dry tra bot	nsfer only, x h types, $x <$	x < 140 gal/ут < 200 gal/ут		etroleum
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility of facility of the support	rce	v-to-dry only, x in types, x < onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on Y  \text{N}\te	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/y ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □Can not determ	of business/po	etroleum

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

B. Has the responsible official of an existing large or new large area source also:		
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ם אם אם	DN/A
Is the temperature differential equal to or greater than 20° F?	ם אם אם	⊃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?	ם אם אם	DN/A
Is the perc concentration equal to or less than 100 ppm?	ם אם אם	⊃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,		ł
or expansion; and downstream from no other inlet?	OY ON C	⊃N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON C	⊃N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ם אם אם	⊃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 hrs? 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 DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DN/A

PA	PART VI: LEAK DETECTION AND REPAIRS						
ì.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			מם עם			
2.	Has the facility maintained a leak log?			AD NO YOU			
3.	Does the responsible official check the	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	אואס אם אם					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed s	olvent on exterior surface	es)	٥			
	Physical detection (airflow felt th	rough gaskets)		٥			
	Odor (noticeable perc odor)			0			
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	٥			
	Halogen leak detector			٥			
	If using direct-reading instr	umentation, is the equi	pment:	□N/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	7	nd obvious signs of wear	on a weekly basis?	DY DN			
		ecure area when not in u	-	מם עם			
	/ -	by use of duplicate samp		OY ON			
	ROGER ZHU 10/5/98						
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection			
	Cslipish	-	60 =	My S			
_	Inspector's Signature	····	Approximate Date of	Next Inspection			

1,

ENVIDO	NMENTAL PROT	INSPECTION RE		SBOROUGH	COLINITY	
FACILITY: D' Gala Cl		ECTION COMM	ISSION OF HILL.	PAGE	1 OF	1
FACILITY ADDRESS:	14837 N. Flor	CITY: Tai	mpa			
· 17					(813) 264-067	
MAILING ADDRESS:			CITY: Tampa		ZIP: 33613	
INSPECTION DATE: Oct 5, 1998	TIME IN: 1:30	TIME OUT: 3:00	INSPECTIO non-C		STAT	TUS:
NEDS NUMBER: Non		3.00	Hon-C	<i>D</i> 3		
SOURCE DESCRIPTION		Cleaner				
	Reyes					
The previous owner of	•			111: 1		1 4
Mr. Luis Reyes. The cleaner from the Preminew owner, Mr. Reyes and the machine is the I gave Mr. Reyes a newould be expected to Mr. Kurji said he is ghad been working as a The first inspection for	ier Cleaner a m, who told me same one used otification form to to meet the regoing to send of manage for the	nonth ago). That the new for the leading to the leading to the form see Bayside Clean	Today I stopped facility's name leaners. It is calendar foon and he is aners on Gunn	d by this fate is registered.  I also extended familiar words.	cility and med as D' Gal	et with the la Cleaners im what he
INSPECTED BY:	Roger Z	hu		D/	ATE: Oct 5	5, 1998

## Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. I denity Owner/Company Ivanic (Ivanic of corporation	A A A A A A A A A A A A A A A A A A A
Luis Reyes-owner	DEC ED
2. Site Name (For example, plant name or number):	Dr. FD
D'GALA Bry Cleane	Buren 1 1948
3. Hazardous Waste Generator Identification Number:	& Mar Air Air
	& Mobile Sources
4. Facility Location: Street Address: 14837 Novyn T	Lorida Ave
City: TAMpa, FZ. County: H	illshorough Zip Code: 33613
5. Facility Identification Number (DEP Use):	
	- 054/213
Responsible	Official
6. Name and Title of Responsible Official:	
Luis Reyes-Owne	
7. Responsible Official Mailing Address: Cleane Organization/Firm: DGALA	rs
Organization/Firm: DGALA C/CAME Street Address: 14837 Novyh Flor	ridy AUC
City: 4Am pa County: A	Hillshovouth Zip Code: 33613
8. Responsible Official Telephone Number:	
Telephone: (813) 264 0675	Fax: ( ) -
Facility Contact (If different fr	om Responsible Official)
9. Name and Title of Facility Contact (For example, plant	manager):
SAME AS ABOUG	
10. Facility Contact Address:	
Street Address:	_
City: County:	Zip Code:
11. Facility Contact Telephone Number:	Fav. (
Telephone: ( ) -	Fax: ( ) -

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057 1213

1(a)(1) Odd date control device installed If some as purchase date, add

Should not be marked. Warbout and initial

Responsible Official sign and date for changes made. p/6

12/17/98 Stoke to Luis keyes and he stated that the dry to dry martine has a refrigerated condenser as a control device

#### **Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		1198							ı
(2) w/ carbon adsorber					a. ·				
(3) w/ no controls					,				
Washer Unit		<u> </u>	<u>'                                    </u>						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								·	
(7) w/ ref. condenser			•		1				
(8) w/ carbon adsorber							_		
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									1
(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?  [] gallons  (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's sou		eleccification	based on the	defii	nitions found	in section (3	) of 1	Dow 112	

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4. What control technology is required on machines (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 []	
	₹
	nits shall not be eligible to use the general permit pursuan hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring as	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring [ ]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Calibration

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

## Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain ti comply wit	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. 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.  In purply notify the Department of any changes to the information contained in this notification.
Signature	27 ct. Oct/20/98

I don't have an ID number for the waste disposal yet. Due to the fact that they haven't picked anything up. As soon as they do, I will get the number and send the information to you.

RECEIVED

DEC - 1 1998

Bureau of Air Monitoring & Mobile Sources

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $X$	COMPL	.AINT/DISCOVER	.Y F	RE-INSPECTION
TIME IN: 95000 TIME OUT:	11:15	AIR	SID#: 5712	-13
TYPE OF FACILITY: PERC DRY C	LEANER			
			TDA'	TE: 12/22/98
11022 11 54	wide	2110	DA	1E. / / / / / / / / /
Tampa, FL			1.0	7) 7/1
RESPONSIBLE OFFICIAL: Luis Reyes		PHONE	NUMBER: (81	3) 264-0675
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Florida		_	ction, the facility i	s found to be in
Based on the results of the compliance require discrepancies were noted:	ements evaluate	d during this inspe	ction, the followin	g compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-	UP ACTION	REQUIRED
THE TEMP. GAUGE WAS N	OT	NEGO T	OKAS PAC	CONE
COUND ON THE MACHINE		IF NECGS	SARY	1 3 1999
			' NAL '	1 5 1777
SUST BEGAN THE ROCORD	KEGPWG	RGTINSP	25-CBjureau of & Mob	Air Monitoring sile Sources / S
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	1			
	1			
COMMENTS:				•
		0-2	<b>T</b> = 0	
A NEW FACILITY	70057	PERMI	167)	
			_	
The Annual Compliance Certification form has been			the inspector.	YES NO NO
DATE OF NEXT INSPECTION:	60	DAYS		
	(App	roximate)		
INSPECTION CONDUCTED BY:	R06	ER ZHO	)	
		ase Print)		
INSPECTOR'S SIGNATURE: Regu	-Mu	- PHON	E NUMBER:	813) 272-553-0
<u> </u>				
	Pageo	<b>f_</b>		Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	D D	COMPLAINT/DISC	OVERY	
AIRS ID#: 57/2/3  FACILITY NAME:	DATE: 12/22/9-	8 TIME I	N: 4:00 TIM	е оит: <u>/</u>	1:15
FACILITY LOCATION: 1	4837 N. 1- Tampa F	L01100	13		
FACILITY NAME:	Luis Reye	20	PHONE: (813)	264-0	675
CONTACT NAME:	Name	· · · · · · · · · · · · · · · · · · ·	PHONE:	lame	
PART I: NOTIFICATION					
(check appropriate box)			,		
New facility notified DARM			N/A		
2. Facility failed to notify DAR	M to use general permi	it		-	ם
PART II: CLASSIFICATION	٧ .				
Facility indicated on notificati (check appropriate box)			☐ No notification for ☐ Drop store/out of }		roleum
Facility indicated on notificati	rce 2. /yr dr	ransfer only, $x$ oth types, $x < x$	☐ Drop store/out of the area source x < 140 gal/yr < 200 gal/yr		roleum
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	ion form that it is:  ree	ry-to-dry only, ransfer only, x oth types, x < constructed on  New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of the area source x < 140 gal/yr < 200 gal/yr 140 gal/yr	ousiness/pet	roleum
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 ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	ion form that it is:  rce	ry-to-dry only, ransfer only, x oth types, x < constructed on  New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	Susiness/pet	roleum
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 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classification.	ion form that it is:  rce	ry-to-dry only, ransfer only, x oth types, x < constructed on  New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on  Y	Drop store/out of the rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine above	pusiness/pet	roleum

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 <b>X</b> INA
2. Examining the containers for leakage?	DY DN <b>W</b> N/A
3. Closing and securing machine doors except during loading/unloading?	AN □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 refu (complete A below).	rigerated 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 mit installed prior to September 22, 1993	~ 1
If classification 4 has been checked, the machine should be equipped with a refu (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?	ØY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON SONA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? JUST STARTED TO RECORD	אולם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MIGHT NGED TO INSTAUL A GNIGE	OY OMN ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y <b>X</b> 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?	ΩΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□и	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПҮ	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ロN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	SAY ON		
2. Maintained rolling monthly averages of perc consumption?	DÁY ON		
3. Maintained leak detection inspection and repair reports for the following:	. "		
a. documentation of leaks repaired w/in 24 hrs? or;	אמפן אם צם		
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 DYNA		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PAN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	אוא <b>אַ</b> אם אם אַ		
Problem corrected?	AVMED NO YO		
8. Maintained compliance plan, if applicable?	רע עם ארם אין A		

PART VI: LEAK DETECTION AND R	CDAIDC			
Does the responsible official conduct a v     inspection?	veekly (for small sources, c	n-weekly) leak delection ar	ю геран <b>⊠</b> У	מם
2. Has the facility maintained a leak log?	STARTED TO R	CLOND	<b>X</b> Y	
Does the responsible official check the form	ollowing areas for leaks?		hrs 1	
•	onowing areas for reaks:	•		
Hose connections, fittings, couplings, and valves	N/A	Muck cookers	AYY DI	N/A
Door gaskets and seating	MY ON ON/A	Stills	ØY □N	J □N/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØYY □N	1 □N/A
Pumps	QY ON ON/A	Diverter valves	ØYY □N	√N/A
Solvent tanks and containers	MAY ON ON/A	Cartridge filter housings	<b>Q</b> Y 01	1 □N/A
Water separators	QU ON ON/A			
4. Which method of detection is used by th	e responsible official?			
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)			<b>₽</b> į	
Odor (noticeable perc odor)			Бф	
Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)		
Halogen leak detector			<b>.</b>	
If using direct-reading instru	mentation, is the equipm	ent:	□N/A	
a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?		7
	andard gas prior to and aft	er each use		
(PID/FID only)?				1
c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?		7
d. Kept in a clean and se	cure area when not in use?			<b>1</b>
e. Verified for accuracy t	by use of duplicate samples	(calorimetric only)?	OY O	Ŋ
	•	<del> </del>		
		,		

ROGER ZHU	12/22/98
Inspector's Name (Please Print)	Date of Inspection
loser Bh.	60 DAYS
Inspector's Signature	Approximate Date of Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION REECTION COMMI		SBOROUGH	COUNTY	
FACILITY: D'Gala Dr	y Cleaners		,	PAGE	1 OF	1
FACILITY ADDRESS:	14837 N. Flor	rida Avenue		CITY: Ta PHONE:	ampa (813) 264-06	75
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 3361	3
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STA	
Dec 22, 1998	9:00	11:15	non-C	DS	Min	
					Out Con	npliance
NEDS NUMBER: 5712	213					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Luis	s Reyes		-			
Today's visit was t	o conduct the	first annual	inspection a	ifter we	received the	permitted
notification from FDEP yesterday.						
During my inspection, I couldn't find any gauge for measuring the exhaust temperature of						
condenser in order to n	neet the contro	l requirement.	As I pointed	out such c	ompliance d	iscrepancy
to the responsible of	ficial, Mr. Re	eyes, he said	he'll check	with the	person who	does the
maintenance and install a temperature gauge if this machine doesn't have one. Mr. Reyes told me						

Also, Mr. Reyes mentioned that he is looking for a new machine right now and he expects to get one no later than the end of January, 1999.

he'll let me know what he finds out.

I left a 1999 Compliance Calendar for Mr. Reyes to keep the records. I'll re-visit this facility within 60 days to check the record keeping and follow up on whether need to install a temperature gauge or not.

INSPECTED BY: Roger Zhu DATE: Dec 22, 1998

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY	Ď. R	E-INSPECTION	4 🗌
TIME IN: 9:30	TIME OUT:	11=15	AIRS II	D#: 571	213	
TYPE OF FACILITY:	PERC DRY C	LEANE	<u> </u>			
FACILITY NAME:		CLEANE		DAT	E: \	99
FACILITY LOCATION:	4837 N. FLOR	UDA A	VE		<del></del> ,,	
	TAMPA, FL	33613				
RESPONSIBLE OFFICIAL:_	LUIS REYES		PHONE N	JMBER: (817	3) 264 - 00	675
	of the compliance requireme P Rule 62-213.300, Florida A			on, the facility is	s found to be in	
Based on the results discrepancies were n	of the compliance requirement oted:	ents evaluated	during this inspection	n, the following	g compliance	
COMPLIANCE RE	QUIREMENT/PROBI	LEM	FOLLOW-UI	PACTION I	REQUIRED	
					Burea &	₹ []
					EB 1 2 u of Air Mobile 3	CEIV
					1999 Monitoring Sources	F D
COMMENTS: The	oid maehine eks ago	was rep	placed bu	1 a nei	v one_	
The Annual Compliance Cert	ification form has been prop	perly certified	and submitted to the	inspector.	YES N	io N/
DATE OF NEXT INSPECT	ION:	(Approx	cimate)			
INSPECTION CONDUCTE	ED BY:	<u>`</u>	~ Zhu			
INSPECTOR'S SIGNATUR	RE: Roje M	(Please	Print) PHONE N	UMBER: (8	13)272-	553 <i>0</i>
		Page of_	· •		Re	vised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	о од.:	COMPLAINT/DIS	COVERY	<b>×</b>	
AIRS ID#: 57/2/3  FACILITY NAME:  FACILITY LOCATION:  RESPONSIBLE OFFICIAL  CONTACT NAME:	TAMPA, FO	L 3361	3			
(check appropriate box)  1. New facility notified DA  2. Facility failed to notify I	RM 30 days prior to startu			,	0	
PART II: CLASSIFICAT  Facility indicated on notificated (check appropriate box)			☐ No notification 1 ☐ Drop store/out o		etrolew	m
<ol> <li>Existing small area dry-to-dry only, x &lt; 140 transfer only, x &lt; 200 gas both types, x &lt; 140 gal/y (constructed before 12/9)</li> <li>Existing large area and dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9)</li> <li>This is a correct facility</li> </ol>	gal/yr d  l/yr tr  r b  /91)  source □ 4  ≤ 2,100 gal/yr d  1,800 gal/yr b  800 gal/yr b  /91)	-/-	x < 140 gal/yr 5,200 gal/yr 40 gal/yr or after 12/9/91)		FEB 1 2 1999	RECEIVED
	the appropriate classificati	on: al permit as nu		<i>1.5</i>		

Revised 8/11/97

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?	YOY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
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 refri (complete A below).	gerated 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 must 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).	gerated 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 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?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

				<u>/</u>
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?	ØΥ	_ □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	מם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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 adsorber, if machines are equipped with a carbon adsorber?	ΟY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□K	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	UN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	۵N	□N/A
_				
PA	ART V: RECORDKEEPING REQUIREMENTS			
1	as the responsible official: neck appropriate boxes)	<del></del>	=	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	מם אם
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)	OY ON ON/A
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
S. Maintained compliance plan, if applicable?	AMO NO YO

PART VI: LEAK DETECTION AN	D REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DX DN		
2. Has the facility maintained a leak l	og?		NO YO		
3. Does the responsible official check	the following areas for leaks?				
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A		
Solvent tanks and containers	מעם מם צם	Cartridge filter housings	□Y □N □N/A		
Water separators	OY ON/ON/A				
4. Which method of detection is used	by the responsible official?				
Visual examination (condense	ed solvent on exterior surface	s)	<b>.</b> .		
Physical detection (airflow fel	Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct reading instrumentation, is the equipment:			□N/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	t a standard gas prior to and	after each use			
(PID/FID only)?		om a supaklu hasi-9			
	s and obvious signs of wear o	-			
	nd secure area when not in us				
e. Venned for accur	racy by use of duplicate sample	ies (caionineuric only)?	OY ON		
ROGER ZHU 1/20/99					
Inspector's Name (Please	Print)	Date of Inspe	ection		
Rogers	m	( YE	AR		
Inspector's Signature		Approximate Date of	Next Inspection		

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					<u>-</u>	<del></del>		<del></del> 1
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: D' Gala Cleaners PAGE 1 OF 1								
FACILITY ADDRESS: 14837 N. Florida Avenue CITY: Tampa							ᅦ	
				PHONE:	<u> </u>			_
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP:	33613		╝
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATUS	3:	
Oct 5, 1998	1:30	3:00	non-C	DS				_
NEDS NUMBER: 5712	213						,	
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			•			
CONTACT(S): Luis	s Reyes							
The previous owner of	of the Terrace	Cleaner. Mr. 1	Hanif Kurji, so	old his bus	iness a	t this loc	ation	to
Mr. Luis Reyes. The		=	•					ll ll
cleaner from the Prem		-				_		. 11
new owner, Mr. Reyes	, who told me	that the new f	acility's name	is register	ed as I	O' Gala (	Cleane	rs
and the machine is the	same one used	l by Terrace C	leaners.			•		
I gave Mr. Reyes a no		-	iance calendar	. I also ex	plained	d to him	what l	ıe 🏻
would be expected to d		-						
Mr. Kurji said he is going to send out the form soon and he is familiar with the rule because he						ie		
had been working as a	_			=				ŀ
The first inspection for this facility will be conducted within 60 days.								
Follow-up on 1/20/99: Mr. Reyes told me over the phone that the old machine in this facility was						ae		
replaced by a new one two weeks ago. I went there today to record the new machine's information								
as follows: REALSTAR RS 323 ECO with the SN 39-18-643.								
The initial fill-up of perc was 160 gallons. The machine was in normal operation during my visit.								
I told Mr. Reyes that he	_			-		_	,	
			•		<b>.</b>			
	•							
						Bur	)	
						Bureau of , & Mobi	FEB	
			•			<b>1</b> obi	C	ľ

FEB 1 2 1999

Bureau of Air Monitoring

& Mobile Sources

INSPECTED BY: Roger Zhu DATE: Oct 5, 1998

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 9:00 AM	TIME OUT:	10:AM	AIRS ID#:	0571213
TYPE OF FACILITY: Per				
FACILITY NAME: D' G		eaners		DATE: Dec. 16, 199
FACILITY LOCATION: 148	37 N. Flori	da A.O		DHIL. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		3613		
	<i>i</i> 33	- ۱ ای د	DITONE NUMBER	ER: (813) 264-06 75
RESPONSIBLE OFFICIAL:	CII) KEGES		PHONE NUMBE	1. (813) 264 - 06 73
	the compliance requirem Rule 62-213.300, Florida			e facility is found to be in
Based on the results of discrepancies were note	the compliance requiremed:	ents evaluated dur	ing this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIRED
	<u></u>			Burgar Jan CK
				A COME SOME SOME
				)es
COMMENTS:		•		
		,		
	•			
				N.
The Annual Compliance Certific	cation form has been pro	operly certified and	I submitted to the insp	ector. YES NO
DATE OF NEXT INSPECTIO	)N:	1 4241		
		(Approxim	ate)	
INSPECTION CONDUCTED	BY: Mohama	nad Nozar		
INSPECTOR'S SIGNATURE	: N. NO Razi		PHONE NUME	BER: (\$13)272-596 U
		3		
		Pageof		Revised 1

AIRS ID#: 0571213

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: D'Gala Dry Cleaner DATE: 12/16/99 FACILITY LOCATION: 14837 NOTTH Floridy A.
FACILITY LOCATION: 14837 NorTh Florida A.
Tompa, El 33613
Annual Reporting Period: December 22, 1999 TO December 16, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Pfint)  Signature  Date

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

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>X</b>	COMPLAINT/DISC	COVERY			
AIRS ID#: 057/213 DATE: 12-16-99 TIME IN: 9:00AM TIME OUT: 10:00AM  FACILITY NAME: D'GHIA DOY Cleuners							
FACILITY LOCATION: 19	1837 N. F	-lozicla	And	_			
	mpa, 7-1 3						
RESPONSIBLE OFFICIAL :	(VIIS Ke	yes_	_ PHONE: <u>(813)</u>	264-0	675		
CONTACT NAME:	Sane	, 	PHONE:	core ·			
PART I: NOTIFICATION							
(check appropriate box)							
New facility notified DARM	30 days prior to starts	up	NIA				
2. Facility failed to notify DARI	M to use general pern	nit ·	19711				
DADTIL OF ACCIDICATION	т '			1.			
PART II: CLASSIFICATION				1,			
Facility indicated on notification		· · · · · · · · · · · · · · · · · · ·	☐ No notification for ☐ Drop store/out of		roleum		
Facility indicated on notification (check appropriate box) A.	on form that it is:	<u>·                                      </u>	☐ Drop store/out of	f business/pet	roleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour	on form that it is:	2. New small	☐ Drop store/out of area source		troleum		
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ Drop store/out of area source y, x < 140 gal/yr	f business/pet	roleum		
Facility indicated on notification (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	on form that it is:	dry-to-dry only transfer only, both types, x <	☐ Drop store/out of area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	f business/pet	troleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	on form that it is:	dry-to-dry only transfer only, both types, x <	☐ Drop store/out of area source y, x < 140 gal/yr x < 200 gal/yr	f business/pet	roleum		
Facility indicated on notification (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	on form that it is:  ce	dry-to-dry only transfer only, both types, x < (constructed o  4. New large dry-to-dry only transfer only, both types, 14	☐ Drop store/out of area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	f business/pet	troleum		
Facility indicated on notification (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, 140 ≤ x ≤ 1,800 goth	ce   100 gal/yr 10 gal/yr gal/yr	dry-to-dry only transfer only, both types, x < (constructed o  4. New large dry-to-dry only transfer only, both types, 14	Drop store/out of area source  y, $x < 140$ gal/yr  x < 200 gal/yr  140 gal/yr  n or after 12/9/91)  area source  y, $140 \le x \le 2,100$ gal/yr $1,000 \le x \le 1,800$ gal/yr $1,000 \le x \le 1,800$ gal/yr	f business/pet	troleum		
Facility indicated on notification (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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility club of the second constructed before 12/9/91)	on form that it is:  ce	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14 (constructed of the dry-to-dry only) both types, 14 (constructed of the dry-to-dry only) both types, 14 (constructed of the dry-to-dry only) both types, 14 (constructed of the dry-to-dry-dry-dry-dry-dry-dry-dry-dry-dry-dry	□ Drop store/out of area source  y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ In or after $12/9/91$ )  area source  y, $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ In or after $12/9/91$ )  □ Can not determine	f business/pet	troleum		

Revised 8/11/97

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MA ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ONIA
	Is the temperature differential equal to or greater than 20° F?	DY DN BN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DNIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN WN/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?	DY ON DENIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	MY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN WON/A

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

PA	ART VI: LEAK DETECTION AND R	EPAIRS					
1.	Does the responsible official conduct a	weekly (for small sources,	, bi-weckly) leak detection an	nd repair			
	inspection?			tery □N			
2.	Has the facility maintained a leak log?			DEY □N			
3.	Does the responsible official check the f	ollowing areas for leaks?		,			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills .	DY ON ON/A			
	Filter gaskets and seating	ZY ON ON/A	Exhaust dampers	ZY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	DAY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DAY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	olvent on exterior surfaces	s)	<b>12</b>			
	Physical detection (airflow felt the	ough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □						
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equip	ment:	□N/A			
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	DΑ Ομ			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	after each use	מס/צם			
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	אם אם			
	d. Kept in a clean and so	ecure area when not in us	e?	DY ON			
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON			
			•				

Inspector's Name (Please Print)

M. NO 3 CM

Inspector's Signature

December 16, 1999

Date of Inspection

Approximate Date of Next Inspection

FNVIRON	I NMENTAL PROT	INSPECTION RE		SBOROLIGH (	COUNTY	
FACILITY: D' Gala Cle		ECTION COMM	iodion of files.	PAGE 1		
FACILITY ADDRESS:	559 West Brand	lon Boulevard		CITY: Tam PHONE: (8	npa 313)264-0675	
MAILING ADDRESS: 1	4837 North Flo	orida Avenue	CITY: Tampa	FLA	ZIP: 33613	
INSPECTION DATE: December 16, 1999	TIME IN: 9:00AM	TIME OUT: 10:00AM	INSPECTIO Annu		STATI In Comp	
NEDS NUMBER: 05712	213				•	
SOURCE DESCRIPTIO	N: Perchloroeth	ylene (perc) D	ry Cleaner			_
CONTACT(S): Mr. Luis	Reyes					
<ol> <li>The record keeping</li> <li>The gauge tempera</li> <li>The vicinity around</li> <li>The Perc was loade</li> <li>The monthly average the current year, the</li> <li>The machine was in</li> <li>The waste from the disposed in accordance</li> </ol>	ture reading we the dry cleanid directly with ges for percontry did not purch operation tode dry cleaning reading read	as recorded wing machine was a hookup cornsumption was hase any percay. No leaks machine was p	reekly with an vas very clean innection. No construction is recorded conto date.  or odors were	average of and well made ontainer of rectly for the noticed.	aintained. Perc was at the past year a	and for
					\	;
		·				·

DATE:

December 16, 1999

INSPECTED BY:

Mohammad Nozari

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

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 14:30 TIME OUT: 16:1  TYPE OF FACILITY: PERC DRY CLEANET	
	NERS DATE: 12/1/00
FACILITY LOCATION: 14837 N. FLORIDA TAMPA, FL 33	
RESPONSIBLE OFFICIAL: LUIS REYES	PHONE NUMBER: (813) 264 - 0675
L	PHONE NUMBER: (8.3)
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 evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	E MODILION DE LA COMPANION DE
·	
	Sources
<del></del>	
COMMENTS:	
· · · · · · · · · · · · · · · · · · ·	· .
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION:	proximate)
INSPECTION CONDUCTED BY:	OCER ZHU
INSPECTOR'S SIGNATURE: Rose Mr.	ease Print) ——PHONE NUMBER: (813) 272-5530
Page	of Revised 10/96

AIRS ID#: 57/2/3

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from				
Annual Reporting Period:  Dec 17  19 99 TO  Dec 1  20  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:	FACILITY NAME: D'GALA	DRY CLEANERS	DATE	12/1/00
Annual Reporting Period:  Dec 17  19 99 TO  Dec 1  20  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:	FACILITY LOCATION: 14837	N. FLORIDA AVE		·
Annual Reporting Period:  Dec 17  19 99 TO  Dec 1  20  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:	TAMPA	, FL 33613		
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. DYES NO If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Exact period of non-compliance: from				
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from	Annual Reporting Period: Dec	17 19 99 TO	Dec 1	20 00
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from	•	-	4-/	_
Exact period of non-compliance: from	If NO, complete the following:			
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above  Exact period of non-compliance: from	#1. Term or condition of the general permit	that has not been in continuous compl	liance during the reporting per	iod stated above:
Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Exact period of non-compliance: from	Exact period of non-compliance: from		to	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above.  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	Action(s) taken to achieve compliance:	· ·	•	
Exact period of non-compliance: from	Method used to demonstrate compliance:		·	
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 comp	oliance during the reporting pe	riod stated above:
Method used to demonstrate compliance:	Exact period of non-compliance: from		to	
Method used to demonstrate compliance:	Action(s) taken to achieve compliance:			
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date	made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annual codoes not exceed 2,100 gallons per ye	onsumption of perchloroethyle	ne solvent, based

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

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#: 57/2/3 DATE: 12/1/	10-0 TIME IN: 14:30 TIME OUT: 16:10						
AIRS ID#: 57/2/3 DATE: 12/1/00 TIME IN: 14:30 TIME OUT: 16:10  FACILITY NAME: D'GALA DRY CLEANERS							
FACILITY LOCATION: 14837 N. FLORIDA AVE  TAMPA, FL 33613							
TAMPA,	TAMPA, FL 33613						
RESPONSIBLE OFFICIAL: LUIS REYES PHONE: (813) 264-0675  CONTACT NAME: PHONE: SAME							
CONTACT NAME:SAME	PHONE: SAM E						
PART I: NOTIFICATION							
(check appropriate box)	Facility Compliance Status: IN 🗆						
1. New facility notified DARM 30 days prior to star	tup 💆 (ARMS Data) MNC 🗆						
2. Facility failed to notify DARM to use general permit □ SNC □							
PART II: CLASSIFICATION							
Facility indicated on notification form that it is:							
(check appropriate box)	☐ 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 transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (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 transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed on or after $12/9/91$ )							
5. This is a correct facility classification DY DN DCan not determine							
If no, please check the appropriate classific	ation:						
facility qualified for a gen	neral permit as number above						
facility exceeds above lin	nits 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 58.5 gallons.							

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

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) **Ø**Y □N 1. Maintained receipts for perc purchased? ØY □N 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN **M**N/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN **X**N/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? $\mathbf{A}$ 6. Maintained startup/shutdown/malfunction plan? DY DN ANA 7. Maintained deviation reports? DY DN XXN/A Problem corrected? DY DN XXN/A 8. Maintained compliance plan, if applicable?

DADT VI. LEAV DETECTION AND	OFBAIDS				
PART VI: LEAK DETECTION AND I		Ei waalda bab daaasi a			
•	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			<b>M</b> Y □N		
2. Has the facility maintained a leak log?			<b>A</b> YY . □N		
3. Does the responsible official check the	3. Does the responsible official check the following areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	YY ON ON/A		
Door gaskets and seating	AND ND YA	Stills	Y ON ON/A		
Filter gaskets and seating	A'NO NO YA	Exhaust dampers	MY ON ON/A		
Pumps	ANO NO Y	Diverter valves	<b>9</b> 1Y		
Solvent tanks and containers	AND NO VA	Cartridge filter housings	XY ON ON/A		
Water separators	<b>∮</b> Y □N □N/À				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	solvent on exterior surfac	es)	<b>A</b>		
Physical detection (airflow felt the	hrough gaskets)	,	₩		
Odor (noticeable perc odor)			<b>5</b> 4		
Use of direct-reading instrument	ation (FID/PID/calorimet	tric tubes)	<u> </u>		
Halogen leak detector			a ·		
If using direct-reading inst	rumentation, is the equi	pment:	M/A		
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□У □И		
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and	secure area when not in u	se?	OY ON		
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	ПА ПИ		

ROGER ZHU	12/1/00
Inspector's Name (Please Print)	Date of Inspection
Rosershu	1. YEAR
Inspector's Signature	Approximate Date of Next Inspection

Revised 07/28/00

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: D'Gala Dry Cleaners PAGE 1 OF 1					1	
FACILITY ADDRESS: 14837 N. Florida Avenue			CITY: Tar PHONE: (	mpa 813) 264-067	75	
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33613	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:
Dec 1, 2000	14:30	16:10	non-C	DS	In Comp	oliance
NEDS NUMBER: 5712	213	•				
SOURCE DESCRIPTIO	N: Perc Dry C	leaner				
CONTACT(S): Luis	Reyes	-		•		
Today's visit was to on the facility is clean. The machine has been	The machine i	s well maintai	ned. No odors			
				•		·
. *						·
				•		
	-					
				,		
INSPECTED BY:	Roger Zhu			DA	TE: Dec 1	, 2000

**BEST AVAILABLE COPY** 

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



7003 0500 0004 0144 3490





SENDER DEDARK

UNDELIVERABLE AS ADDRESSED FORWARDING ORDER EXPIRED

10 057121300 AG
D'GALA DRY CLEANER
LUIS REYES
13906 W HILLSBOROUGH AVENUE
TAMPA IL 33513

SEP 1 7 2003

& Mobile Sources

DGAL906

336353212 1N 21 09/12/03 RETURN TO SENDER

REYE906 336353212 1N 21 09/12/03 RETURN TO SENDER

> NO FORWARD ORDER ON FILE UNABLE TO FORWARD RETURN TO SENDER

3490		Service <sub>TM</sub> D MAIL <sub>TM</sub> RECEIPT  Only; No thsurance Coverage Provided)	
+	For delivery inform	nation visit our website at www.usps.com <sub>8</sub>	
1744	OFF	FICIAL U,SE	
	Postage	* 23'	
4000	Certified Fee	1 1 1 2 2 2 2	
	Return Reciept Fee (Endorsement Required)		
0 2 0 0	Restricted Delivery Fee (Endorsement Required)		
m	Total Pos' 10	0571213001AG LA DRY CLEANER	
700	Sent To LUIS I	REYES	1
~		W HILLSBOROUGH AVENUE	1
	or PO Box I TAMP	A, FL 33613	
	PS Form 3800, June 200	O2 See Reverse for Instructions	1
200	ONCE SECTION OF THE S	TOWN	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: 0571213001/kG	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
D'GALA DRY CLEANER LUIS REYES 13906 W HILLSBOROUGH AVENUE	
TAMPA, FL 33613	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
  -	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 0500 0004 01	44 3490

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
品	7				
1220		ICIAL	. USE		
7976	Postage	\$			
2	Certified Fee		Postmark		
7	Return Receipt Fee (Endorsement Required)		Here		
1000	Restricted Delivery Fee (Endorsement Required)	_			
0320	Totel name of Sana	&       AIRS ID # 057	1213		
03	Sent D'GALA DRY				
į.	Stree 14837 NORTH	H FLORIDA AVE			
7007	or PC TAMPA FL 33613	TI BOMDA AVE			
<u> </u>	PS F		Instructions		

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print'your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  C. Signature  A Received by Aflease Print Clearly)  C. Signature  A Algent  Addressee  D. Is delivery address different from item 1?   Yes If YES, enter delivery address below:   No    AIRS ID # 0571213  D'GALA DRY CLEANER  LUIS REYES  14837 NORTH-FLORIDA AVE  TAMPA FL  33613  3. Service Type    Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.    4. Restricted Delivery? (Extra Fee)   Yes    PS Form 3811, July 1999  Domestic Return Receipt 102595-99-M-1789	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
AIRS ID # 0571213 D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613  3. Service Type C Certified Mail	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	C. Signature  Agent  Addressee
3. Service Type 3. Service Type C Certified Mail	AIRS ID # 0571213 D'GALA DRY CLEANER LUIS REYES	
7001 0320 0001 7976 1220	TAMPA FL	Certified Mail
the state of the s		4. Restricted Delivery? (Extra Fee)
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	7001 0320 0001 7976 1220	
	PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	2 C C C C C C C C C C C C C C C C C C C	
	Postage \$	. Postmark
j	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Here
	All D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613	RS ID # 0571213
ritem 4 if Rest Print your nar so that we ca Attach this ca	PSIFORM 48007 FEBRUAY 2000*  SSENCOV NUMBER 30 THOM 31  3dO 13ANE 40 dot 14 HEADILS 5  ms 1, 2, and 3. Also complete ricted Delivery is desired. me and address on the reverse an return the card to you. and to the back of the mailpiece, at if space permits.	A. Veceived by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addres
Article Address	AIRS ID # 0571213	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
	LORIDA AVE	3. Service Type Certified Mail  Express Mail

I	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
8442		ICIAL	JSE	
40			. USE	
75	Postage	\$		
797	Certified Fee			
	Return Receipt Fee (Endorsement Required)		Postmark Here	
000	Restricted Delivery Fee (Endorsement Required)			
0	Total B. DICAL A.D	AIKS ID # Ü	5/1213	
凸		RY CLEANER		
0350	Sent To LUIS REY	CES RTH FLORIDA AV	E	
r-7	Street, At TAMPA F	L		
7003	or PO Bo. 33613 City, Stati			
	80.5			
	PS Form 3800, January 20	01	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.  Print your name and address on the reverse counting we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1 Article Addressed to:  AIRS ID # 0571213	A. Received by (Please Print Clearly)  B. C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:	Agent Agent Addressee Yes No
UIS REYES L 4837 NORTH-FLORIDA AVE AMPA FL 33613''	3. Service Type  Certified Mail	or Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes

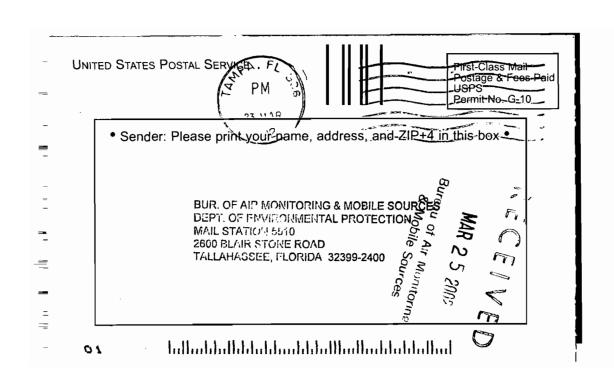
#### **BEST AVAILABLE COPY**

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

 DAEMMOBILE SOURCE CONTROL PROGRAMS
 DEPT. OF ENVIRONMENTAL PROTECTION SOMALL STATION 5510
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

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#### **U.S. Postal Service CERTIFIED MAIL RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided) 9040 Postage ш Certified Fee Postmark 0050 AIRS ID# 0571213 D'GALA DRY CLEANER 0550 LUIS REYES 8210 N LOIS AVE (ler) TAMPA FL 33614-2539 7000 PS Form 3800, February 2000 See Reverse for Instructions то тне віснт оғ ветиви Арряеss. PLACE STICKER AT TOP OF ENVELOPE S SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, ☐ Addressee □ or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1 Article Addressed to: ☐ No If YES, enter delivery address below: AIRS ID# 051213 D'GALA DRY CLEANER LUIS REYES 3. Service Type 8210 N LOIS AVE Certified Mail Registered ☐ Express Mail TAMPA FL 33614-2539 ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes



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

406073 FEB23 2091

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**

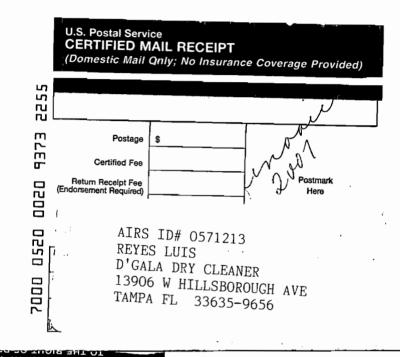
Do NOT Remove Label

AIRS ID # 0571213

D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



PLACE STICKER AT TOP OF ENVE NOITO SIHT ATALAMOD : SADUAS	COMPLETE THIS SECTION (	ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reviso that we can return the card to you.</li> <li>Attach this card to the back of the mails or on the front if space permits.</li> </ul>	erse C. Signature	2-14-0 2 Agent
AIRS ID# 0571213 REYES LUIS D'GALA DRY CLEANER	If YES, enter delivery addre	ess below:
13906 W HILLSBOROUGH AVE TAMPA FL 33635-9656		oress Mail urn Receipt for Merchandise
	4. Restricted Delivery? (Extra	Fee)
2 Article Number (Copy from service lebel) 9:	373 2255	
PS Form 3811 July 1999	Domestic Return Receipt	102595-99-M-1789

7

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

DEFENSION SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Sources



#### P 174 052 516

# US Postal Service Receipt for Certified Mail

D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613

	Postage	\$
PS Form <b>3800</b> , April 1995	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	\$
Form 3	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  21:21:00  C. Signature
or on the front if space permits.	D. Is delivery address different from item 17  Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0571213 GALA DRY CLEANER UIS REYES	
1837 NORTH FLORIDA AVE AMPA FL 33613	3. Service Type  A Certified Mail
ANII A I L 33013	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
P174052 516	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

# Z 510 PPS 494

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to

AIRS ID # 0571213

D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613

1	Certified Fee	
S Form <b>3800</b> , April 1995	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	\$
S Form 3	Postmark or Date	

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.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signatre  Agent Addressee  D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:
AIRS ID # 0571213 D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE TAMPA FL 33613	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)  Z210662484	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



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

# **TÓTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0571213

D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA AVE **TAMPA FL 33613** 

JUN 15

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

•	US Postal Service Receipt for Cer No Insurance Coverage D'GALA DRY CLEA LUIS REYES 14837 NORTH FLOR TAMPA FL 33613	Provided. AIRS ID # 057 NER	1213	
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
IO.	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address	_		
3800,	TOTAL Postage & Fees	\$		
PS Form 3	Postmark or Date			
SENDER: COMPLE	top of envelope to	revo enil se pio-i the tight of the	I ON DEL	IVERY
SENDER: COMPLE  Complete items 1, 2, and item 4 if Restricted Delive Print your name and address that we can return the Attach this card to the bar or on the front if space pe	3. Also complete ry is desired. ess on the reverse card to you. ck of the mailpiece,	C. Signature  X  D. Is delivery address	se Print Clearly)	B. Date of Pelivery  Y   5   00  Agent  Addressee
Article Addressed to:		If YES, enter deliv		···· —
D'GALA DRY CLEANER LUIS REYES 14837 NORTH FLORIDA				
TAMPA FL 33613	3. Service Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Reco☐ C.O.D.	il eipt for Merchandise	
Z 210 663	185	4. Restricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number (Copy from se	rvice label)			
PS Form 3811, July 1999	Domestic F	eturn Receipt		102595-99-M-1789

Z 510 PP3 792