

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. George L. Sledge Manager McMullen Dry Cleaning 118 West Anglewood Drive Brandon, Florida 33511

Dear Mr. Sledge:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	George L + Maric M Sledge
2.	Site Name (For example, plant name or number):
	McMullen Dry Cleaning
3.	Hazardous Waste Generator Identification Number:
	#FLD 980846356
4.	Facility Location: Street Address: 7853 US 301 South
	Street Address: 7853 US 301 South City: Rivergley County: Hillsborough Zip Code: 33569
5.	Facility Identification Number (DEP Use):
	0541052
	0571053
	Responsible Official
6.	Name and Title of Responsible Official:
	George L Stedge Manager Porther
7.	Responsible Official Mailing Address:
	Street Address: 118 (A) Andrews A
	Responsible Official Mailing Address: Organization/Firm: MCMuller Dry Clean Street Address: 118 W. Amlewood Private City: Brandon Fla County: Hillsborough Zip Code: 335/1
8.	Responsible Official Telephone Number.
	Telephone: (813) 689^{-} 6997
	(813) 6714241
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	N/ /
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 27 1996

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

Symmetry to

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber	# <i>1</i>		Installed 12-NOV-93	#2	Purchased 08-DEC-91	Installed	ID #3	Purchased	Installed
(I) w/ ref. condenser	* (* .						110	<i>02-MAR-92</i>	02-MAR-9
(I) w/ ref. condenser	100								
` '		est e su e d	· Air · · · · ·	1	Tarana da Maria			The state of the s	M. 134.
(2) w/ carbon adsorber	#1	17Jun91	N/A						
(2) W carbon adsorber	1		7						
(3) w/ no controls									
Washer Unit			100						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								-	
Dryer Unit	. 3 ' 3		resili neme		The market of		7-	Arthur St.	
(7) w/ ref. condenser									,
(8) w/ carbon adsorber	1								
(9) w/ no controls									
Reclaimer Unit	-125	Programova	The state of the s		nik til ligger blev blev Vin spredt som				
(10) w/ ref. condenser			1						
(11) w/carbon adsorber									
(12) w/ no controls	 								
(b) Control devices are (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is less	quanti quanti gallo ths, he	equired to be ity of perchlo ons ow many? [_	installed [(perc)	purchased in				1

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

	at control technology is required in the state with an "X".)	ired on machines	pursuant to section (5) of	Part II of this notification form?
7	Existing large area source Carbon adsorber		Refrigerated condenser	
1/2	New small area source Refrigerated condenser			
· · · -}	New large area source Refrigerated condenser	نــــا		
	·			
to Rule		that all steam and	d hot water generating un	to use the general permit pursuant its on-site meet the following
boiler i		d exclusively by n	atural gas except for peri	10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
	am and hot water generating h units on-site	g units exempt		
		·		
	Equipm	ent Monitoring a	nd Recordkeeping Info	rmation
Check	all logs which are required	to be kept on-site	n accordance with the rea	quirements of this general permit:
(a) Pur	chase receipts and solvent p	ourchases		<u>.</u>
(b) Lea	k detection inspection and i	repair		
(c) Ref	rigerated condenser tempera	ature monitoring		
(d) Car	bon adsorber exhaust perc	concentration mon	itoring	
(e) Inst	rument calibration			
(f) Sta	rt-up, shutdown, malfunctio	n plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	Sufferider of Existing All Fermit(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)
لنا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement: maintain i comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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. Imply notify the Department of any changes to the information contained in this notification.
Signature	Date



Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

July 2, 2001

Mr. George L. Sledge McMullen Dry Cleaning 118 West Anglewood Drive Brandon, Florida 33511

Dear Mr. Sledge:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 2.

In reviewing your submittal, it was noted that McMullen Dry Cleaning elected to surrender its existing Title V air general permit (AIRS ID 0571053). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Shannon Bratcher

099044

Called on 3/31/97 at 4:20 talked to Marie M. Sledge. Bill Mc Mullen has not owned this business since 1985. Bill McMullen is marie's M Sledges father.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 0850	TIME OUT:	930	AIRS ID#:	571053
TYPE OF FACILITY: PERC	- Dry cit	ANER	·	
FACILITY NAME: Mc MC	ruon Dry	1 C1	EANING	DATE;
FACILITY LOCATION: 78	53 US. 31	01 5		<i>:</i>
2	WERVICH , 7	5.	33569	,
RESPONSIBLE OFFICIAL:	STORUT SITC)6t	PHONE NUMBE	r: 813 - 689 - 699
Based on the results of the compliance with DEP Rule				facility is found to be in
Based on the results of the c discrepancies were noted:	ompliance requirements	s evaluated	during this inspection, the	following compliance
COMPLIANCE REQUIR	EMENT/PROBLE	M	FOLLOW-UP AC	TION REQUIRED
•				
			· · · · · · · · · · · · · · · · · · ·	
				
COMMENTS:				
The Annual Compliance Certification	n form has been properly	y certified	and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION:_		1 4	12	
THOREOGRANI CONTRACTORS NO.	LERO	`	oximate)	
INSPECTION CONDUCTED BY:	Quel.		e Print)	
INSPECTOR'S SIGNATURE:	YWINL	·	PHONE NUMBI	ER: 813-272-5530

Page of .

Revised 10/96

AIRS ID#:	57	1053	
this in.			

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: M. MOLLE	EN DRY CETHNING	DATE: 5/72/97
FACILITY LOCATION: 7853	US 301 S.	<i>, , , , , , , , , ,</i>
River	VIEW, FL 33569	
Annual Reporting Period: OCT	19 ² 16 TO	5/22 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:	•	
#1. Term or condition of the general permit Machine not	//	pliance during the reporting period stated above:
Exact period of non-compliance: from	May 8, 97	to May 9, 97
Action(s) taken to achieve compliance:	Som Regrigerant	glas the compressor
Method used to demonstrate compliance:	Machine temperi	Tun cool down properly
#2. Term or condition of the general permit	that has not been in continuous comp	pliance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	·	
made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annual co	ed after reasonable inquiry, that the statements insumption of perchloroethylene solvent, based ar for dry-to dry facilities or 1,800 gallons per

*This form is made available to you as an aid in order to meet your annual compliance certification regularized its after discretion of the responsible official to use this form.

Page ____ of ____.

JUN 1 9 1997



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION) X I	COMPLAINT/DIS	COVERY	
AIRS ID#: 57(053 D	` `			ME OUT: _O	730
FACILITY NAME:MC	mullen [my C,	EANERS		
FACILITY LOCATION:	7853 U.S.	301 5	S.,		
	RIVERVIEW				
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARI	M by 9/1/96	•			X
2. New facility notified DARM 3	days prior to startup				a .
3. Facility failed to notify DARM	to use general permit				<u> </u>
PART II: CLASSIFICATION			V		
Facility indicated on notification (check appropriate box)	form that it is:				
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)	dry tra bot	r-to-dry only nsfer only, x h types, x<1	area source c, x<140 gal/yr c<200 gal/yr d0 gal/yr n or after 12/9/91)	0	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galboth="" galby="" only,="" td="" transfer="" types,=""><td>gal/yr dry l/yr tra r bot</td><td>t-to-dry only nsfer only, 2 h types, 140</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">x<1,800 gal/yr n or after 12/9/91)</x<1,800></x<2,></td><td></td><td></td></x<2,>	gal/yr dry l/yr tra r bot	t-to-dry only nsfer only, 2 h types, 140	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">x<1,800 gal/yr n or after 12/9/91)</x<1,800></x<2,>		
This is a correct facility classifica	tion 🏻 🗡	N□ N			
If no, please check the appropriat	e classification:				
	for a general permit a above limits and is not		above a general permit		
B. The total quantity of perchloro facility was gallons.	ethylene (perc) purcha	sed within	the preceding 12 mont	hs by this dry c	leaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? KOY ON MY ON 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YA 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ТОСУ ПИ 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXIA 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) MY DN 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 THY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY ON MINO condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	·
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?	ed OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
Is the temperature differential equal to or greater than 20° F?	NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
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?	מם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVAC NC YC
6. Routed airflow to the carbon adsorber (if used) at all times?	AMO NO YO
PART V: RECORDKEEPING REQUIREMENTS	
FART V. RECORDRECTING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	XX □N
Has the responsible official: (check appropriate boxes)	MACA CIN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	′
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	′
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	DAY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON DANA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	29Y ОИ УЗДУ ОИ
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	DY ON DANA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DAY ON DAY ON DAY ON DAY ON DAY ON DAY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DAY ON DAY ON DAY ON DAY ON DAY ON DAY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained deviation reports?	DAY ON DAY ON DAY ON DAY ON DAY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	DAY ON DAY ON DAY ON DAY ON DAY ON DAY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	DAY ON DAY ON DAY ON DAY ON DAY ON DAY ON

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed	solvent or	n exterior	surfaces)	X		
	Physical detection (airflow felt t	hrough ga	skets)		X		
	Odor (noticeable perc odor)				XI.		
	Use of direct-reading instrumen	tation (FII	D/PID/ca	lorimetric tubes)		10	
	If using direct-reading instrun	nentation,	is the e	quipment:			
	a. Capable of detecting	g perc vapo	or concer	ntrations in a range of 0-500 ppm?	ПY	□и	
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΟY	□и	
	c. Inspected for leaks a	ınd obviou	ıs signs c	f wear on a weekly basis?	ПY	□и	
	d. Kept in a clean and	secure are	a when r	not in use?	ΩY	□N	
	e. Verified for accurac	y by use of	f duplica	te samples (calorimetric only)?	ΩY	□N	
3.	Has the facility maintained a leak log	?			ПY	□и	
4.	Does the responsible official check the	e following	g areas fo	or leaks?			
	Hose connections, fittings, couplings, and valves	'SXY	□и	Muck cookers	K IY	ПN	
		1				·	
	Door gaskets and seating	- SADX	ΠИ	Stills	A	ПN	
	Filter gaskets and seating	MY	ПΝ	Exhaust dampers	PY	ПN	
	Pumps	(21.3)	ПИ	Diverter valves		Πи	
	Solvent tanks and containers	Ċ J Ā.	ПΝ	Cartridge filter housings	SAS	ПN	
	Water separators	PAY	ПN				
	GEORGE SLEDG						
	Name of Responsible Offic	ial			_		
	LEROY Atte	TON		5/24	37		
	Inspector's Name (Please Pr	int)		Date of Inspec	ction		

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

VALORE & CAPACINY MARKINE

NO ODORS NOTED

GETS PERC IN 15 GAL CANS. (NONE ON SITE)

SECONDARY CONTAINMENT FOR the PRODUCTS.

HAS OWNERS MANUAL.

RECEIVED

APR 3 1998

Bureau of Air Monitorine

Bureau of Air Monitorine

Bureau of Air Monitorine

Bureau of Air Monitorine

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571053

GEORGE L & MARIE M SLEDGE GEORGE L SLEDGE 118 W ANGLEWOOD DRIVE BRANDON FL 33511 Sureau of All Monitorine Sources

Do NOT Remove Label

Annual Reporting Period:	Jan 1		_19 <u>9</u> 7	то	Dec	31		1997
Based on each term or condition of 62-213.300, Florida Administrative	_		-				DEP Rule	
If NO, complete the following:				;	,		_	
#1. Term or condition of the genera	al permit that has	not been in co	ntinuous co	mpliance d	uring the re	porting pe	riod stated a	bove:
Exact period of non-compliance: fr	om			to_				
Action(s) taken to achieve compliar	nce:	÷.		· 	a jestija			
Method used to demonstrate compli	ance:	· ."						
#2. Term or condition of the genera	al permit that has	not been in co	ntinuous co	mpliance d	uring the re	porting pe	riod stated a	bove:
Exact period of non-compliance: from	om			to				
Action(s) taken to achieve complian	ice:							
Method used to demonstrate compli	ance:							
As the responsible official, I hereby ce notification are true, accurate and con does not exceed 2,100 gallons per year RESPONSIBLE OFFICIAL:	aplete. Further, m for dry-to dry faci	ay annual consulities or 1,800 g	mption of pe	rchloroethy	lene solvent,	based upo	n purchase re	

^{*}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.

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571053

GEORGE L & MARIE M SLEDGE GEORGE L SLEDGE 118 W ANGLEWOOD DRIVE BRANDON FL 33511

Do NOT Remove Label

Annual Reporting Period: _ Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 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 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: Marie Moled (2)
Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 9-00	TIME OUT:	11:00	AIRS ID#:	57/053
TYPE OF FACILITY: PE	KC DRY CL	EANER	·	
· · · · · · · · · · · · · · · · · · ·	CMULLEN ?	DRY CL	EANERS	DATE: 8/5/18
	853 U.S.	301 5.		
	IVERVIEW.	FL 3:	3569	
RESPONSIBLE OFFICIAL:			PHONE NUMBI	ER: (813) 689-6997
	the compliance requirem			e facility is found to be in
Based on the results of discrepancies were note		nents evaluated o	turing this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	ELEM	FOLLOW-UP AC	CTION REQUIRED
			_	
			D	
	*		REC	EIVED
			SEP	1 7 1998
			Bureau of & Mob	Air Monitoring ile Sources
·	· · · · · · · · · · · · · · · · · · ·			
		ĺ		
COMMENTS:				
The Annual Compliance Certific	ation form has been pro	perly certified a	nd submitted to the inspe	ctor. YES NO NO
DATE OF NEXT INSPECTIO	N:	14	EAR	_ /
	-	(Approxi		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
INSPECTION CONDUCTED	BY:	ROGE	R ZHU	
		(Dlages)	احتادا	1813) 272-5530
INSPECTOR'S SIGNATURES	: Klux	form	PHONE NUMB	ER: (813) 272-5530
		Page_ of		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		X		NT/DISCOVERY	<u> </u>
AIRS ID#: 571053 D FACILITY NAME: MCM FACILITY LOCATION: 78	ATE: 8/5 ULLEN 753 LJ.S VERVIEN	98 PRY . 30	TIME I	n: <u>0900</u> - <i>EANE</i> - 3569	TIME OUT:	1100
RESPONSIBLE OFFICIAL:CONTACT NAME:	GEORGE	= 'S	£06E	PHONE: _	813-689 Same	-6997
PART I: NOTIFICATION	•					
(check appropriate box)		-				
1. New facility notified DARM 30	days prior to star	rtup				۵
2. Facility failed to notify DARM	to use general per	rmit				
PART II: CLASSIFICATION						
Facility indicated on notification (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)	: 4	dry-to-d transfer both typ	ry only, only, x es, x <			petroleum _,
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr	dry-to-d transfer both typ	ry only, only, 20 es, 140	rea source $140 \le x \le 2$, $00 \le x \le 1,800$ $\le x \le 1,800$ g or after 12/9.	0 gal/yr gal/yr	·
5. This is a correct facility class	sification	ΩY	□и	□Can not	determine	
☐ facility	qualified for a genexceeds above lin	neral peri nits and is	not elig	gible for a ge	neral permit	day elegying
B. The total quantity of perchlore facility was 135 gallons.	зепілісне (Беіс) Бі	urchased	within U	ne preceding	12 months by uns	ury cicatung

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?	DAN ON ONIA				
2. Examining the containers for leakage?	DAY ON ONIA				
3. Closing and securing machine doors except during loading/unloading?	ио <i>Уд</i> у				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	בואם אם יאס				
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 Par	1 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 re (complete A and B below).	efrigerated 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 DH				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVA NO YO				
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?	אם צם				
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?	DY DN				

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?	ΩY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ПΝ	□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?	ЦY	ЦΝ	DN/A
	Is the pere concentration equal to or less than 100 ppm?	\Box Y	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser conts?	ΩY	□и	□N/A
6.	Realed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØQ, □N
2. Maintained rolling monthly averages of perc consumption?	άλ αν
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 lus? or;	DY DN X N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SIN/A
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON XIVA
6. Maintained startup/shutdown/malfunction plan?	o x €v □n
7. Maintained deviation reports?	AVMD ND YD
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	OA ON ONV

PART VI: LEAK DETECTION AND REPAIRS							
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	inspection?						
2. Has	the facility maintained a leak log?		·	ZZ ON			
3. Does	s the responsible official check the f	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	מ/אם אם צם			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
÷	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY ON ON/A			
	Water separators	□Y □N □N/A					
4. Whi	ch method of detection is used by the	ne responsible official?		-			
	Visual examination (condensed so	olvent on exterior surfaces)		<u> </u>			
		a					
	a ·						
	a						
	□N/A						
	a. Capable of detecting p	perc vapor concentrations is	n a range of 0-500 ppm?	DY DN			
	 b. Calibrated against a st (PID/FID only)? 	tandard gas prior to and ass	er each use	חס אם			
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and se	cure area when not in use?		OY ON			
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	□Y □N			
	ROGER ZHU 8/5/98						
	Inspector's Name (Please Prin	it)	Date of Inspe	ction			
 •	Wiji Bhu I YEAR						

Approximate Date of Next Inspection

Inspector's Signature

•		101	3				
ENVIRONMENTAL PROT	INSPECTION RE		POPOLI	CH C	OLDIT	v	
FACILITY: McMullen Dry Cleaning	ECTION COMMI	ISSION OF HILLS	PAC		1	OF	1
FACILITY ADDRESS: 7853 U.S. 30	1 S.		CITY:		erview		
						89-6997	,
MAILING ADDRESS: Same		CITY: Rivervie	ew FI	ĹĀ	ZIP:	33569	
INSPECTION DATE: TIME IN:	TIME OUT:	INSPECTION		: [STATU	
Aug 5, 1998 9:00	11:00	non-CI	OS		In	Compli	iance
NEDS NUMBER: 571053							
SOURCE DESCRIPTION: Perc Dry	Cleaner						
CONTACT(S): George Sledge			-				
Today's visit was to conduct the anr The dry cleaning machine is the sar this machine is 30-0591-4482. The machine was in operation today Mr. Sledge has consistently logged receipts and the rolling total indicated months. Mr. Sledge also point out th that helps to recover perc vapor more The owners manual is kept on site w	me one noted No leaks or the leak inspect that there was at a new refrigerificient.	in the last insponders were not ctions on a bi-s 135 gallons of gerated condens	iced. weekly of perc pages ser was	basi ourc rep	is. Th hased laced	ne perc over the	purchase ne last 12 onths ago

INSPECTED BY: Roger Zhu DATE: Aug 5, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10=15 TIME OUT: 11=30 TYPE OF FACILITY: PERC DRY CLEANE	AIK3 ID#
TYPE OF FACILITY: PERC DRY CLEANE FACILITY NAME: Me MULLEN DRY CL	-EANERS DATE: 7/23/99
FACILITY LOCATION: 7853 U.S. 301 S	
RIVERVIEW, FL	33569
RESPONSIBLE OFFICIAL: GEORGE SLEDGE	
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	P
	Burney W. C.
	OCH MAN CO
COMMENTS:	;
DATE OF NEXT INSPECTION:	YCAR
INSPECTION CONDUCTED BY:	proximate) GCK ZHU case Print)
INSPECTOR'S SIGNATURE: Rosu Bhu	PHONE NUMBER: (813)272-5530
Page	$ \frac{10/96}{\text{Revised } 10/96} $

KU

AIRS ID#: 57/053

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MEMULE	EN DRY	CLEANERS	, DA	TE: 7/23/99
FACILITY LOCATION: 7853	U.S. 30	15.		·
FACILITY LOCATION: 7853 RIVER 1	1/EW F	L 33569		
Annual Reporting Period: Jan	21	19_98 то	July 23	19_99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<i>I</i>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in c	ontinuous compliance	during the reporting p	period stated above:
Exact period of non-compliance: from	····	to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in o	ontinuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				<u> </u>
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furthe	r, my annual consump	tion of perchloroethy	lene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION	RE-INSPECTION	B .	COMPLAINT/I	DISCOVERY	Ц
AIRS ID#: 571053	DATE: 7/23/99	7 TIME 1	N: 10:15	TIME OUT: _	1=30
FACILITY NAME:	MCMULLEN	DRY C	LEANERS	,	
FACILITY LOCATION	7853 U.S.	301 5	• .		
	RIVERVIEW	, FL	33569		
 RESPONSIBLE OFFICI	AL: GEORGE SL	ED6E	PHONE: (8)	13)689-	6997
CONTACT NAME:	7853 U.S RIVERVIEW, AL: GEORGE SL SAME		PHONE:	SAME	
PART I: NOTIFICATION)N				
(check appropriate box)					
New facility notified Da	ARM 30 days prior to startur	þ	11/6		
2. Facility failed to notify	DARM to use general permi	t .			
`					
PART II: CLASSIFICA					
Facility indicated on noti (check appropriate box) A.	fication form that it is:		☐ No notification ☐ Drop store/or	on form ut of business/pe	troleum
1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gala (constructed before 12/9) gal/yr di gal/yr tr yr bo	cansfer only, x oth types, $x <$, x < 140 gal/yr . < 200 gal/yr	0	
3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1 (constructed before 12/2)	$x \le 2,100 \text{ gal/yr}$ dr $\le 1,800 \text{ gal/yr}$ tr $\le 800 \text{ gal/yr}$ be	ansfer only, 2 oth types, 140	area source $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	/yr	
5. This is a correct faci	lity classification	(Y □N	□Can not deter	mine	
	k the appropriate classification facility qualified for a general facility exceeds above limits	al permit as n			
B. The total quantity of pe					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 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 condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 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:	
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 earbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ØY □N		
2. Maintained rolling monthly averages of perc consumption?	XY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AMA NO YO		
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 MIN/A		
4. Maintained calibration data? (for applicable direct reading instruments)	A/MEQ NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA		
6. Maintained startup/shutdown/malfunction plan?	XY □N		
7. Maintained deviation reports?			
Problem corrected?	DY DN QN/A		
8. Maintained compliance plan, if applicable?	OY ON PIN/A		

PA	ART VI: LEAK DETECTION AND F	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			A IY □N			
2.	Has the facility maintained a leak log?			Ø Y □N			
3.	Does the responsible official check the	following areas for leaks?	•				
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	אואם אם יצוב			
	Door gaskets and seating	ANO NO YA	Stills	Y ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	XÍY □N □N/A			
	Solvent tanks and containers	MY ON ONA	Cartridge filter housings	MY ON ON/A			
	Water separators	NA ON ON/A		•			
4.	Which method of detection is used by the	he responsible official?	·	•			
	Visual examination (condensed so	olvent on exterior surface	s)	9 4.			
	Physical detection (airflow felt the	18 A 18					
	Odor (noticeable perc odor)	4					
	Use of direct-reading instrumenta	ģ					
	Halogen leak detector	٫ ـ ـ					
	If using direct-reading instr	ØN/A					
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	NO YO			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	OY ON			
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	OY ON			
	d. Kept in a clean and so	ecure area when not in us	e?	OY ON			
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON			
•		· ·					
	ROGER 2HV 7/23/59						
	Inspector's Name (Please Print) Date of Inspection						
	loger 8	hm	1 YEA	the.			
$\overline{}$	Inspector's Signature	Next Inspection					

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: McMullen Dry Cleaning			PAGE	1	OF	1	
FACILITY ADDRESS: 7853 U.S. 301 S.			CITY: Ri	vervie	w		
			PHONE:	<u> </u>		<u>'</u>	
MAILING ADDRESS: Same		CITY: Rivervi		ZIP	: 33569		
	OUT:	INSPECTIO		1	STATU	ll l	
July 23, 1999 10:15 11 NEDS NUMBER: 571053	:30	non-C	DS		n Compl	iance	
•							
SOURCE DESCRIPTION: Perc Dry Cleaner			•				
CONTACT(S): George Sledge							
Today's visit was to conduct the annual ins	-						
The machine was in operation today. No le							
Mr. Sledge's recordkeeping is excellent. T		log has been	done cons	istentl	y bi-wee	ekly. The	
dry cleaning machine is an existing small un The perc purchase receipts and the rolling		l indicated the	at there w	as 1∩i	n gallon	s of perc	
purchased over the last 12 months.	ig iota	i marcated the	it there w	as 10	o gandi	s or perc	
The owners manual is kept on site which in	cludes	startup, shutdo	own and m	alfun	ction pla	n.	
		1,			•		
·							
	,						
·							
•							
						,	
INSPECTED BY: Roger Zhu			DA	TE:	July 23,	, 1999	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	СОМ	PLAINT/I	DISCOVERY	RE-INSPE	CTION
TIME IN: 10:30 AM	TIME OUT:		An	AIRS ID#:_0	571053	
TYPE OF FACILITY: Perc	Dry Cleaner	9				
FACILITY NAME: MC.Mu	Hen Dry Clear	vers			DATE:	
FACILITY LOCATION: 785	3 Us. 301 So	uth				
	view, XI	335	169			
RESPONSIBLE OFFICIAL: G	corse stedo	e		PHONE NUMBE	R: <u>(813)689</u> -	6997
Based on the results of t compliance with DEP R				_	facility is found to	be in
Based on the results of t discrepancies were note		ents evalua	ated during	g this inspection, the	following complia	ince
COMPLIANCE REQU	JIREMENT/PROB	LEM	F	OLLOW-UP AC	TION REQUI	RED
					# # *	
	· 				P) M
					Bureau	CE
					obje Sources	150
					oring	
					· ·	* .
COMMENTS:			-			<u>. </u>
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTIO	ON:	1 40	ur [§] pproxima			_
INSPRCTION CONDUCTED	RV. Norman		29 <i>~1</i>	(L)		
MISTECTION CONDUCTED	(Please Print)					
INSPECTOR'S SIGNATURE	· M. NO ? con			PHONE NUME	BER: (813)689-	- 8997

AIRS ID#: 571053

CHROMIUM PLATING AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: McMulle FACILITY LOCATION: 7853 Rivervie	n Dry Cleane	DATE:	6/27/00
TAGE 1774 OCATION: 7853	US 301 S		
Picture Location:	<u> </u>		
Kitheriya			
	21		
Annual Reporting Period:	1 24 19 99 TO	o _ June 2/	20 00
Based on each term or condition of the Title	• • •	×	_
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 com	nliance during the reporting perio	od stated above:
#1. Term of condition of the general permit	mat has not own in continuous com	phanee during the reporting period	sa stated above.
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
· · · · · ·			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous con	onliance during the reporting peri	od stated above:
72. Term of condition of the general permit	and has not own in continuous con	Thurst daying me reporting bear	
<u> </u>			
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
		-	
Method used to demonstrate compliance:		·	
	<u> </u>	· .	
As the responsible official, I hereby certify,	based on information and belief for	med after reasonable inquiry. the	at the statements
made in this notification are true, accurate a	and complete. Further, my annual c	eensumption of perchloroethylene	e solvent, based
upon rolling averages of purchase receipts, year for transfer or combination facilities.		vea r for dry to dry facilities or L	800 gallons-per
	alone 1 Stada	h AL	Tun 27/
RESPONSIBLE OFFICIAL: Na	me (Please Print)	Signature	Date
		0	

^{*}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

- -	ANCE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUA	L COMPLAINT/DISCOVERY D
RE-INSI	PECTION D
AIRS ID#: 571053 DATE: 4	127/00 TIME IN: 10:30AM TIME OUT: 11:15AM Lan Dry Cleaners US 301 5. ew , FL 33569 e Sledge PHONE: (8/3)689-6997
78 C3	US 301 5
Livervi	en, FL 33569
RESPONSIBLE OFFICIAL: Georg	e Sledge PHONE: (8/3)689-6997
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days pri	K Y I H
2. Facility failed to notify DARM to use ge	neral permit
PART II: CLASSIFICATION	
Facility indicated on notification form the	at it is:
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr. transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	n 💆 Y 🗆 N 🗆 Can not determine
	e classification: I for a general permit as number A. above 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 90 gallons.

TAKET IB. OZNOZIJE CONTROD KAQOMANIZATO					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A				
2. Examining the containers for leakage?	KANO NO YA				
3. Closing and securing machine doors except during loading/unloading?	May □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	NU UU YA				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON M N/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V					
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated 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 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?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	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?	אם צם
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6,	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	© Y □N				
2. Maintained rolling monthly averages of perc consumption?	. И□ УД				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	אמ גע אם צם A/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?	בע באר אלא אם אם אים A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ⊠ N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	□Y □N □N/A				
8. Maintained compliance plan, if applicable?	OY ON DAN/A				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ØY □N			
2.	Has the facility maintained a leak log?			OY ØN			
3.	Does the responsible official check the f	following areas for lead	ය ?	·			
	Hose connections, fittings, couplings, and valves	XIY □N □N/A	Muck cookers	ANU UU PKA			
	Door gaskets and seating	MY ON ON/A	Stills	A/NO NO YA			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AVA DU CAVA			
	Pumps	MY ON ON/A	Diverter valves	ØY □N □N/A			
	Solvent tanks and containers	AVA NO YE	Cartridge filter housings	AVNO NO Y			
	Water separators	MY ON ON/A	•				
4.	Which method of detection is used by the	he responsible official?)				
	Visual examination (condensed so	olvent on exterior surfa	aces)	(2)			
	Physical detection (airflow felt the	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:						
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to a	nd after each use	DY DN			
	c. Inspected for leaks ar	nd obvious signs of wea	ar on a weekly basis?	DY DN			
	d. Kept in a clean and s	ecure area when not ir	ruse?	DY DN			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
		- ,					
_							
			./ == ==				
_	M. NO Z GAV Inspector's Name (Please Pri	nt)	<u>6-27-00</u> Date of Insp	ection			
	inspector's Name (Flease Ph	int)	Date of Insp	CCHUIF			
	MINARAL		1 year				
-	M. NO Raw (Inspector's Signature		Approximate Date of Next Inspection				

9 •♥							
		INSPECTION REF		<u>-</u>			
		ECTION COMMIS	SSION OF HILLSBO				
FACILITY: McMullen Dry Cleaners PAGE 1 OF 1							
FACILITY ADDRESS:	7853 US 301 S	outh		TY: rive			
					313)831-7283		
MAILING ADDRESS:	The same as abo	ove	CITY: Riverview	FLA	ZIP: 33569		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION T	YPE:	STATUS:		
June 27, 2000	11:30 AM	11:15AM	Annual		In Compliance		
NEDS NUMBER: 5710	53						
SOURCE DESCRIPTION	N: Perchloroet	hylene (Perc) I	Ory Cleaner				
CONTACT(S): Mr. Geo	orge Sledge						
 The vicinity around The Perc was loaded The monthly avera months was 90 gall The machine was not make the machine was n							

INSPECTED BY:
Mohammad Nozari

DATE:
June 27, 2000

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 # 0571053

MCMULLEN DRY CLEANING GEORGE L SLEDGE 118 W ANGLEWOOD DRIVE BRANDON FL 33511

FOR GOVERNMENT USE ONEY Org.: 37550101000 EO: B1

Obj.: 002273

Fund: 20-2-035001

0356111

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

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300781

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JAN 23 98

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GEORGE L & MARIE M SLEDGE GEORGE L SLEDGE 118 W ANGLEWOOD DRIVE BRANDON FL 33511

FOR GOVERNMENT USE ONLY

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Fund: 20-2-035001 Оы.: 002273

258763

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MCMULLEN DRY CLEANING GEORGE L SLEDGE 118 W ANGLEWOOD DRIVE BRANDON FL 33511 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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	US Postal Service	*** * * * * * * * * * * * * * * * * * *						
MC 118	10 AIRS ID # 0571053001AG GEORGE L SLEDGE MCMULLEN DRY CLEANING 118 W ANGLEWOOD DRIVE BRANDON FL 33511							
	\$							
	Certified Fee							
	Special Delivery Fee							
10	Restricted Delivery Fee							
199	Return Receipt Showing to Whom & Date Delivered							
April	Return Receipt Showing to Whom, Date, & Addressee's Address							
800,	TOTAL Postage & Fees	\$						
PS Form 3800 , April 1995								

Fold at line over top of envertedings the right of the return address	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) CSignature Agent Addressee D. Is delivery addressed different from item 1? Yes
1. Article Addressed to: 10	If YES, enter delivery address pelow: No Bureau of Air Monitoring Mobile Sources
MCMULLEN DRY CLEANING 118 W ANGLEWOOD DRIVE BRANDON FL 33511	3. Service Type Certified Mail Registered Respired Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) Z 2 0 (62 409	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

401758

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