

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Henry McNatt, Jr. McNatt's Cleaners 14946 North Florida Avenue Tampa, Florida 33613

Re: Facility I.D. No. 0571077 - #55

Dear Mr. McNatt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

#0571077

	, co
	Mª Natts Cleaners #55
D.14	1.(a) add date control device
	installed
	. '

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Ehrlich Road Cleaners & Laundry, Inc.
2. Site Name (For example, plant name or number): Mc Natt S Cleaners (DBA) #55
3. Hazardous Waste Generator Identification Number:
95 02136
4. Facility Location: Street Address: 5227 Ehrlich Road City: Tampa County: Hillsborous Zip Code: 33624 5. Facility Identification Number (DEP Use):
5: Facility Identification Number (DEP Use): 05 17 10 17
Responsible Official
6. Name and Title of Responsible Official: Henry McNatt, gr. Pres-lowner
7. Responsible Official Mailing Address: Organization/Firm: Mc North's Cleaners Street Address: 14946 N. Florida Ave. City: Tampa County: Hillsborough Zip Code: 33613
8. Responsible Official Telephone Number: Telephone: (813) 963-6533 Fax: (813) 962- 1087
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Henry McNatt, Jr.
10. Facility Contact Address:
Street Address: 5227 Ehrlich Road
City: Tampa County: Hills borough Zip Code: 33624
11. Facility Contact Telephone Number: Telephone: (813) 968 - 4599 Fax: (813) 962 - 1087
DECEIVE

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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 o	f Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Examp	le	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MA
Dry-to-	-Dry Unit									
(1)) w/ ref. condenser	#1	11-JAN-96	,						
(2)) w/ carbon adsorber	<u> </u>								
(3)) w/ no controls									
Washe	r Unit		•	•			•		•	
(4)) w/ ref. condenser									
(5)) w/ carbon adsorber									
(6)	w/ no controls						1	—		
Dryer	Unit				•		•	•	•	
(7)) w/ ref. condenser						T			
(8)) w/ carbon adsorber									
(9)) w/ no controls	ļ								
Reclair	ner Unit			•			•		•	
(10	0) w/ ref. condenser									
(1)	l) w/carbon adsorber							T		
(12	2) w/ no controls						1			
(c) 2.(a) \((b) \)	Control devices are No control devices What was the total of the control of the control devices If less than 12 montrol check why it is less	are requant	equired to be ity of perchlons ow many? [e installed [perc)	_]) purchased i				: []
	at is the facility's so licate with an "X". Existing small an	Selec	t one classif	ication only.))	initions foun		(3) of _]	Part II?	
e	Existing large ar	ea so	urce []	No	ew la	rge area sou	rce 🔽	1		

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and Hopey Control of

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4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	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 [
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:					
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site					
Equipment Monitoring and Recordkeeping Infor	mation				
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan					

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)
W	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	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 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.
·	mptly notify the Department of any changes to the information contained in this notification. Aug Nath Date
Signature	Date

AIRS ID#: 057/077

DRY CLEANER AIR QUALITY GENERAL PERMITING OF HG ANNUAL COMPLIANCE CERTIFICATION FORMER MANAGEMENT

FACILITY NAME: Micklaits	Dr. (/cz.c	· / j		DA	ATE: <u>7/2/2/2/2</u>
FACILITY LOCATION:	Elister	RD	•		
				· · · · · ·	
Tomba		33629			,
Annual Reporting Period:	8	19	96 то _	8	19 507
Based on each term or condition of the Title	e V general air	permit, my fa	cility has rema	ined in compliance wi	th DEP Rule
62-213.300, Florida Administrative Code (l		-	-		⊠NO
If NO, complete the following:					
#1. Term or condition of the general permi	t that has not b	een in continu	ous compliand	ce during the reporting	period stated above:
otto Fennander Diff	a sent es	no de arec	nat 1	brood no ik	TEAP.
Exact period of non-compliance: from		} /436	1	0	
Action(s) taken to achieve compliance:	Instructo	ARO 10	p diff 14	region, and	<u> </u>
Method used to demonstrate compliance:	Determina	front de	sitel tem	, device sensor	tocation
Method used to demonstrate compliance: Then marked eff as it is	stall new	indicates	e, ses.	measurements	Ont & vineron
#2. Term or condition of the general permi	t that has not b	een in contin	ious complian	ce during the reporting	period stated above:
Qull.	China				
Reffine Consumber					
Exact period of non-compliance: from		2/25	to) 	
A sticutor talken to pobiano comulianos.	// /	. / .	: 1	•	
Method used to demonstrate compliance:	<u> </u>	+ +++ sr	-		
# 3 on back	3/2	Joholt -	marked of	of later laway.	from site) ten hos been
RESPONSIBLE OFFICIAL: <u>(] </u>	and complete.	Further, my ed 2,100 gallo	annual consun	aption of perchloroethy	vlene 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.

#3 Filter Drain Sour ~ 12 hours,

not 24 hours of

9186- present U

instructed to begin doing 24 hour min Iran down
begin doing 24 hour drain Downs

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INSPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1015 TIME OUT: 1130	AIRS ID#: 057/077
TYPE OF FACILITY: Day (leaner (penc)	
FACILITY NAME: MONEHS Dry Cleaners	DATE: <i>3/27/87</i>
FACILITY LOCATION: 5227 Ehelich Road	
Temps, F1 73624	
RESPONSIBLE OFFICIAL: Charles Farely	PHONE NUMBER: (7/3) 5/28 - 4599
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Filter drain down is done for ~12 hours instead of 24 hours.	Instructed RO that minimum standard regular ment is 24 hours.
Retrigerated condenser temperature differential is not being measured.	Disital temp indicator on front may have senson to proper location to perform
	this function. RO is researching and will contact exc. It sensor location is not alequate, then device installation will be required.
COMMENTS: Facility is clean and w	ell agganized.
The Annual Compliance Certification form has been properly certi	•
DATE OF NEXT INSPECTION: 3/2 7/8 (Ap	proximate)
INSPECTION CONDUCTED BY: James O. Ho	ease Print)
INSPECTOR'S SIGNATURE: Oa 2 Hals	FHONE NUMBER: (8/3) 272 - 553

Page___of___.

Revised 10/96

#0571077 BEST AVAILABLE COPY McNatts Cleaners #55

1.	p.14 1.(a) add date control device installed	, Inc.
2.		
3.		
4.		33624
5.		The state of the s
6		
7		: Jouner
-	1	Code: 33613
8		187
L		
<u>-</u> 9	Henry McNatt , gr.	
1	O. Facility Contact Address: Street Address: 5227 Ehrlich Road City: Tampa County: Hills borough Zip Code	:: 33624
1	1. Facility Contact Telephone Number: Telephone: (813)968-4599 Fax: (813)962-1	. 1

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Europu of Air Monkoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Ehrlich Road Cleaners & Laundry, Inc.
2. Site Name (For example, plant name or number):
Mc Natt's Cleaners (DBA) #55
3. Hazardous Waste Generator Identification Number:
95 02136
4. Facility Location: Street Address: 5227 Ehrlich Road
City: Tampa County: Hillsborough Zip Code: 33624
5. Facility Identification Number (DEP Use):
0511047
Responsible Official
6. Name and Title of Responsible Official:
Henry McNatt, gr. Pres. Jowner
7. Responsible Official Mailing Address:
Organization/Firm: Mc North's Cleaners Street Address: 14946 N. Flori'da Ave.
City: Tampa County: Hillsborough Zip Code: 33613
8. Responsible Official Telephone Number:
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Bureau of Air Manitoring & Metille Sources

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Facility Information

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

Type of Machine	ID	Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Date Control Device Installed	ın	Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93		08-DEC-91	installed		02-M.4R-92	
Dry-to-Dry Unit	·								
<u> </u>	#/	11-5411-96	11-5AN-96					I	
(2) w/ carbon adsorber	, ,	11 4124	7.1.0						
(3) w/ no controls					 			,	
Washer Unit				-				L	L
(4) w/ ref. condenser]
(5) w/ carbon adsorber					 	l		i e	
(6) w/ no controls			_						
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser						T .			
(11) w/carbon adsorber									
(12) w/ no controls		l	_		1				
(b) Control devices are (c) No control devices 2.(a) What was the total q [/022.2] (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ins ow many? [installed [perc)	_] purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classific	cation only.) Ne	w sn	nitions found nall area sour rge area sour	ce []	Part II?	

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4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (3) of i	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	√					
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot water generating uni				
boiler HP or less), and (2) are fired	All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site						
Equipme	ent Monitoring a	and Recordkeeping Infor	mation			
Check all logs which are required to	o be kept on-site	in accordance with the req	uirements of this general permit:			
(a) Purchase receipts and solvent pu	urchases					
(b) Leak detection inspection and repair						
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring				
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction	n plan		لكا			

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Surrender of Existing Air Permit(s)

	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 notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the iss 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	HU! Nett PRESIDENT 28-AUG-96 Date 23-DEC-96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DIS	COVERY []
AIRS ID#: <u>0571077</u> FACILITY NAME: <u>Mc</u>		TIME IN: TI	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	ARM by 9/1/96		<u> </u>
2. New facility notified DARM	1 30 days prior to startup		<u> </u>
3. Facility failed to notify DAI	RM to use general permit	;	
PART II: CLASSIFICATIO	N		
Facility indicated on notificate (check appropriate box)	ion form that it is:		,
A. 1. Existing small area soudry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	yr dry- tran both	New small area source to-dry only, x<140 gal/yr sfer only, x<200 gal/yr n types, x<140 gal/yr nstructed on or after 12/9/91)	
3. Existing large area sou dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr dry- gal/yr tran l/yr both</td><td>New large area source to-dry only, 140<x<2, 100="" gal="" y<br="">sfer only, 200<x<1,800 gal="" yr<br="">n types, 140<x<1,800 gal="" yr<br="">nstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>T .</td></x<2,>	00 gal/yr dry- gal/yr tran l/yr both	New large area source to-dry only, 140 <x<2, 100="" gal="" y<br="">sfer only, 200<x<1,800 gal="" yr<br="">n types, 140<x<1,800 gal="" yr<br="">nstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,>	T .
This is a correct facility classic	fication 🖭 Ý	ПN	
If no, please check the approp	riate classification:		
	ied for a general permit as	s number above	
a nontry oxoco		eligible for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY CHÓ DY ON 2. Examining the containers for leakage? DY DAY 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? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY ON SIMP 1. Equipped all machines with the appropriate vent controls? 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 DAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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?	מס אים
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON WA)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
P.	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H:	as the responsible official:	PY ON
Ha (cl	as the responsible official: heck appropriate boxes)	OY ON
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	OY ON OY ON
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY ON OY ON
H: (cl 1.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:)
H: (cl. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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) OY ON
H: (cl. 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	OY ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)	OY ON OY/A
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON
H: (cl 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON OY ON
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H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON OY ON OY ON OY ON

2.	Which method of detection is used by	the respo	nsible offic	cial?	2.4/
	Visual examination (condensed s	solvent or	n exterior s	surfaces)	No De W
	Physical detection (airflow felt the	wough ga	iskets)	•	
	Odor (noticeable perc odor)				
	Use of direct-reading instrument	o l			
	If using direct-reading instrum	entation	, is the equ	ipment:	<i>/</i>
	a. Capable of detecting	perc vap	or concent	rations in a range of 0-500 ppm?	□Y ±M
	b. Calibrated against a (PID/FID only)?	staṇdard	gas prior t	o and after each use	□Y 9M
	c. Inspected for leaks as	nd obviou	is signs of	wear on a weekly basis?	ON ON
	d. Kept in a clean and s	secure are	a when no	ot in use?	₽Y □N
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	DY CON
3.	Has the facility maintained a leak log?				OY ON
4.	Does the responsible official check the	followin	g areas for	leaks?	
	Hose connections, fittings, couplings, and valves	T Y	Πи	Muck cookers NA-A	ONE ON
	Door gaskets and seating	œÝ	ПИ	Stills	ON PE
	Filter gaskets and seating	ŒΎ	□N	Exhaust dampers NAT	DY ON
	Pumps	₽Ý	ПN	Diverter valves	DY ON
	Solvent tanks and containers	e Y	ПΝ	Cartridge filter housings	NO YED
	Water separators	ϴ	ВΝ		
	Chock Farly Name of Responsible Offici		<u> </u>		
	James O. Holto	1		3/27/9	7
	Inspector's Name (Please Pri			Date of Insp	ection
	On O Halk			3/27/88	
_	Ingraptor's Signature			A parovimate Date of	Next Increation

ADDITIONAL SITE INFORMATION:

- · Facility has 2 machines, identical FRESCA

 Real Star RS-473 Model

 SIN'S 42 ES Ø91 C, 42 AS Ø97

 55 # capacity
- · Both machines in service @ time of inspection.
- e R.O. indicated drain down time for filters is approximately
 12 hours. Informed him that minimum standard required
 is 24 hours.
- e Machines' design is one that has a small self-contained carbon adsorber and a refrigerated condenser, typical of that required for a "major" source, although the facility is an "new large area source". Muchine will lock itself out after 50 loads of wash to ensure a carbon regeneration yele will be performed. Standard facility practice is to to regeneration after 25-30 backs.
- Ret Cond at is not being measured. Discussed the need with the 20 to measure this and the 20 is researching to determine if first physical location of temp. sensor for digital readout on front of machine.
- omeF picks up sludge i filters.
- · RC temp gayo measures in ·C, RO converts to ·F.
- · Monthly perc loss contain total consumption for both units. Recommended RO los individual usage.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:20 TIME OUT: 14 TYPE OF FACILITY: PERC DRY CLEANER	4=10 AIRS ID#: 571077
TYPE OF FACILITY: PERC DRY CLEANE, FACILITY NAME: MCNATT'S CLEANE,	DATE: 2/9/00
FACILITY LOCATION: 5227 EHRLICH RO	AD
TAMPA, FL 3362	
RESPONSIBLE OFFICIAL: HENRY MCNATT'S,	Jr PHONE NUMBER: (813) 963-6533
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
-	
· _	
	· · ·
	-
COMMENTS:	
The Annual Compliance Certification form has been properly cer	- /
DATE OF NEXT INSPECTION:	YEAR
p .	Approximate) OGER ZHU
NOTECTION CONDUCTED B1.	Please Print)
INSPECTOR'S SIGNATURE: Roger Shu	PHONE NUMBER: (813) 272-5530
Page	of Revised 10/96

AIRS ID#: 571077

sec 1

Revised 10/10/5.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		ಜ್ಞಾರ್ ಜ್	HC	·
FACILITY NAME: MCNATT 3 CLE	ANGRS		TMAME	2-8-00
FACILITY LOCATION: 5227 EHRLI C	H ROAD			
FACILITY NAME:	33624			
				_
Annual Reporting Period: Mar 19	19 <u>99</u>	то	Teb 8	20 <i>00</i>
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during				PRule NO
If NO, complete the following:				
#1. Term or condition of the general permit that has not b	een in continuous c	ompliance during	the reporting perio	d 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 be	een in continuous	compliance during	the reporting perio	nd stated above:
Exact period of non-compliance: from		to	•	
Action(s) taken to achieve compliance:				 -
•				
Method used to demonstrate compliance:		<u>. </u>		
As the responsible official, I hereby certify, based on info made in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not exce year for transfer or combination facilities.	. Further, my annu	al consumption of	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: H. Mc Na T		Hul! A	7	2 -10 -00 Date
Name (Please Pr	шс)	Signa		Dau.

no l

^{*}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

A

TYPE OF INSPECTION:	ANNUAL	7	COMPLAINT/DISCOV	ERY	
	RE-INSPECTION	_			
AIRS ID#: 571077	DATE: 2/9/00	TIME I	N: 12:20 TIME	оит: <u>/</u>	4-10
FACILITY NAME:	CNATT'S C	CLEANE	R5		
FACILITY LOCATION:	5227 EHRL	ICH R	OAD		
	TAMPA, F	L 336	24 ———	_	<u>.</u>
RESPONSIBLE OFFICIAL :	HENRY MEN	NATT	PHONE: (813) 9	63-6	533
RESPONSIBLE OFFICIAL:	RLES FARD	У	PHONE: (813) 9	68 - 4	599
DART INOTIFICATION					
PART I: NOTIFICATION	·				I
(check appropriate box)			,		
New facility notified DARM					X
2. Facility failed to notify DAR	M to use general permit	t .		•	. 🛚
			····		
			· · · · · · · · · · · · · · · · · · ·		
PART II: CLASSIFICATION	N				
Facility indicated on notificati			☐ No notification form ☐ Drop store/out of bus		roleum
Facility indicated on notificate (check appropriate box) A.	ion form that it is:		☐ Drop store/out of bus	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour	ion form that it is:	. New small a	☐ Drop store/out of bus		oleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal.	ion form that it is: rce		☐ Drop store/out of business source ☐ X < 140 gal/yr	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour	ion form that it is: ree	ry-to-dry only	☐ Drop store/out of business source ☐ X < 140 gal/yr < 200 gal/yr	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is: ree	ry-to-dry only, x only, x oth types, $x < x$	☐ Drop store/out of business source ☐ X < 140 gal/yr < 200 gal/yr	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is: rce	ry-to-dry only ansfer only, x oth types, x < constructed on	☐ Drop store/out of business source ☐ X < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr	ion form that it is: rce	ry-to-dry only ransfer only, x oth types, x < constructed on . New large a	☐ Drop store/out of business source ☐ X < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	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, 2	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800	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, 2 oth types, 140	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) **Tree source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800 (constructed before 12/9/91)	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, 2 oth types, 140 constructed on constructed on .	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800	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, 2 oth types, 140	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) **Tree source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	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, 2 oth types, 140 constructed on	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the fac	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, 2 oth types, 140 constructed on . If I are types, 140 c	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the fac	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, 2 oth types, 140 constructed on . If I are types, 140 c	□ Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	siness/petr	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the fac	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, 2 oth types, 140 constructed on . I'm	□ Drop store/out of business source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine umber above gible for a general permit	siness/petr	

<u> </u>	
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 MNA
2. Examining the containers for leakage?	DY DN X N/A
3. Closing and securing machine doors except during loading/unloading?	MY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MAY □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA
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 musinstalled 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?	XY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MOY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MAND NO YEAR
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □N

В.	Has the responsible official of an existing large or new large area source also:		<u></u>	
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?	XY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	מם אם	#A
	Is the temperature differential equal to or greater than 20° F?	<u>PY</u>	מם מם	√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?	\Box Y	מם אם	N/A
	Is the perc concentration equal to or less than 100 ppm2	ПY	מם מם	√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?	_ QY	ם אם	A/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ם אם	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם מם	N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MO YA ADY ON 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; 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? DY DN MANA DY ON DEN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD Y 6. Maintained startup/shutdown/malfunction plan? DY DN ANA 7. Maintained deviation reports? OY ON MANA Problem corrected? DY DN ANA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΜY ΠN inspection? ХY 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, YOY ON ON/A Muck cookers KIY ON ON/A couplings, and valves MY ON ONA Stills XY ON ONA Door gaskets and seating Filter gaskets and seating MY ON ON/A Exhaust dampers MY ON ONA MY ON ON/A MY ON ON/A Diverter valves Pumps AVA NO YE Cartridge filter housings XY ON ON/A Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: MN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? 100 LOGER ZHU Date of Inspection Inspector's Name (Please Print) Keen Shu 1 YEAR

Approximate Date of Next Inspection

Inspector's Signature

		·				
·		INSPECTION REI	PORT FORM			
		ECTION COMMI	SSION OF HILI			
FACILITY: McNatt's (Cleaners			PAGE	1 OF	1
FACILITY ADDRESS:	5227 Ehrlich	Road		CITY: Ta	mpa (813) 968-459	9
MAILING ADDRESS:	Same		CITY: Brand	on FLA	ZIP: 33624	-
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION	ON TYPE:	STAT	US:
Feb 9, 2000	12:20	14:30	non-0	CDS	In Comp	oliance
NEDS NUMBER: 57	71077					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Cha	rles Fardy					
apparently. No leaks of The plant manager, No separately. He's logger attached with the purchast 12 months.	Ar. Charles Fands the tempera	rdy, keeps goo ture and leak d	d records. Hetection ever	He keeps the	e logs for each sistently. The	h machine ne perc log
·						-
	•					
,		•				
						Ì
					•	
					• •	

Roger Zhu

DATE:

Feb 9, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9=15 Lin	ت = TIME OUT:	C AM AIRS ID#:_	571077
TYPE OF FACILITY:	PERC DRY CLE	ANER	
-	ICNATTIS CLE	AMERS	DATE: 2/19/95
	227 EHRLICH	RO	
	Dinpa, FL 336	24	
	ENRY MONATT,	· · · · · · · · · · · · · · · · · · ·	ER: (813) 963 - 6533
	the compliance requirements eva Rule 62-213.300, Florida Admini	luated during this inspection, the strative Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were note		luated during this inspection, the	following compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
			<u>. </u>
		_	·
COMMENTS: THE FACILITY	15 VERY CLEA	N AND WELL	MAINTAINED
·	· 		
The Annual Compliance Certific	ation form has been properly cer	_	ctor. YES NO NO
DATE OF NEXT INSPECTIO	N:	YEAR	
		Approximate)	
INSPECTION CONDUCTED		GER ZHU	
INSPECTOR'S SIGNATURE:		Please Print) PHONE NUMB	ER: (813) 272-5530
	Page	of .	Revised 10/96

Date

DRY CL	EHRLICH ROAD INC HENRY MCNAT 14946 N FLORID FAMPA FL 33613	A AVENUE	#0571077 DRY	PERMIT ORM Bureau of Air Monitoring Mobile Sources	RECEIVED
Annual Reporting Period:	1-1	1997 1	o	12-3	199.
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (FIF NO, complete the following: #1. Term or condition of the general permit	F.A.C.), during th	e period covered by	this statement.	YES	□no
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	•		to	FEB 17 98	RECEIVED MAIL ROOM
#2. Term or condition of the general permit	t that has not beer	n in continuous con	npliance during the	e reporting period	stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:			to		· ·
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-i	Further, my annual	l consumption of per	chloroethylene solv	ent, based upon pu	rchase receipts,

H. Mc Natt Regivers HW. Matt. Paesipeur
Name (Please Print) Signature

RESPONSIBLE OFFICIAL:

^{*}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	2	COMPLAINT/DISCOVERY	
	RE-INSPECTION	Ġ		

AIRS ID#: 571077 DATE: 2/19/98 TIME IN: 9=15 AUI TIME OUT: 10=00 AUI

FACILITY NAME: Mc NATT'S CLEANERS

FACILITY LOCATION: 5227 EHRLICH RD.

TAMPA, FL 33624

RESPONSIBLE OFFICIAL: HENRY MCNATT, Jr PHONE: (813) 963-6533

CONTACT NAME: CHARLES FARDY PHONE: (813) 968-4599

PART I: NOTIFICATION		
(check appropriate box)		· · · · · · · · · · · · · · · · · · ·
1. New facility notified DARM 30 days prior to startup	U K	
2. Facility failed to notify DARM to use general permit	NA	. 0

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 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)
2 Evicting laws area course	4. Non-lawa avan sauvas
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source dry-to-dry only, $140 \le x < 2{,}100 \text{ gal/yr}$
transfer only, $200 < x < 1,800$ gallyr	transfer only, $200 \le x \le 2,100 \text{ gall/yr}$
both types, $140 \le x \le 1,800$ gallyr	both types, $140 \le x \le 1,800$ gallyr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
(constructed octors 12/3/31)	(Constitution on or arch 12/2/21)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) purfacility was 196 gallons.	archased within the preceding 12 months by this dry cleaning

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

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?	χή _Υ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ŮИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	ПY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩŸ	ПN	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sources	, bi-weekly) leak detection a	nd repair
inspection?			piy □N
2. Has the facility maintained a leak log	?		DY □N
3. Does the responsible official check the	e following areas for leaks?		
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	AY ON ON/A
Door gaskets and seating	AVO ON ON/A	Stills	KAY ON ON/A
Filter gaskets and seating	AND NO YA	Exhaust dampers	Y ON ON/A
Pumps	AND ND Y	Diverter valves	AND NO YES
Solvent tanks and containers	KAY ON ON/A	Cartridge filter housings	QÍY ON ON/A
Water separators	AND ND YA		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfaces	;)	Ą
Physical detection (airflow felt the	nrough gaskets)		X
Odor (noticeable perc odor)			X
Use of direct-reading instrument	ation (FID/PID/calorimetri	c tubes)	
Halogen leak detector			
If using direct-reading inst	rumentation, is the equip	ment:	M N/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	fter each use	□Y □N
c. Inspected for leaks a	nd obvious signs of wear or	n a weekly basis?	OY ON
d. Kept in a clean and s	secure area when not in use	?	OY ON
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
	·		
ROGER ZHI		2/19/9	
Inspector's Name (Please Pri	nt)	Date of Inspe	ction
Duj St	'm	_ 1 Ye	AR
Inspector's Signature		Approximate Date of 1	Next Inspection

ADDITIONAL SITE INFORMATION:

THE PACILITY IS WELL MAINTAINED

His

AIRS ID#:	5710	77	l
ruco non.			

Parised 10/10/06

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	1CNATT'S CLEAR	WERS	DAT	E: 3/18/99
FACILITY LOCATION:	5227 GHRLICH	ROAD	· .	
	5227 EHRLICH TAMPA, FL 3	3624		
Annual Reporting Period:	Feb 11	1998 то	Mar 18	1999
	ition of the Title V general air poststrative Code (F.A.C.), during the			DEP Rule
If NO, complete the following	ng:			
#1. Term or condition of th	e general permit that has not bee	n in continuous compliar	ice during the reporting pe	eriod stated above:
. "		TATE	THETHE	
Exact period of non-complia	ance: from		to	
Action(s) taken to achieve c	ompliance:	MAR 2	9 1999	
Method used to demonstrate	compliance:		<i></i>	
#2. Term or condition of th	e general permit that has not bee	EPC c AIR MANA n in continuous complian	GEMENT	eriod stated above:
Exact period of non-complia	ance: from		ωω	ADD F.
Action(s) taken to achieve of	ompliance:		* 4	or 10
Method used to demonstrate	e compliance:	·		Ole St. Mortonine
made in this notification are upon rolling averages of pu year for transfer or combine	I hereby certify, based on informe true, accurate and complete. It is rehase receipts, does not exceed ation facilities. AL: NAME (Please Print	Further, my annual consult 2,100 gallons per year f	mption of perchloroethyle	hat the statements ne 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	T COV	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8 = 0-0 TI	ME OUT: / 0 =	G-OAIRS ID#:	571077
TYPE OF FACILITY: PERC DR	Y CLEANER		
FACILITY NAME: MCNATT'	S CLEANER	- 5	DATE: 3/18/99
FACILITY LOCATION: 5227	EHRLICH RO	AD	
	FL 33624	·	
RESPONSIBLE OFFICIAL: HENRY	MANATT	^ PY(O) III) III OF	ER: (813) 963-6533
RESPONSIBLE OFFICIAL:	METALL , J	PHONE NUMBE	SR: Corrigination Corrections
Based on the results of the compliance with DEP Rule 62-213	_		facility is found to be in
Based on the results of the complication discrepancies were noted:	ance requirements evalu	ated during this inspection, the	following compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
	•		
•	·		
			•
		1	<u> </u>
,			
			-
COMMENTS:			
			·
			·
The Annual Compliance Certification form	n has been properly cer	-	ector. YESX NO
DATE OF NEXT INSPECTION:	!	YEAR	·
•		pproximate)	·
INSPECTION CONDUCTED BY:	·	OGER ZHU	<u> </u>
n		lease Print)	(0:2)27
INSPECTOR'S SIGNATURE: LC	ge / m	PHONE NUME	BER: (813) 272-553 2

Revised 10/96

/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	и _П	COMPLAINT/	DISCOVERY	
AIRS ID#: <u>57/077</u> FACILITY NAME:	MCNATT'S	CLEANE	RS	TIME OUT:	10:00
FACILITY LOCATION: _	TAMPA, FL	- 3362	4		
RESPONSIBLE OFFICIA	L: HENRY MC	NATT, JI	PHONE: (8)		
PART I: NOTIFICATION	V				
(check appropriate box) 1. New facility notified DAI 2. Facility failed to notify D		•	~/k		٥
PART II: CLASSIFICATI	ION				
Facility indicated on notific (check appropriate box) A.	cation form that it is:	2. New small	_	ion form out of business/p	etroleum
Facility indicated on notific (check appropriate box)	cation form that it is: source gal/yr l/yr r	dry-to-dry only transfer only, both types, x <	Drop store/of area source y, x < 140 gal/yr x < 200 gal/yr	out of business/p	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gtransfer only, x < 200 gal both types, x < 140 gal/yr	cation form that it is: source gal/yr l/yr r 91) source \(\leq 2,100 \) gal/yr 1,800 \(\gal/yr \) source \(\leq 0 \) 00 \(\gal/yr \)	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	□ Drop store/of area source y, x < 140 gal/yr x < 200 gal/yr x 140 gal/yr n or after 12/9/91)	gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr l/yr r 91) source \(\leq 2,100 \) gal/yr 1,800 \(\text{gal/yr} \) 100 \(\text{gal/yr} \) 191)	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only, both types, 14	Drop store/of area source y, x < 140 gal/yr x < 200 gal/yr x 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ $200 \le x \le 1,800$ gal/y $0 \le x \le 1,800$ gal/y	gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/ 5. This is a correct facility of the property o	cation form that it is: source gal/yr l/yr r 91) source \(\leq 2,100 \) gal/yr 1,800 \(\text{gal/yr} \) 100 \(\text{gal/yr} \) 191)	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-	Drop store/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 \leq x \leq 2,100 200 \leq x \leq 1,800 gal/y n or after 12/9/91) \Box Can not determinater	gal/yr al/yr ermine above	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?	רו עם או א		
2. Examining the containers for leakage?	OY ON M NA		
3. Closing and securing machine doors except during loading/unloading?	AL ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ØY 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 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?	Żay □n		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ÑY □N □N/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY □N □N/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY □N		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	SÁY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	фу ои		

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?	¥Y □N
 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?	DY DN DN/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 ²	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
	OI ON SINA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser corts?	A/AC NO YO
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?	MÍY □N .				
2. Maintained rolling monthly averages of perc consumption?	ØY □N				
3. Maintained leak detection inspection and repair reports for the following:	·				
a. documentation of leaks repaired w/in 24 hrs? or;	STY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N ŪN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	dy dn sjin/a				
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?	DY DN SIN/A				

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			iα'γ □n	
2. Has the facility maintained a leak log?			ØY □N	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ØY □N □N/A	
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps	DIY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A	
Water separators	AVA ON ONA			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	solvent on exterior surfaces)		j a	
Physical detection (airflow felt th	rough gaskets)		Ø.	
Odor (noticeable perc odor)	b 3			
Use of direct-reading instrument				
Halogen leak detector	.			
If using direct-reading inst	N/A			
a. Capable of detecting	n a range of 0-500 ppm?	OY ON		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y				
c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	OY ON	
_	secure area when not in use?	•	OY ON	
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	·OY ON	
ROGER ZH	H	3/18/	199	
Inspector's Name (Please Pri	int)	Date of Inspe	ection	
Roger	hu-	(Ye	AR	
Inspector's Signature		Approximate Date of	Next Inspection	

•						
	INSPECTION REI	PORT FORM				
ENVIRONMENTAL PROT	ECTION COMMI	SSION OF HILLS		COUNTY		
FACILITY: McNatt's Cleaners		·	PAGE	1	OF	1
FACILITY ADDRESS: 5227 Ehrlich	Road		CITY: Tar PHONE: (•	8-4599	
MAILING ADDRESS: Same		CITY: Brando	n FLA	ZIP: 3	33624	
INSPECTION DATE: TIME IN: Mar 18, 1999 8:00	TIME OUT: 10:00	INSPECTION non-Cl			STATUS Complia	ll ll
NEDS NUMBER: 571077	1000					
SOURCE DESCRIPTION: Perc Dry	Cleaner					
CONTACT(S): Charles Fardy						
The facility appears to be well organder. Fardy, the store manage, keep perc usage was 357.8 gallons during machine has its own set of records, so The repair log indicated that the aid dispenser valve was replaced on 3/16	s good records the past 12-mo uch as the leak r lines for the	s. The purcha onth for the two log and the te	ase receipts o machine mperature	s indica s in this log.	ted that facilit	t a total y. Each
						•
,						·
			•			

INSPECTED BY: Roger Zhu DATE: Mar 18, 1999

Z 333 613 623

US Postal Service

Codified Foo

Receipt for Certified Mail No Insurance Coverage Provided.

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0571077

EHRLICH ROAD CLEANERS & LAUNDRY INC
HENRY MCNATT JR

14946 N FLORIDA AVENUE TAMPA FL 33613

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

on the reverse side?	SENDER: Of adolarua to dollar actives. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write Return Receipt Requested on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	ploding a can return this e does not e number. d the date	also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
Is your RETURN ADDRESS completed of	AIRS ID#: 0571077 EHRLICH ROAD CLEANERS & LAUNDRY INC HENRY MCNATT JR 14946 N FLORIDA AVENUE TAMPA FL 33613 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	4b. Service Registere Express Return Ref. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery B's Address (Only if requested	Thank you for using Return

P. 265 302 147

US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID#: 0571077 EHRLICH ROAD CLEANERS & LAUNDRY INCHENRY MCNATT JR 14946 N FLORIDA AVENUE TAMPA FL 33613

	1		
	rostage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
n 3	Postmark or Date		
'S Form 3800, April 1995	~//4/97		



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412998 JAN142002

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 # 0571077 MCNATT'S CLEANERS #55 HENRY MCNATTJR 14946 N FLORIDA AVENUE TAMPA FL 33613

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

EHRLICH ROAD CLEANERS & LAUNDRY INC. Payee DBA MCNATT'S CLEANERS

Check #

6693

DEPT.OF ENVIRON. PROTECT.

Inv ID

Inv Date Inv Balance Amount Paid Disc Taken

Description

571077 2002

01/08/02

50.00

50.00

TITLE V PERMIT

Total Discount Check Amount 0.00 50.00

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. Signature Agent Address D. Is delivery address different from item 12 Yes	
1. Article Addressed to: 10 AIRS ID # 0571077001AG HENRY MCNATT JR	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
MCNATT'S CLEANERS #55 14946 N FLORIDA AVENUE 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	
2. Article Number (Copy from service label) 7000 0510 0010 9371 9	798	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789	

£		AIL RECEIPT	e Coverage Provided)
98		and the same of the	Service Control
97			1
75	Postage	\$	7
₩.	Certified Fee		3
20	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		, 2
	Total Postage & Fees	\$ _	
0.52	Recii 10 HENRY MO	AIRS ID# 0571 CNATT IR	077001AG iller)
	Street, MCNATT'S	CLEANERS #55	
7000	14946 N FLO City, S TAMPA FL	ORIDA AVENUE 33613	
) -	De ES		

404873

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

2/8/0169

Do NOT Remove Label

AIRS ID # 0571077

MCNATT'S CLEANERS #55 HENRY MCNATT JR 14946 N FLORIDA AVENUE

TAMPA FL 33613

9 20 11 12 ...

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

Check # EHRLICH ROAD CLEANERS & LAUNDRY INC. DBA MCNATT'S CLEANERS 006203 DEPT.OF ENVIRON. PROTECT. Payee Ref # Inv ID Inv Date Inv Balance Amount Paid Disc Taken Discription 2001 01/26/01 50.00 50.00 AIRS#057107'

.

Total Discount Check Amount 0.00 50.00

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. 1. Article Addressed to: AIRS ID # 0571077 MCNATT'S CLEANERS #55 HENRY MCNATT'IR	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:		
14946 N FLORIDA AVENUE TAMPA FL 33613	3. Service Type		
TAWIFA FE 33013	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
·	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 000 0026 4124 4096			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		
	j		

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4046	U.S. Postal CERTAINE	MAIL REC	EIPT Coverage Provided)
4127	Postage	\$	
=	Certified Fee		Postmark
拀	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
	Total Pr		
			S ID # 0571077
4	Recipieni MCNATT'S		
	HENRY MO Street, Ac 14946 N FL	ORIDA AVENUE	
	TAMPA FL		
7000	City, State	22012	
	PS/Form \$800, February 2	000	See Reverse for Instructions

THIS POPTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360147

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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AIRS ID # 0571077

MCNATT'S CLEANERS #55 HENRY MCNATT JR 14946 N FLORIDA AVENUE **TAMPA FL 33613**

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

EHRLICH ROAD CLEANERS & LAUNDRY INC. DBA MCNATT'S CLEANERS

Check # 5137

005137

Payee DEPT.OF ENVIRON. PROTECT.

Inv Date Inv Balance Amount Paid

Disc Taken

Discription

1999

02/05/99

50.00

50.00

AIRS ID# 0571077

Total Discount Check Amount 0.00 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302833

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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AIRS ID#0571077 EHRLICH ROAD CLEANERS & LAUNDRY

HENRY MCNATT JR 14946 N FLORIDA AVENUE

TAMPA FL 33613

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оьј.: 002273

Z 333 660 367

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AIRS ID # 0571077

MCNATT'S CLEANERS #55 HENRY MCNATT JR 14946 N FLORIDA AVENUE TAMPA FL 33613

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
900	TOTAL Postage & Fees	\$
33	Postmark or Date	
Fon		
PS		

0391977

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

 \checkmark

Do NOT Remove Label

AIRS ID # 0571077

MCNATT'S CLEANERS #55 HENRY MCNATT JR 14946 N FLORIDA AVENUE TAMPA FL 33613 EHRLICH ROAD CLEANERS & LAUNDRY INC. DBA MCNATT'S CLEANERS

Check #

005659

Payee DEPT.OF ENVIRON. PROTECT.

24700 221101

Inv Date Inv Balance Amount Paid Disc Taken

Discription

TITLE 2000

Inv ID

Ref #

02/04/00

50.00

50.00

AIRS#0571077

ot enclavae to o	Eold at line over to
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Aiso 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) C. Signature X D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 05/10// ICNATT'S CLEANERS #55 IENRY MCNATT JR 4946 N FLORIDA AVENUE	
AMPA FL 33613	3. Service Type
	Certified Mail
Z333 667 437	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	11, 1,1,1,1,1
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

Z 333 (67 437
US Postal Service Receipt for Cer	tified Mail AIRS ID # 0571077
MCNATT'S CLEANER HENRY MCNATT JR 14946 N FLORIDA AV TAMPA FL 33613	
Postage	\$
Certified Fee	-
Special Delivery Fee	-
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	