

## 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. 0571078 - #33

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"

1.00

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	INSPECTION SUR	AMARY REPORT	•
TYPE OF INSPECTION:	ANNUAL 🗷 COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /3 20	TIME OUT: 1430	AIRS ID#:	7/078
TYPE OF FACILITY:	PERC Dry Cleaner		
FACILITY NAME: Mc/	Vatt's Cleaners	7	DATE: 5/6/87
FACILITY LOCATION:	559 W Brandon Blud	7	
	Branlos F1 33511		
RESPONSIBLE OFFICIAL:	Henry MeNatt, Ir	PHONE NUMBER:	(813) 863-6533
	the compliance requirements evalue Rule 62-213.300, Florida Administ	nated during this inspection, the factorative Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were not		ated during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
COMMENTS:	<del>, , , , , , , , , , , , , , , , , , , </del>		
-		ified and submitted to the inspector	. YES NO
DATE OF NEXT INSPECTION	JN: / yes-	pproximate)	·
INSPECTION CONDUCTED			
	(P	lease Print)  PHONE NUMBER:	
INSPECTOR'S SIGNATURE	: Jan 2 Hol	PHONE NUMBER:	(813) 272-5530

Page\_/\_of\_/\_.

Revised 10/96

AIRS ID#: 0571078

#### DRY CLEANER AIR QUALITY GENERAL PERMIT HC ANNUAL COMPLIANCE CERTIFICATION RURBINAGEMENT

FACILITY NAME: McNa	Hs Clemes		DA	TE: <u>5/6/97</u>
FACILITY LOCATION:				
	rander, F1 33	5//		
Annual Reporting Period:	10/1	19 <u><i>8</i>%</u> TO	5/6	19 <i>_}?_</i>
Based on each term or condition of the 62-213.300, Florida Administrative		*	<u> </u>	n DEP Rule
If NO, complete the following:				
#1. Term or condition of the general	l permit that has not been in cont	inuous compliance d	uring the reporting	period stated above:
Exact period of non-compliance: fro	m	to		
Action(s) taken to achieve compliance	œ:		<del></del>	
Method used to demonstrate complia	ince:			
#2. Term or condition of the general	l permit that has not been in cont	inuous compliance d	uring the reporting	period stated above:
Exact period of non-compliance: fro	m	to		
Action(s) taken to achieve compliance	<b>xe</b> :		<u>-</u>	
Method used to demonstrate complia	nce:	<del> </del>		
As the responsible official, I hereby of made in this notification are true, ac upon rolling averages of purchase re year for transfer or combination faci	curate and complete. Further, neceipts, does not exceed 2,100 ga	ny annual consumption	on of perchloroethy	ene solvent, based
RESPONSIBLE OFFICIAL:	H. Mc Natt	Hu	Meth	5-20-97
	Name (Please Print)	S	gnature	Date

RECEIVED \*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. JUN 1 9 1997.

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

260555 🗸

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

FEB 14 TOTAL AMOUNT DUE: \$50.00

#### Do NOT Remove Label

AIRS ID# 0571078 CLAYTON PLAZA CLEANERS & LAUNDRY INC HENRY MCNATT JR 14946 N FLORIDA AVE **TAMPA FL 33613** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

AIRS ID#: 571078

Revised 10/10/0

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Clay to	n Plaza Cle	caners + Ldg.	Inc. DA	TE: <u>/2-3/-96</u>
FACILITY NAME: Clay to	N. Brando	n Blud.		
	ndon. Fl	33 <i>5</i> //		
		·		
Annual Reporting Period:	10-2	19 <b>96</b> то	<u> </u>	12-3/ 19 <u>96</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1			<u> </u>	h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in co	ontinuous compliance dur	ing the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in co	ontinuous compliance duri	ing the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		,		
Method used to demonstrate compliance:			_	
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. Further, does not exceed 2,100	my annual consumption	of perchloroethyl	ene solvent, based

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

08066 CLAYTON PLAZA CLEANERS & LAUNDRY, INC. NET AMT. DEPT. OF ENVIRON. PROTECT. DRYCLEANING REGISTRATION 2600BLAIR STONE RD, MS4525 AIRS ID#0571078 1997 197 01/10 TALLAHASSEE, FL 50.00 0.00 50.00 32399-2405 TOTAL = \$50.00 02/11/97 CHECKINUMBER) 00008066

	#0571078
	Mª Natts Cleaners #33
p./3	9.add title
,	
-	
,	

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Clayton Plaza Cleaners & Laundry, Inc.
2.	Site Name (For example, plant name or number):
	McNett's Cleaners (DBA) #33
3.	Hazardous Waste Generator Identification Number:
	9502133
4.	Facility Location: Street Address: 559 W. Brandon Blvd.
	City: 0 County: List classes of Zip Code: 32 5 11
	City: Brandon County: Hillsborough Zip Code: 335/1
5.	Facility Identification Number (DEP Use):
	057/078
	Responsible Official
6.	Name and Title of Responsible Official:
0.	Henry McNatt, gr. Pres. Jowner
7.	Responsible Official Mailing Address; Organization/Firm: M Natt's Cleaners
	Street Address: 14946 N. Florid a Ave.
	County: / 1 7 / 7 in Code: 3 2 / 12
	Tumpa Tillisson of
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):
	Nancy Riensche
10.	Facility Contact Address:
	Street Address: 559 W. Brandon Blvd.
	City: Brandon County: Hillsborough Zip Code: 33511
11.	Facility Contact Telephone Number:
	Telephone: (813) 689 - 5920 Fax: (813) 962-1087

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SEP 3 1996

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#[	11-JAN86	12-NOV-93						
(2) w/ carbon adsorber		3							
(3) w/ no controls								,	
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•	•						
(7) w/ ref. condenser								<u> </u>	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	•		-	_			•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are required, but not yet installed</li></ul>									
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large ar	Selec ea so	urce []	ication only.)	ew sn	initions foun nall area sou rge area sour	rce [	3) of ] ]	Part II?	
Ties Lander	30				- 5 Ju 554		_		

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Effective: 6-25-96

Production Contract

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4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber	:	Refrigerated condenser	
New small area source Refrigerated condenser		•	
New large area source Refrigerated condenser			
·			
	÷		
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such that the su	that all steam an	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil co	d exclusively by r	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	; units exempt		
Equipm	ent Monitoring	and Recordkeeping Inform	mation
Check all logs which are required t	to be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent p	urchases		$[\mathcal{Y}]$
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		بك
(d) Carbon adsorber exhaust perc of	concentration mor	nitoring	
(e) Instrument calibration			<u> </u>
(f) Start-up shutdown malfunctio	n nlan		$1 \times 1$

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

#### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:							
, []	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification							
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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	7641: Nec							

# #0571078 BEST AVAILABLE COPY Mc Natts Cleaners #33

1.	p.13 9 add title	,Inc.
2.		
4.		33511
.5		18 18 18 18 18 18 18 18 18 18 18 18 18 1
		· Jowner
		Code: 336/3
		087
	9: Name and Title of Facility Connect.  Nancy Riensche	
	10. Facility Contact Address:  Street Address: 559 W. Brandon Blvd.  City: Brandon  Number:	ode: 33511
	11. Facility Contact Telephone Number: Telephone: (813) 689 - 5920 Fax: (813) 962	1087

RECEIVED

SEP 3 1990

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Clayton Plaza Cleaners & Laundry, Inc.
2.	Site Name (For example, plant name or number):  No Nott's Cleaners (DBA) #33
3.	Hazardous Waste Generator Identification Number:
	9502133
	Facility Location: Street Address: 559 W. Brandon Blvd. City: Brandon 29 Hillsborough Zip Code: 33511
.5.	Facility Identification Number (DEP Use):  05/10/18
	Responsible Official
6.	Name and Title of Responsible Official: Henry McNatt, Jr. Pres. Jowner
7.	Responsible Official Mailing Address; Organization/Firm: McNatt's Cleaners Street Address: 14946 N. Florida Ave. City: Tampa County: Hillshorough Zip Code: 33613
8.	
	Facility Contact (If different from Responsible Official)
.9.	Name and Title of Facility Contact (For example, plant manager):
	Nancy Riensche plant manager
10.	Facility Contact Address:
	Street Address: 559 W. Brandon Blvd.
	City: Brandon County: Hillsborough Zip Code: 33511
11.	Facility Contact Telephone Number: Telephone: (813)689 - 5920 Fax: (813) 96 2- 1087

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DEP Form No. 62-213.900(2)

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SEP 3 1970

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.

		Date	Date		Date	Date	-	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit								<u> </u>	
(1) w/ ref. condenser	#[	11-TAN-86	12-NOV-93						T
(2) w/ carbon adsorber									
(3) w/ no controls									1
Washer Unit					•	•		•	
(4) w/ ref. condenser		I							
(5) w/ carbon adsorber									
(6) w/ no controls			_						
Dryer Unit		•				1	٠,	·	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									1
(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []									
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [573.9] gallons									
(b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	(3) of	Part II?	
Existing small ar	Existing small area source [] New small area source []								
Existing large area source [] New large area source []									

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<ol> <li>What control technology is required on machines pur (Indicate with an "X".)</li> </ol>	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber R	efrigerated condenser [V]
New small area source Refrigerated condenser []	•
New large area source  Refrigerated condenser []	
•	
;	
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	s shall not be eligible to use the general permit pursuant of water generating units on-site meet the following.
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more the	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No-such units on-site	
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in a	ccordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X</u> ]
(b) Leak detection inspection and repair	<u>&gt;</u>
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monito	ring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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

#### Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form: specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in the sation. I hereby certify, based on information and belief formed after reasonable inquiry, that the same made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	<u>28 - AUG-96</u> Date
- 3	

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	∑a COMPLAINT/DISC	OVERY 🗆
		1320 TIME IN: <u>1430</u> TIM	
FACILITY LOCATION:	559 W Brs	nder BLD	<del></del>
	Brandon, F	nden BI-D -1 33511	
PART I: NOTIFICATION			
(check appropriate box)	•		
Existing facility notified DAR	M by 9/1/96		
2. New facility notified DARM 3	0 days prior to starti	qı	ο.
3. Facility failed to notify DARM	to use general pern	nit	۵
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n 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)	1	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr r l</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr l/yr r l	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	ation	DY SAN	
If no, please check the appropriat	te classification:		
☐ facility exceeds	above limits and is	it as number above not eligible for a general permit	
B. The total quantity of perchloro facility was 388.8 gallons.	pethylene (perc) pure	chased within the preceding 12 month	s 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 scaled and impervious containers?	oy on
2. Examining the containers for leakage?	DY ON
3. Closing and securing machine doors except during loading/unloading?	on or
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	no yea
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON QAY/A
DADE WAR PROCESS VENTS CONTROLS	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:  If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	<u> </u>
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?	ON PAD
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ery on on/a
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	CY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON (MA)
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	om on

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?	o Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	□N(	(NIA)
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	
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?	ΠY	□N	<b>⊡</b> N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПK	N/A)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	ŒN√A

ur<sup>y</sup>no lewa

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	®Y □N			
2. Maintained rolling monthly averages of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:	<del>(NA)</del>			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON AIA			
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 COA			
4. Maintained calibration data? for direct reading instruments only)	OY ON ®M√A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON (MIS)			
6. Maintained startup/shutdown/malfunction plan?	ØYY □N			
7. Maintained deviation reports?	OY ON			
Problem corrected?	OY ON			
8. Maintained compliance plan, if applicable?	□Y □N ©YŃ/A			

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	er on

2. Which method of detection is used by	the respo	nsible offici	ial?		<del></del>
Visual examination (condensed s	solvent or	n exterior su	urfaces)	9	•
Physical detection (airflow felt the	rough ga	askets)			
Odor (noticeable perc odor)					
Use of direct-reading instruments	ation (FI	D/PID/calor	rimetric tubes)		
If using direct-reading instrum	entation	, is the equ	ipment:		
a. Capable of detecting	perc vap	or concentr	ations in a range of 0-500 ppm?	ПY	□N
b. Calibrated against a : (PID/FID only)?	standard	gas prior to	and after each use	ΠY	□N
c. Inspected for leaks an	nd obviou	ıs signs of v	vear on a weekly basis?	ΠY	□и
d. Kept in a clean and s	ecure are	ea when not	in use?	ПΥ	□N
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΩΥ	ΠN
3. Has the facility maintained a leak log?				ΩY	□N
4. Does the responsible official check the	followin	g areas for	leaks?		
Hose connections, fittings, couplings, and valves	ΠY	ПΝ	Muck cookers	ΠY	ПN
Door gaskets and seating	ΠY	ПN	Stills	ΠY	ПN
Filter gaskets and seating	ΠY	□и	Exhaust dampers	ПΥ	ПN
Pumps	ΠY	ПΝ	Diverter valves	□Y.	□N
Solvent tanks and containers	ŪΥ	DИ	Cartridge filter housings	QY	ПN
Water separators	ПY	ПΝ			
Henry Mc North, Jr. Name of Responsible Official					
Name of Responsible Officia	al				
James O Hold			5/6/97		
Inspector's Name (Please Pri	nt)		Date of Inspe	ction	
Jan O Holt	_		Approximate Date of		
Inspector's Signature			Approximate Date of	Nevt I	nenection

#### ADDITIONAL SITE INFORMATION: McNatt's Cleaners, 559 W Brandon Blvd

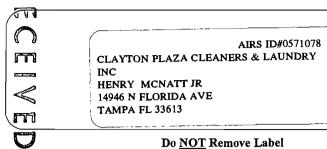
- A new machine has been installed, replacing the old machine. The information on the new machine is as follows: Real Star Fresca model RS-640, S/N 64.D6.064. Capacity is 70#, and unit was installed on or around 1/11/97.
- Perc had to be added to the old machine each month dating back to May, 1996. When the new machine was installed, perc from the old machine was transferred to the new machine, plus an additional 110 gallons was added. The first perc addition after initial fill then did not have to be performed for approximately 3 months (38.4 gallons on 4/3/97). Plant manager (Nancy Reinsche) indicated they may be able to recycle some of the perc that was drained through the still process. Her suspicions is that when she and her operator become more familiar with the new machine, they will not need to add as much perc next time. If this is the case, then I informed her (and wrote a letter to the R. O., Mr. Henry McNatt) to submit a request to change permit classification from original "3" to either "4" or "2". Classification "2" would be in event first two perc additions (including 4/3/97) total could be projected over 12 months (based on initial start-up date).
- Perc supplier is Tampa Bay Cleaning Supplies; Waste company used for waste pickups is MCF.
- Facility keeps good records, and the facility is kept clean.
- Gave R. O. certification form to plant manager to send to R. O. for completion.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XI CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10=45	TIME OUT: [[==	30AIRS ID#:	571078
TYPE OF FACILITY:	PERC DRY CLE	ANER	
FACILITY NAME:	MCNATT'S' CLEA	INERS	DATE: 3/16/58
FACILITY LOCATION:	559 W. BRANDO!	N BLVD	
	BRANDEN, FL	33511	
RESPONSIBLE OFFICIAL:	HENRY MONATT	PHONE NUMBE	R: (813) 963-653
	of the compliance requirements evalu P Rule 62-213.300, Florida Administ		facility is found to be in
Based on the results discrepancies were n	of the compliance requirements evalu	nated during this inspection, the	following compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
		× × × × × × × × × × × × × × × × × × ×	<u> </u>
		Opia	EIVED  131998 of Air Monitoring
			E O
MMENTS:			·
Annual Compliance Certif	fication form has been properly certifi	ied and submitted to the inspector	or. YES NO
TE OF NEXT INSPECTION		<u> </u>	
SPECTION CONDUCTED	BY:RC	proximate) OGER ZHU	
SPECTOR'S SIGNATURE	(Ple	ese Print) PHONE NUMBER	<u>: (813)272-5530</u>
	Page 1's	<u> </u>	Revised 10/

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources



RECEIVED MAIL ROOM FEB 17 98

Annual Reporting Period:		12 - 3/ 19 <u>97</u>
	V general air permit, my facility has remained in A.C.), during the period covered by this statemen	
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during	g 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>
#2. Term or condition of the general permit	that has not been in continuous compliance during	g the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	•	

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

H. Mc Natt - President, Name (Please Print)

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,

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

PERCHLOROETHYLENE DRY CLEANERS ECEPTED 130 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT BISCOVE ANNUAL TYPE OF INSPECTION: RE-INSPECTION AIRS ID#: 57/078 DATE: 3/16/98 TIME IN: 10=45 TIME & FACILITY NAME: MCNATT'S CLEANERS FACILITY LOCATION: 559 W. BRANDON BLUD BRANDON, FL 33511 RESPONSIBLE OFFICIAL: HEURY MCNATT PHONE: (813) 963-6533 CONTACT NAME: NANCY RIENSCHE PHONE: (813) 689 - 5920 PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: □ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 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/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/vr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 76.8 gallons.

facility qualified for a general permit as number 2

facility exceeds above limits and is not eligible for a general permit

both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91)

5. This is a correct facility classification

If no, please check the appropriate classification:

both types,  $140 \le x \le 1,800 \text{ gal/yr}$ 

□Can not determine

(constructed on or after 12/9/91)

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?	ÆΥ	ПN	□N/A
2. Examining the containers for leakage?	ŽΊΥ	ПИ	□N/A
3. Closing and securing machine doors except during loading/unloading?	XX	ПN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	χ̈́Υ	ПN	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ПN	NIA
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 refrience (complete A below).	gerated	cond	enser
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		,	d
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated	cond	enser
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?	<b>M</b> Y	ΩN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XX	ΩN	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<b>X</b> Y (	□N I	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>X</b> Y (	□N	
<ol> <li>Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?</li> </ol>	QXY (	ו מב	□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	tax o	מב	

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, reciaimer, and dryer machines on a weekly basis?	<b>X</b> Y	חם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	-OŃ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ND YE				
2. Maintained rolling monthly averages of perc consumption?	NO KK				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	אואלם אם אם א				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואל מם צם				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PINA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DA DN ÈNNY				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	OY ON MANA				
8. Maintained compliance plan, if applicable?	OY ON SINA				

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ND YE		
2. Has the facility maintained a leak log?		AY ON			
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	AVA NO VE	Muck cookers	אוחם חם צא		
Door gaskets and seating	ÀY ON ON/A	Stills	PY ON ONA		
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	ÀN □N □N/A		
Pumps	AND NO YA	Diverter valves	ZY ON ON/A		
Solvent tanks and containers	AND ND YA	Cartridge filter housings	A'ND ND YA		
Water separators	AVA ON ON/A				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed so	oivent on exterior surfaces)		<b>β</b>		
Physical detection (airflow felt the		)			
Odor (noticeable perc odor)	, pi				
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instru	nt:	<b>Z</b> IN/A			
a. Capable of detecting p	UY UN				
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>					
c. Inspected for leaks and	i obvious signs of wear on a	weekly basis?	UN UN		
d. Kept in a clean and se		UY UN			
e. Verified for accuracy b	calorimetric only)?	OY ON			
		, .			
ROGER ZH	HU	3/16/9			
Inspector's Name (Please Print	Inspector's Name (Please Print)  Date of Inspection				
antim	antish 1 YEAR				
Inspector's Signature	<u> </u>	Approximate Date of N	lext Inspection		

INSPECTION REPORT FORM							
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: McNatt's		PA	GE	1 OF 1			
FACILITY ADDRESS:	559 W. Brand	lon Blvd		CITY:	CITY: Brandon		
				PHON	VE: (	813) 689-5920	
MAILING ADDRESS: Same CITY: Brandon FLA ZIP: 33511					ZIP: 33511		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:		STATUS:		
Mar 16, 1998	Mar 16, 1998 10:45 11:30 non-CDS		DS		In Compliance		
NEDS NUMBER: 571078							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Nancy Riensche							

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection. (Note: This new machine was installed on January 1997, replacing the old machine)

The machine was in operation today. No leaks or odors were noticed.

Ms. Riensche record keeping is in good shape. Her perc purchase receipts and the average monthly rolling total indicated that she has purchased 76.8 gallons of perc over the last 12 months. Since the machine was initially purchased in January 1997, and the perc consumption over the last 12 months is less than 140 gallons, Ms. Riensche requests to change the facility classification from "Existing large area source" to "New small area source". I told Mr. Riensche that only difference between the classification "3" and "2" is to maintain the record keeping on weekly or bi-weekly basis and she should submit a request to FDEP in Tallahassee for changing this facility classification.

INSPECTED BY: Roger Zhu DATE: Mar 16,1998

Gend + - Mohan

AIRS ID#: 05 7/078

DOD

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Clayton Plaza Cleane FACILITY LOCATION: 559 W. Brand	VS + Loly., Inc. DATE: 4-30-99
FACILITY LOCATION: 559 W. Brand	lon Blvl.
Brandon, F	L 33511
Annual Reporting Period:	_19 <u>99</u> TO
Based on each term or condition of the Title V general air permit, n 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	MAY 1 7 1999
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not been in co	ntinuous 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:	·
As the responsible official, I hereby certify, based on information a made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	my annual consumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:15 AM TIME OUT: 10:30 AM AIRS ID#: 05 7/078
TYPE OF FACILITY: Perc Day cleaners
FACILITY NAME: Mc Natt's Cleaners DATE: 4-27-99
FACILITY LOCATION: 559 West Brandon Blud
Brandon. Fl 33511
RESPONSIBLE OFFICIAL: NANCY RIENSCHE PHONE NUMBER: (813) 963-6933
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: (Approximate)
INSPECTION CONDUCTED BY: Mohammad Nozami
INSPECTOR'S SIGNATURE: M.NOZONI PHONE NUMBER: (813)272 - 5532

Page | of | .

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>E</b> (	COMPLAINT/DISCOVERY	
AIRS ID#: <u>05 7/078</u>	DATE: 4-27-9	19 TIME IN:	9115 time out:	10:30
FACILITY NAME:	Natt's cle	avers		
FACILITY LOCATION:	559 West 1	Brandon	Blud	
	Brandon, F-1	3351	)	
RESPONSIBLE OFFICIAL	: Henry MC	Next P	HONE: <u>(815)</u> 963 – 6	533
CONTACT NAME:		P	HONE:	
PART I: NOTIFICATION		RE	CEIVED	
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to startup		MAY 1 7 1999	
2. Facility failed to notify DA	RM to use general permit	Bure	eau of Air Monitoring	
			& Mobile Sources	
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)			No notification form Drop store/out of business/j	petroleum
Facility indicated on notifica	tion form that it is:  1/yr dry 1/yr tra bo		Drop store/out of business/jasource  < 140 gal/yr 200 gal/yr 2 gal/yr	petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is:  1/yr	New small area y-to-dry only, x < unsfer only, x < 2 th types, x < 140 onstructed on or  New large area y-to-dry only, 14	Drop store/out of business/j a source $=$ 140 gal/yr 200 gal/yr after 12/9/91) a source $=$ 0 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr $\leq$ $\leq$ 1,800 gal/yr	petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91  3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  2.  1/yr dry  1 tra  bo  (cc  2,100 gal/yr dry  300 gal/yr tra  0 gal/yr bo  (cc	New small area y-to-dry only, $x < 2$ th types, $x < 140$ constructed on or  New large area y-to-dry only, 14 th types, $140 \le x$ constructed on or	Drop store/out of business/j a source $=$ 140 gal/yr 200 gal/yr after 12/9/91) a source $=$ 0 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr $\leq$ $\leq$ 1,800 gal/yr	petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 to types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility facility facility facility.	tion form that it is:  2.  1/yr dry  1 tra  bo  (cc  2,100 gal/yr dry  300 gal/yr tra  0 gal/yr bo  (cc	New small area y-to-dry only, x < 2 th types, x < 140 constructed on or  New large area y-to-dry only, 14 unsfer only, 200 y th types, 140 ≤ x constructed on or  Y ZIN Constructed on or	Drop store/out of business/ja source  140 gal/yr 200 gal/yr 2 gal/yr after 12/9/91)  1 source  0 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr \le 1,800 gal/yr after 12/9/91)  Can not determine	petroleum

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ØN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON PAN/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 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) 1. Equipped all machines with the appropriate vent controls? OY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A 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:	
١.		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	MY ON
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	MY 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
	Y. 41	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	LIY LIN LIN/A
Ì,		
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 ØN/A
		/
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	OY ON MN/A
	condenser coils?	OY ON ZINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A
Ĺ		

#### 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: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ON/A and parts installed w/in 5 days of receipt? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY/DN WN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? œY □N DY DN DYN/A 7. Maintained deviation reports? Problem corrected? DY DN DYN/A DY DN DYN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			MY ON	
2.	Has the facility maintained a leak log?		DZY □N		
3.	Does the responsible official check the	following areas for lea	ks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ZY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	ØY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	ZY ON ON/A	
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	he responsible official	?		
	Visual examination (condensed so	olvent on exterior surfa	aces)	<b>☑</b>	
	Physical detection (airflow felt the	rough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	<b>0</b> /			
	If using direct-reading instr	M/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				□Y □N	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
	c. Inspected for leaks an	d obvious signs of wea	er on a weekly basis?	OY ON	
	d. Kept in a clean and so	_	-	DY DN	
	7		nples (calorimetric only)?	OY ON	
		-,			
_					
	Mohammad Dozari		4-27-99		
	Inspector's Name (Please Prin	nt)	Date of Inspe		
	Importor 5 Traine (1 Ivase I III	··· <i>y</i>	Date of hispe		
	M. NO 3 peri		\ Year	-	
_	M. NO 3 OW Inspector's Signature		Approximate Date of		

INSPECTION REPORT FORM  ENVIRONMENTAL PROTECTION COMMISSION OF THE ESPORAL COUNTY						OUNTV
	ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY  FACILITY: Mc Natt's Clears  PAGE 1 OF 1					
FACILITY ADDRESS:	FACILITY ADDRESS: 559 West Brandon Boulevard  CITY: Brandon PHONE: (813)963-6533					
MAILING ADDRESS:	14946 North Flo	orida Avenue	CITY: Tampa		FLA	ZIP: 33613
				STATUS: In Compliance		
NEDS NUMBER: 0571078						
SOURCE DESCRIPTION: Perchloroethylene (perc) Dry Cleaner						
CONTACT(S): Mrs. Nancy Riensche						
The purpose of the visit was an annual inspection. We found the following:  1. The record keeping of the Perc purchases was very good and organized.  2. The gauge temperature reading was recorded weekly.						
<ol> <li>The vicinity around the dry cleaning machine was very clean and well maintained.</li> <li>The Perc was loaded directly with a hookup connection. No container of perc was at the site.</li> </ol>						

- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 153 gallons and it was verified.
- 6. The machine was in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

INSPECTED BY:	DATE:
Mohammad Nozari	April 27, 1999
	I .

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3'.30 PM TIME OUT: 4'.15	AIRS ID#: 571078
TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: MCNATT'S CLEANER FACILITY LOCATION: 559 W. BRANDON (	BLYD
RESPONSIBLE OFFICIAL: HENRY MCNATT, Jr	PHONE NUMBER: (813) 963 - 6533
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213,300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
	PR 3
	Monitorii Sources
COMMENTS:	· 60
The Annual Compliance Certification form has been properly certification	· ·
Bittle of Harri Moradotton.	eur pproximate)
INSPECTION CONDUCTED BY: Mohani Mad N	lease Print)
INSPECTOR'S SIGNATURE: M. NO Pan	PHONE NUMBER: (513) 272. 596 0

Page \ of | 1.

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Ø

	ANNUAL	y <b>⊠</b> c	OMPLAINT/DISCOVER	Y 🖸
	RE-INSPECTION	'a		
AIRS ID#: 571078			3:30/MTIME OUT	r: <u>4.15P.</u> r
	1c NATT'S CL			
FACILITY LOCATION:	559 W. BRAN	DON BL	VD	<del></del>
<u></u>	BRANDON,	FL 335	<del>-</del> //	
RESPONSIBLE OFFICIAL	: HENRY MONA	TT, Jr. P.	HONE: (813) 963	-6533
FACILITY LOCATION:	ICY RIENSCH	P.	HONE: (8/3) 689	-5920
PART I: NOTIFICATION				
(check appropriate box)			<u>·                                      </u>	
1. New facility notified DARN	A 30 days prior to startup		NIA	×χ
2. Facility failed to notify DA	RM to use general permit		NIN	, o
				·
PART II: CLASSIFICATIO	NAT .			
Facility indicated on notifica (check appropriate box)	tion form that it is:		I No notification form Drop store/out of busine	ss/petroleum
A				
1. Existing small area sou dry-to-dry only, x < 140 ga		New small are: y-to-dry only, x		
transfer only, $x < 200 \text{ gal/y}$	•	ansfer only, $x < 2$		
both types, x < 140 gal/yr		th types, $x < 140$		
u	ро		) gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/9)	bo 1) (c	th types, $x < 140$	) gal/yr after 12/9/91)	
both types, $x < 140$ gal/yr	bo 1) (co urce <b>5</b> 4.	oth types, x < 140 onstructed on or New large are	) gal/yr after 12/9/91)	
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/9)</li> <li>3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,</li> </ul>	bource 4. 2,100 gal/yr dr 800 gal/yr tra	oth types, x < 140 constructed on or New large are: y-to-dry only, 14 ansfer only, 200	) gal/yr after 12/9/91)  a source  □ 0 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area sor dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,000 both types, 140 \le x \le 1,800	bo (cource 4. 2,100 gal/yr dr 800 gal/yr tra 0 gal/yr bo	onstructed on or  New large are: y-to-dry only, 14 ansfer only, 200 oth types, 140 \le 2:	) gal/yr after 12/9/91)  a source  □ 0 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	
<ul> <li>both types, x &lt; 140 gal/yr (constructed before 12/9/9)</li> <li>3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,</li> </ul>	bo (cource 4. 2,100 gal/yr dr 800 gal/yr tra 0 gal/yr bo	oth types, x < 140 constructed on or New large are: y-to-dry only, 14 ansfer only, 200	) gal/yr after 12/9/91)  a source  □ 0 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area sor dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,000 both types, 140 \le x \le 1,800	bo (control of the latest term o	onstructed on or  New large are y-to-dry only, 14 ansfer only, 200 oth types, 140 \le 2 onstructed on or	) gal/yr after 12/9/91)  a source  □ 0 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area sord dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9)  5. This is a correct facility  If no, please check the face	bo (control of the latest term o	onstructed on or  New large are: y-to-dry only, 14 ansfer only, 200 oth types, 140 \le 2 onstructed on or  Y XN  on: al permit as num	gal/yr   after 12/9/91)   a source   □   0 ≤ x ≤ 2,100 gal/yr   ≤ x ≤ 1,800 gal/yr   x ≤ 1,800 gal/yr   after 12/9/91)   □ Can not determine   ber 2   above	

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? a√ □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY BY DN/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) BY ON 1. Equipped all machines with the appropriate vent controls? DY 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 BY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

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?	<b>E</b> Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	⊠N/A.
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	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?	ΟY	ΩΝ	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ĎИ	ØŃ/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	NO	ØN/A
5. -	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	tin/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	19N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	ON NO				
2.	Has the facility maintained a leak log?	DY CN				
3.	Does the responsible official check the following areas for leaks?	·				
	Hose connections, fittings, couplings, and valves	איאם אים אַעס				
	Door gaskets and seating	MY ON ON/A				
	Filter gaskets and seating DY ON ON/A Exhaust dampers	DY ON ON/A				
	Pumps Dy ON ON/A Diverter valves	MY ON ON/A				
	Solvent tanks and containers ' DY DN/A Cartridge filter housings	DY ON ON/A				
	Water separators DY ON ON/A	:				
4.	Which method of detection is used by the responsible official?	. / .				
Ì	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)	<b>12</b>				
	Odor (noticeable perc odor)	, te				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	□N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	QY QN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN				
	d. Kept in a clean and secure area when not in use?	DY ON				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY DAY				
	c cimed for accuracy of mo or capitalle samples (canoninstate study).					
<u> </u>	<del></del>					
		0.5				
	Mohammad Nozari 3-23-	00				

-	Date of Inspection
	1 year
	Approximate Date of Next Inspection

Inspector's Name (Please Print)

M. NO Sou

Mohanmad

AIRS ID#: \_\_\_\_\_\_

Revised 10/10/96

MAR 3 9 2000

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM EFC SERIO

MCNATT'S CLEANERS FACILITY NAME: DATE: \_\_\_ BRANDON, PL 33511 FACILITY LOCATION: Annual Reporting Period: May 1 1999 TO March 23 2000 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES □NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: H. M. S. Name (Please Print)

Name (Please Print)

Signature

Page \_\_\_\_ of \_\_\_\_.

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

		**		·	
ENVIRONMEN	INSPECTION RE TAL PROTECTION COMM		SBOROUGH (	COUNTY	
FACILITY: Mc Natt's Clears			PAGE 1		
FACILITY ADDRESS: 559 V	Vest Brandon Boulevard		CITY: Braz		
				313)963-6533	
MAILING ADDRESS: 14946	North Florida Avenue	CITY: Tampa	FLA	ZIP: 33613	
	ME IN: TIME OUT:	INSPECTIO		STATUS:	
March 23,2000 3: NEDS NUMBER: 0571078	30PM 4:15PM	Annu	lai	In Compliance	
		- Classia		-	
SOURCE DESCRIPTION: Pe	<u> </u>	ry Cleaner			
CONTACT(S): Mrs. Nancy R	iensche				
<ol> <li>The record keeping of the control of the gauge temperature in the control of the co</li></ol>	CONTACT(S): Mrs. Nancy Riensche  The purpose of the visit was an annual inspection. We found the following:  1. The record keeping of the Perc purchases was very good and organized.  2. The gauge temperature reading was recorded weekly.  3. The vicinity around the dry cleaning machine was very clean and well maintained.  4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.  5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 78 gallons and it was verified.  6. The machine was in operation today. No leaks or odors were noticed.				
·					
INICHECTED DV.				DATE:	
INSPECTED BY: Mohammad Nozari				March 23,2000	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $\boxtimes$ COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 Am TIME OUT: 11:15	AM AIRS ID#: 057/078
TYPE OF FACILITY: Penc Dr J cleaners	$\sqrt{2}$
FACILITY NAME: Mc Natt's cleaners	DATE: 11-17-00
FACILITY LOCATION: 559 West Brandon	Bluch. &
Brandon, Florida 3	
RESPONSIBLE OFFICIAL: Mr. Paul Urken	PHONE NUMBER: [813] 9,63-6533
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ated during this inspection, the facility is found to be in ative Code (F.A.C.).
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
<u></u>	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1 Year (A	pproximate)
INSPECTION CONDUCTED BY: Mohammad No Z	Please Print)
INSPECTOR'S SIGNATURE: MNO9 and	PHONE NUMBER: (815) 272-5530
Page 4	



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 2 2080

FACILITY NAME: uc Natt'	s cleaner	S			DATE	HC HC
FACILITY LOCATION: 559 U				A.	m manag	EMENT
·	N, FL 3.					
	•					
Annual Reporting Period: March	23	<u>0</u> 0	TO _	NOU.	17	20 00
Based on each term or condition of the 7		, ,		· · · · <u>-</u>		EP Rule
	ie (r.A.C.), during ti	ie beriod covere	e by this	statement, 4	m ILO	INO
If NO, complete the following:	·					
#1. Term or condition of the general pe	rmit that has not bee	n in continuous	compliar	nce during the	reporting peri	od stated above:
Exact period of non-compliance: from	• .			to	_	
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance	ð:					
	-			•	· . · · ·	
#2. Term or condition of the general pe	ermit that has not bee	en in continuous	complia	nce during the	e reporting per	iod stated above:
· · · · · · · · · · · · · · · · · · ·					_	·
Exact period of non-compliance: from				to		
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance	·					
Without used to demonstrate computation	<b></b>	•				<del>-</del>
As the responsible official, I hereby cer made in this notification are true, accu upon rolling averages of purchase rece	rate and complete. I ipts, does not exceed	Further, my ann	ual consi	imption of pe	rchloroethylen	e solvent, based
year for transfer or combination facilit	// 1/2 1 /2			7/11.	1/2	11/5/
RESPONSIBLE OFFICIAL:	Name (Please Print	<u> </u>		Signature	nac/	Date Date
	1 (411)				·	

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

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISCOVERY (CI)	□

AIRS ID#: 057/078 DATE: //-/7-	00 TIME IN: 10'30 Am TIME OUT: 11.'15 Am					
FACILITY NAME: Mcnatt's Cleane	r \$					
FACILITY LOCATION: 559 West Brandon						
•	Brandon, Flourde 33511					
RESPONSIBLE OFFICIAL: Mr. Paul C	(1rKen) PHONE: [613] 963-6533					
CONTACT NAME: 4	PHONE:					
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·					
(check appropriate box)	Facility Compliance Status: IN 🗆					
1. New facility notified DARM 30 days prior to start	tup   (ARMS Data) MNC    O					
2. Facility failed to notify DARM to use general per	mit SNC -					
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 □ dry-to-dry only, x < 140 gal/yr	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	transfer only, x < 200 gal/yr both types, x < 140 gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )					
5. This is a correct facility classification	☐Y ☐N ☐Can not determine					
	ation: neral permit as number $A \cdot 3$ above nits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was 195 gallons.	rchased within the preceding 12 months by this dry cleaning					

## **BEST AVAILABLE**

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 ON ON/A
2. Examining the containers for leakage?	DAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DEY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DON/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 refrig (complete A below).	erated condenser
XIf classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DEY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Output  Description:	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY 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

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?	ODY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	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?	DY DN DANIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN PAN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	DY DN DANA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CY ON ON/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

#### **BEST AVAILABLE**

PART VI:	LEAK DETECTION AND RE	PAIRS					
	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspectio	DY ON						
	facility maintained a leak log?			□Y DAT			
	3. Does the responsible official check the following areas for leaks?						
ı	ose connections, fittings, ouplings, and valves	MY ON ON/A	Muck cookers	CY ON ON/A			
Do	oor gaskets and seating	MY ON ON/A	Stills	DAY ON ON/A			
Fil	ter gaskets and seating	MY ON ON/A	Exhaust dampers	ZY ON ON/A			
Pu	mps	MY ON ON/A	Diverter valves	DY ON ON/A			
·So	lvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Wa	ater separators	DY ON ONA	;				
4. Which n	nethod of detection is used by the	e responsible official?					
Vi							
Ph	<b>Q</b>						
Oc	<b>P</b>						
Us	se of direct-reading instrumentati	on (FID/PID/calorimetric	tubes)				
Ha	alogen leak detector						
	If using direct-reading instru	mentation, is the equipm	ent:	@N/A			
	a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	UY UN			
	b. Calibrated against a sta	indard gas prior to and aft	er each use				
	(PID/FID only)?	•		OY, ON			
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and sec	cure area when not in use?	)	OY ON			
	e. Verified for accuracy b	y use of duplicate sample	es (calorimetric only)?	□Y □N			
			·				
<u> </u>		<u> </u>					
•							
Moho	annal No gari		11-17-00				
	Inspector's Name (Please Print	)	Date of Inspection				

Daviss 4 07/28

Approximate Date of Next Inspection

INSPECTION REPORT FORM							
ENVIRO	ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Mc Natt's C	lears			P	PAGE 1 OF 1		
FACILITY ADDRESS:	559 West Branc	ion Boulevard		CIT	Y: Brai	ndon	
				PHC	NE: (8	313) 963-6533	
MAILING ADDRESS: 14946 North Florida Avenue   CITY: Tampa   FLA   ZIP: 33613					ZIP: 33613		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:		PE:	STATUS:	
November 17, 2000	10:30M	11:15PM	Annual			In Compliance	
NEDS NUMBER: 0571	078						
SOURCE DESCRIPTION: Perchloroethylene (perc) Dry Cleaner							
CONTACT (S): Mr. Paul Urken							
The purpose of the vis	it was an annua	al inspection.	We found the f	ollov	ving:		

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 195 gallons and it was verified.
- 6. The machine was in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

INSPECTED BY:	DATE:
Mohammad Nozari	November 17, 2000

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:  10	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Dollar Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
14946 N FLORIDA AVE TAMPA FL 33613	3. Service Type  Certified 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 0520 0030 9373	0015
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

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	PS\			Instructions

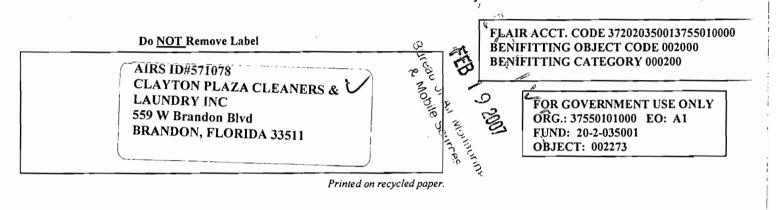
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

469302 FEB15207

#### TOTAL AMOUNT DUE: \$50.00



# CLAYTON PLAZA CLEANERS AND LDY INC DBA MCNATT'S CLEANERS

Check #

7359

Payee DEPT.OF ENVIRON. PROTECTI Ref # Inv ID

AIRS07

Inv Date Inv Balance Amount Paid Disc 02/09/07 50.00

50.00

Description AIRS#571078

Total Discount 0.00

Check Amount 50.00

STICKER AT TOP OF ENVELOPE  F. RICHT OFFREIURIN ADDRESS	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?
1. Article Addressed to:  AIRS ID # 0571078  MCNATT'S CLEANERS #33  HENRY MCNATT JR	If YES, enter delivery address below:
14946 N FLORIDA AVE TAMPA FL 33613	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	4126 5742
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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0026 41.26	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
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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

2/8/010

Do NOT Remove Label

AIRS ID # 0571078

MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

CLAYTON PLAZA CLEANERS AND LDY INC DBA MCNATT'S CLEANERS

Check # 005727°

Payee DEPT.OF ENVIRON. PROTECTI

Ref # Inv ID Inv Date Inv Balance Amount Paid Disc Taken

Description

2001

01/30/01

50.00

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AIRS#0571078

Total Discount Check Amount 0.00 50.00

on the reverse side?	SENDER:  Complete items 1 and, and 4b.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	sh to rec following service extra fee):  1.  Address 2.  Restricte Consult postmas	s (for an ee's Address ed Delivery	ceipt Service.
IN ADDRESS completed	AIRS ID#: 0571078  CLAYTON PLAZA CLEANERS & LAUNDRY INC HENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613	4b. Service 1 ☐ Registere ☐ Express I	Type ed Mail ceipt for Merchandise	Certified Insured COD	for using Return Re
s your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  XMANG 2NET G, 650 N	8. Addressee and fee is			Thank you
<u></u>	PS Form <b>3811</b> , December 1994		Domestic Reti	urn Receipt	

P 265 302 152

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. De notices for International Mail (See reverse)

AIRS ID#: 0571078
CLAYTON PLAZA CLEANERS & LAUNDRY INCHENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613

	•··· _ · · ·		
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
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n the reverse جاطوع	DENDER:  ■Complete items 1 and/or 2 for additional services.  ■Complete items 3, 4a, and 4b.  ■Print your name and address on the reverse of this form so that we card to you.  ■Attach this form to the front of the mailpiece, or on the back if sparpermit.  ■Write "Return Receipt Requested" on the mailpiece below the artic.  ■The Return Receipt will show to whom the article was delivered at delivered.	ce does not de number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
ADDRESS completed o	AIRS ID 0571078 CLAYTON PLAZA CLEANERS & LAUNDRY INC HENRY MCNATT JR	4a. Article No. 35 4b. Service 1 Registere ☐ Express I	73 612 949 Expressed
$\geq$	14946 N FLORIDA AVE TĄMPA FL 33613	7. Date of De	pelivery 48
ls your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	and fee is	<b>F</b>
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INC HENRY MCNATT JR 14946 N FLORIDA AV TAMPA FL 33613	
FOSt Onico, Glato, & En Goo	· 
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Certified Fee	
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Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

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

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#0571078

CLAYTON PLAZA CLEANERS & LAUNDRY

HENRY MCNATT JR

14946 N FLORIDA AVE

**TAMPA FL 33613** 

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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on the reverse side?	SENDER:  ■Complete items 1 and/or 2 for additional services.  ■Complete items 3, 4a, and 4b.  ■ Print your name and address on the reverse of this form so that we card to you.  ■ Attach this form to the front of the mailpiece, or on the back if space permit.  ■Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing service extra fee):  1.	s (for an ee's Address ed Delivery	eceipt Service.
IN ADDRESS completed of	AIRS ID # 0571078  MCNATT'S CLEANERS #33  HENRY MCNATT JR  14946 N FLORIDA AVE  TAMPA FL 33613	4b. Service Registere Express I Return Rec	Type  ad  Mail  ceipt for Merchandise  elivery	Insured COD	for using Return R
s your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X ())  X	8. Addressed and fee is	s Address (Odij)	if requested	Thank you
<b>#</b>	PS Form <b>3811</b> , December 1994		Domestic Ret	urn Receipt	}

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US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)								
MC HE 149	CNATT'S CLEANERS NRY MCNATT JR 46 N FLORIDA AVE MPA FL 33613	AIDC ID # 057104	<b>1</b> 78					
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ril 1995	Return Receipt Showing to Whom & Date Delivered							
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PS Form <b>3800</b> , April 1995	Postmark or Date	<u> </u>	-					



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 # 0571078 MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE **TAMPA FL 33613** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Check # 005429 CLAYTON PLAZA CLEANERS AND LDY INC DBA MCNATT'S CLEANERS Payee DEPT.OF ENVIRON. PROTECTI Inv Balance Amount Paid Disc Taken Description Ref # Inv ID Inv Date 02/07/00 AIRS#0571078 2000 50.00 50.00

> Total Discount Check Amount 0.00

50.00



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

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 # 0571078

MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE **TAMPA FL 33613** 

FOR GOVERNMENT USE ONLY Org.; 37550101000 EO; B1

Fund: 20-2-035001 Obj.: 002273

CLAYTON PLAZA CLEANERS AND LDY INC DBA MCNATT'S CLEANERS

Check # 5101

005101

Payee DEPT.OF ENVIRON. PROTECTI

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02/05/99

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AIRS ID# 0571078

Total Discount Check Amount 0.00 50.00

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SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery;  C. Signature  X
AIRS ID # 0571078	
MCNATT'S CLEANERS #33	,
HENRY MCNATT JR	<u> </u>
14946 N FLORIDA AVE	3. Service Type
TAMPA FL 33613	Certified Mail
	Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
Z 333 667 438	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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