



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.

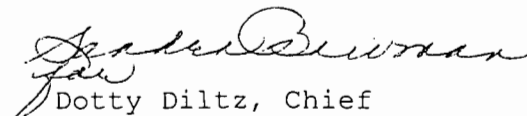
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1320 TIME OUT: 1430 AIRS ID#: 0571078
 TYPE OF FACILITY: PERC Dry Cleaner
 FACILITY NAME: McNatt's Cleaners DATE: 5/6/97
 FACILITY LOCATION: 559 W Brandon Blvd
Brandon, FL 33511
 RESPONSIBLE OFFICIAL: Henry McNatt, Jr PHONE NUMBER: (813) 963-6533

- 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: 1 year
(Approximate)

INSPECTION CONDUCTED BY: James O. Holtz
(Please Print)

INSPECTOR'S SIGNATURE: James O. Holtz PHONE NUMBER: (813) 272-5530

AIRS ID#: 0571078

Jim

ACE
1997

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT HC
ANNUAL COMPLIANCE CERTIFICATION FORM/ANAGEMENT**

FACILITY NAME: McNatts Cleaners DATE: 5/6/97
 FACILITY LOCATION: 559 W Brandon Blvd
Brandon, FL 33511

Annual Reporting Period: 12/1 19 96 TO 5/6 19 97

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 _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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 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. McNatt *H. McNatt* 5-20-97
 Name (Please Print) Signature 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 19 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
MAIL ROOM

FEB 14 91 **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
Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Clayton Plaza Cleaners + Ldg., Inc. DATE: 12-31-96
 FACILITY LOCATION: 559 W. Brandon Blvd.
Brandon, FL 33511

Annual Reporting Period: 10-2 1996 TO 12-31 1996

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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 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: Henry McNatt H. McNatt Pres 12-31-96
Name (Please Print) Signature Date

*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.

CLAYTON PLAZA CLEANERS & LAUNDRY, INC.

08066

DEPT. OF ENVIRON. PROTECT.
DRYCLEANING REGISTRATION
2600BLAIR STONE RD, MS4525
TALLAHASSEE, FL
32399-2405

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
AIRS ID#0571078 197	1997 01/10	50.00	0.00	50.00

DATE

02/11/97

CHECK NUMBER

00008066

TOTAL = \$50.00

#0571078

McNatt's Cleaners #33

p. 13 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):	McNatt's Cleaners (DBA) #33
3. Hazardous Waste Generator Identification Number:	9502133
4. Facility Location: Street Address: 559 W. Brandon Blvd. City: Brandon County: Hillsborough Zip Code: 33511	
5. Facility Identification Number (DEP Use):	0571078

Responsible Official

6. Name and Title of Responsible Official:	Henry McNatt, Jr. Pres./owner
7. Responsible Official Mailing Address: Organization/Firm: McNatt'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):	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	

RECEIVED

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#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	#1	11-JAN-86	12-NOV-93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(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									

(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 source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

*existing
large
area*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

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 use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following 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 Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

McNatt's Cleaners #33

p. 13 9. add title

1.		, Inc.
2.		
3.		
4.		33511
5.		78
6.	Hills	. owner
		Code: 33613
		087

9. Name and Title of Facility Contact: 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

RECEIVED

SEP 8 1996

Bureau of Air Monitoring & Mobile Sources

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):	McNatt's Cleaners (DBA) #33
3. Hazardous Waste Generator Identification Number:	9502133
4. Facility Location: Street Address:	559 W. Brandon Blvd. City: Brandon County: Hillsborough Zip Code: 33511
5. Facility Identification Number (DEP Use):	05M1018

Responsible Official

6. Name and Title of Responsible Official:	Henry McNatt, Jr. Pres./owner
7. Responsible Official Mailing Address: Organization/Firm:	McNatt'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):	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)962-1087

RECEIVED

SEP 5 1990

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	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#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	#1	11-JAN-86	12-NOV-93						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(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									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

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 use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following 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 Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | |
|---|-------------------------------------|
| (a) Purchase receipts and solvent purchases | <input checked="" type="checkbox"/> |
| (b) Leak detection inspection and repair | <input checked="" type="checkbox"/> |
| (c) Refrigerated condenser temperature monitoring | <input checked="" type="checkbox"/> |
| (d) Carbon adsorber exhaust perc concentration monitoring | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |



PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0571078 DATE: 5/16/97 TIME IN: 1320 TIME OUT: 151430
 FACILITY NAME: McNally's Cleaners
 FACILITY LOCATION: 559 W Brandon Blvd
Brandon, FL 33511

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- A.
- | | |
|---|--|
| 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) <input checked="" type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/> |

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number 4 above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 388.8 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N *N/A*
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N *N/A*
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N *N/A*
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *no deviations* Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

If using direct-reading instrumentation, is the equipment:

- 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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Henry McNatt, Jr
Name of Responsible Official

James O Holter
Inspector's Name (Please Print)

James O Holt
Inspector's Signature

5/6/87
Date of Inspection

1 year
Approximate Date of Next Inspection

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 COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:45 TIME OUT: 11:30 AIRS ID#: 571078
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: MENATT'S CLEANERS DATE: 3/16/98
 FACILITY LOCATION: 559 W. BRANDON BLVD
BRANDON, FL 33511
 RESPONSIBLE OFFICIAL: HENRY MCNATT PHONE NUMBER: (813) 963-6533

- 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

RECEIVED
 APR 13 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO N/A

DATE OF NEXT INSPECTION: 1 YEAR
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

302830

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
MAIL ROOM
FEB 17 98

Bureau of Air Monitoring
& Mobile Sources

FEB 19 1998

RECEIVED

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

Do NOT Remove Label

Annual Reporting Period: 1-1 1997 TO 12-31 1997

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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 and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: H. McNatt - President [Signature] 2-11-98
Name (Please Print) Signature Date

*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


RECEIVED
 APR 13 1998
 Bureau of Air Monitoring
 Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/RECOVERY
 RE-INSPECTION

AIRS ID#: 571078 DATE: 3/16/98 TIME IN: 10:45 TIME OUT: 11:30

FACILITY NAME: McnATT'S CLEANERS

FACILITY LOCATION: 559 W. BRANDON BLVD
BRANDON, FL 33511

RESPONSIBLE OFFICIAL: HENRY McNATT PHONE: (813) 963-6533

CONTACT NAME: NANCY RIENSCHKE 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
- N/A*

PART II: CLASSIFICATION

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

- | |
|---|
| <input type="checkbox"/> No notification form |
| <input type="checkbox"/> Drop store/out of business/petroleum |
- A.**
- | | |
|---|--|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number 27 above

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

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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: N/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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

Roger Zhu

Inspector's Signature

3/16/98

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: McNatt's Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 559 W. Brandon Blvd			CITY: Brandon PHONE: (813) 689-5920	
MAILING ADDRESS: Same		CITY: Brandon	FLA	ZIP: 33511
INSPECTION DATE: Mar 16, 1998	TIME IN: 10:45	TIME OUT: 11:30	INSPECTION TYPE: non-CDS	STATUS: 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
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File

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

FACILITY NAME: Clayton Plaza Cleaners + Ldry, Inc. DATE: 4-30-99
 FACILITY LOCATION: 559 W. Brandon Blvd.
Brandon, FL 33511

Annual Reporting Period: 2/11 1999 TO _____ 19____

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 _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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MAY 17 1999

Bureau of Air Monitoring
& Mobile Sources

#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 _____ to _____
 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. Mc Nair [Signature] 5-1-99
 Name (Please Print) Signature Date

*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#: 0571078
 TYPE OF FACILITY: Perc Day Cleaners
 FACILITY NAME: McNatt's Cleaners DATE: 4-27-99
 FACILITY LOCATION: 559 West Brandon Blvd
Brandon, FL 33511
 RESPONSIBLE OFFICIAL: NANCY RIENSCH 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: 1
(Approximate)

INSPECTION CONDUCTED BY: Mohammad NOZARI
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571078 DATE: 4-27-99 TIME IN: 9:15 TIME OUT: 10:30
FACILITY NAME: McNath's cleaners
FACILITY LOCATION: 559 West Brandon Blvd
Brandon, FL 33511
RESPONSIBLE OFFICIAL: Henry McNath PHONE: (813) 963-6533
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION RECEIVED

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	MAY 17 1999	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit		<input type="checkbox"/>

Bureau of Air Monitoring
& Mobile Sources

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 <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 153 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A				
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:** N/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)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mohammad Nozari

Inspector's Name (Please Print)

4-27-99

Date of Inspection

M. Nozari

Inspector's Signature

1 Year

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Mc Natt's Clears PAGE 1 OF 1

FACILITY ADDRESS: 559 West Brandon Boulevard CITY: Brandon
PHONE: (813)963-6533

MAILING ADDRESS: 14946 North Florida Avenue CITY: Tampa FLA ZIP: 33613

INSPECTION DATE: April 27, 1999	TIME IN: 9:30	TIME OUT: 10:30	INSPECTION TYPE: Annual	STATUS: In Compliance
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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.
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 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:
Mohammad Nozari

DATE:
April 27, 1999

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/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 CLEANERS DATE: 3-23-00
 FACILITY LOCATION: 559 W. BRANDON BLVD
BRANDON, FL 33511
 RESPONSIBLE OFFICIAL: HENRY MCNATT, JR PHONE NUMBER: (813) 963-6533

- 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

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 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 3 1 Year
 (Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
 (Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5960

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 571078 DATE: 3-23-00 TIME IN: 3:30 PM TIME OUT: 4:15 PM
FACILITY NAME: McNATT'S CLEANERS
FACILITY LOCATION: 559 W. BRANDON BLVD
BRANDON, FL 33511
RESPONSIBLE OFFICIAL: HENRY McNATT, Jr. PHONE: (813) 963-6533
CONTACT NAME: NANCY RIENSCHKE PHONE: (813) 689-5920

PART I: NOTIFICATION

(check appropriate box)
1. New facility notified DARM 30 days prior to startup NIA
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

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number 2 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 78 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a ~~weekly~~ bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or, Y N N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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:** N/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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mohammad Nozari
Inspector's Name (Please Print)

3-23-00
Date of Inspection

M. Nozari
Inspector's Signature

1 Year
Approximate Date of Next Inspection

Mohammad

RECEIVED

AIRS ID#: 571078

Revised 10/10/96

MAR 30 2000

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

EPC of HC

FACILITY NAME: McNATT'S CLEANERS DATE: FACILITY LOCATION: 559 W. BRANDON BLVD BRANDON, FL 33511

Annual Reporting Period: May 1 19 99 TO March 23 20 00

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 to Action(s) taken to achieve compliance: Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous 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 and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: H. Mc NATT - PRESIDENT Signature: [Signature] Date: 3-4-2000

*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.

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Mc Natt's Clears PAGE 1 OF 1

FACILITY ADDRESS: 559 West Brandon Boulevard CITY: Brandon
PHONE: (813)963-6533

MAILING ADDRESS: 14946 North Florida Avenue CITY: Tampa FLA ZIP: 33613

INSPECTION DATE: March 23,2000	TIME IN: 3:30PM	TIME OUT: 4:15PM	INSPECTION TYPE: Annual	STATUS: In Compliance
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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.
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.
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:
Mohammad Nozari

DATE:
March 23,2000

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:30 AM TIME OUT: 11:15 AM AIRS ID#: 0571078
 TYPE OF FACILITY: Peric Dry Cleaners
 FACILITY NAME: McNatt's Cleaners DATE: 11-17-00
 FACILITY LOCATION: 559 West Brandon Blvd.
Brandon, Florida 33511
 RESPONSIBLE OFFICIAL: Mr. Paul Urken PHONE NUMBER: (813) 963-6533

Bureau of Air Monitoring
& Mobile Sources
DEC 17 2000

- 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: 1 Year
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

AIRS ID#: 5710 78

Revised 10/10/96

all

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

NOV 2 2000

FACILITY NAME: <u>McNatt's Cleaners</u>	EPG of HC DATE: _____
FACILITY LOCATION: <u>559 W. Brandon Blvd. Brandon, FL 33511</u>	AIR MANAGEMENT

Annual Reporting Period: March 23 00 TO NOV. 17 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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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 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: McNATT [Signature] 11/18/00
Name (Please Print) Signature Date

*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) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: 0571078 DATE: 11-17-00 TIME IN: 10:30 AM TIME OUT: 11:15 AM
FACILITY NAME: McNatt's Cleaners
FACILITY LOCATION: 559 West Brandon
Brandon, Florida 33511
RESPONSIBLE OFFICIAL: Mr Paul Urken PHONE: (813) 963-6533
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box) Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
2. Facility failed to notify DARM to use general permit SNC

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
(check appropriate box) Drop store/out of business/petroleum

- A.
- | | |
|---|--|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number A-3 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 195 gallons.

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? Y N N/A
2. Examining the containers for leakage? Y N N/A
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/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? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
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: N/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)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mohammad Nozari
Inspector's Name (Please Print)

11-17-00
Date of Inspection

M. Nozari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Mc Natt's Clears PAGE 1 OF 1

FACILITY ADDRESS: 559 West Brandon Boulevard CITY: Brandon
PHONE: (813) 963-6533

MAILING ADDRESS: 14946 North Florida Avenue CITY: Tampa FLA ZIP: 33613

INSPECTION DATE: November 17, 2000	TIME IN: 10:30M	TIME OUT: 11:15PM	INSPECTION TYPE: Annual	STATUS: In Compliance
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NEDS NUMBER: 0571078

SOURCE DESCRIPTION: Perchloroethylene (perc) Dry Cleaner

CONTACT (S): Mr. Paul Urken

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 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:
Mohammad Nozari

DATE:
November 17, 2000

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 8-17-01
1. Article Addressed to:		C. Signature x Dottie Lopez <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
10 AIRS ID # 0571078001AG HENRY MCNATT JR MCNATT'S CLEANERS #33 14946 N FLORIDA AVE TAMPA FL 33613		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7000 0520 0020 9373 0015			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7000 0520 0020 9373 0015	
Postage \$	<i>no endorsement</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Rt 10 AIRS ID # 0571078001AG	mailer)
Henry McNatt Jr	
MCNATT'S CLEANERS #33	
14946 N FLORIDA AVE	
TAMPA FL 33613	
PS	Instructions

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 FEB152007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#571078
CLAYTON PLAZA CLEANERS & ✓
LAUNDRY INC
559 W Brandon Blvd
BRANDON, FLORIDA 33511

Bureau of
& Mobile Services
FEB 19 2007

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

CLAYTON PLAZA CLEANERS AND LDY INC DBA MCNATT'S CLEANERS

Payee DEPT.OF ENVIRON. PROTECTI

Check #

7359

Ref #	Inv ID	Inv Date	Inv Balance	Amount	Paid	Disc	Description
	AIRS07	02/09/07	50.00	50.00			AIRS#571078

Total Discount
0.00

Check Amount
50.00

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY										
<ul style="list-style-type: none"> ■ 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. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery 2/9/01</td> </tr> <tr> <td colspan="2">C. Signature <i>C. McNatt</i></td> </tr> <tr> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery 2/9/01	C. Signature <i>C. McNatt</i>			<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery 2/9/01										
C. Signature <i>C. McNatt</i>											
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
D. Is delivery address different from item 1? If YES, enter delivery address below:											
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
1. Article Addressed to: <div style="text-align: right; margin-right: 50px;">AIRS ID # 0571078</div> MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.										
2. Article Number (Copy from service label) <div style="font-size: 1.2em; font-family: monospace;">7000 0600 0026 4126 5742</div>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes										

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)									
<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">7000 0600 0026 4126 5742</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<div style="text-align: center; margin-bottom: 20px;">Postmark Here</div> <div style="text-align: center; margin-bottom: 10px;">AIRS ID # 0571078</div> MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
PS Form 3800, February 2000	See Reverse for Instructions								



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404876

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

2/8/01

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	50.00		AIRS#0571078	
						Total Discount	Check Amount
						0.00	50.00

Fold at line over top of envelope to

SENDER:

- Complete items 1 and/or 2.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

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

4a. Article Number
P 265 302 152

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X MARGARET G. GIBSON

7. Date of Delivery
2-18-97

8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 Domestic Return Receipt

P 265 302 152

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

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

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	\$
Postmark or Date	2/14/97

PS Form **3800**, April 1995

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

2 333 612 949

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-14-88

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Handwritten Signature]*

PS Form 3811, December 1984

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

. 7 333 612 949

US Postal Service

AIRS ID 0571078

CLAYTON PLAZA CLEANERS & LAUNDRY
 INC
 HENRY MCNATT JR
 14946 N FLORIDA AVE
 TAMPA FL 33613

Post Office, State, & ZIP Code	
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	\$
Postmark or Date	

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302830 ✓

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
INC
HENRY MCNATT JR
14946 N FLORIDA AVE
TAMPA FL 33613

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

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571078

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

4a. Article Number

2 333 660 506

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

FEB 13 1999

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Loti Hamm*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 660 506

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0571078

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

PS Form 3800, April 1995

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391974

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

RECEIVED
MAIL ROOM
FEB-9 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 #	005429
Ref #	Inv ID	Inv Date	Inv Balance	Amount Paid	Disc Taken	Description		
	2000	02/07/00	50.00	50.00		AIRS#0571078		
							Total Discount	Check Amount
							0.00	50.00

Payee DEPT.OF ENVIRON. PROTECTI

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360148

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

RECEIVED
MAIL ROOM
FEB 10 99

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								
Ref #	Inv ID	Inv Date	Inv Balance	Amount Paid	Disc Taken	Description		
	1999	02/05/99	50.00	50.00		AIRS ID# 0571078		
						Total Discount	Check Amount	
						0.00	50.00	

Fold at line over top of envelope to

SENDER: COMPLETE THIS SECTION	SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Received by (Please Print Clearly) _____</p> <p>B. Date of Delivery <u>2-14-99</u></p> <hr/> <p>C. Signature <u>X Dottie Roberts</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571078</p> <p>MCNATT'S CLEANERS #33 HENRY MCNATT JR 14946 N FLORIDA AVE TAMPA FL 33613</p> <p style="font-size: 1.5em; font-weight: bold; margin-top: 20px;">Z 333 667 438</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>1001</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 333 667 438

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0571078

MCNATT'S CLEANERS #33
HENRY MCNATT JR
14946 N FLORIDA AVE
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	\$
Postmark or Date	

PS Form 3800, April 1995