

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Michael Doyle Fisher **Nuway Cleaners** 1219 West Reynolds Plant City, Florida 33511

Re: Facility No.: 0571144

Dear Mr. Fisher:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 21, 1997.

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. Thomas Shelton, Hillsborough County

## #0571144

•	P) Pr
	Nuway Cleaners
	Spoke with Mrs. Fisher- 5/19/1997
	5/19/1997
P.13	6. add title - Owner
P.14	1.(a) only one machine, should
	1.(a) only one machine, should be two dates on line (1)—
_	correct dates
	correct dates 1.(c) mark out "X" and initial 3. should be new small area
	3. Should be new small area
	Source
D.15	5.(d) not required, mark out "X" and initial
/	"X" and initial

; ,

### Perchloroethylene Dry Cleaning Facility Notification

APR 2 1 1997

### Facility Name and Location

Bureau of Air Monitoring

	& Mobile Sources
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MICKMAR LNC.
2.	Site Name (For example, plant name or number):
	NUWAY CLEANERS.
3.	Hazardous Waste Generator Identification Number:
4.	
,	Street Address: City: PLANT COTY County: ///LLSBORALE Zip Code: 335//
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use):  257/144
	Decree it is Official
	Responsible Official
(6%)	Name and Little of Responsible Official:
200	
	MICHAEL DOYLE MSHER
7.	Responsible Official Mailing Address:
	Organization/Firm: 1217 W. Neyron03
	Street Address:
	Street Address: City: PLANT CCTY County: HALSBOROGEH- Zip Code: 335/1
8.	Responsible Official Telephone Number:
	Responsible Official Telephone Number:  Telephone: 813 752-7261 Fax: ( ) M/A
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Character A. I. I.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
• • •	Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
<del></del>						•			
Example	#]		12-NOV-93				#3	02-MAR-92	02-MAR-92
<u> </u>	7		EW LIAC			:- 7		500.5	1 1 4 23 1 1 5 4
Dry-to-Dry Unit	#			01)2	CL #CF	+-45R	<i>t</i>	SKAND !	HRUEL
(1) w/ ref. condenser		150ct 46						1700fg	190ct 90
(2) w/ carbon adsorber	· .		ı					<u></u>	<u> </u>
(3) w/ no controls			<u> </u>					<u> </u>	
Washer Unit			<b>,</b>	,	·				<del></del>
(4) w/ ref. condenser								<u> </u>	<u> </u>
(5) w/ carbon adsorber								ļ	<del> </del>
(6) w/ no controls			<u> </u>	1					
Dryer Unit									
(7) w/ ref. condenser		ļ <u></u>	1						
(8) w/ carbon adsorber	<u> </u>								
(9) w/ no controls			1					<u> </u>	
Reclaimer Unit								<del>,</del>	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls						l			<u> </u>
(b) Control devices are required, but not yet installed									
What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classif	ication only.	)	initions foun		3) of	Part II?	
Existing small ar  Existing large are		•	N	ew la	rge area sou	rce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.  Date

TBD00910

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	∠     COMPLAINT/DISCOVERY     □
	RE-INSPECTION	
AIRS ID#: 0571/44	DATE: 1/10/9	7 TIME IN: 830 TIME OUT: 9: 50
FACILITY NAME:	Way	Clepners
FACILITY LOCATION: 42	19 Rekin	allds W.
LI.	out City	FL 33562
PART I: NOTIFICATION		
(check appropriate box)	<del> </del>	
1. Existing facility notified DAF	CM by 9/1/96	
2. New facility notified DARM	30 days prior to starti	ıp
3. Facility failed to notify DARM	$\Lambda$ to use general perm	nit
PART II: CLASSIFICATION	- H - H - A	
Facility indicated on notification (check appropriate box)	on form that it is:	
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr al/yr yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	0 gal/yr al/yr yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classific	ation	DV ON
If no, please check the appropria	ate classification:	·
facility qualifie  facility exceeds	d for a general perm above limits and is	it as number above not eligible for a general permit
B. The total quantity of perchlor facility was gallons.	roethylene (perc) pur	chased within the preceding 12 months by this dry cleaning

1 of 4

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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?

ON ON/A

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

verifying that the coolant had been completely charged?

condenser upon opening the door?

condenser on a weekly basis?

condenser exceeded 45°F?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

b. Has the responsible official of all existing large of new large area source also.	ii ii
Measured and recorded the exhaust temperature on the outlet side of the condenser locat on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	оу ой
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	11
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	/
	AY ON 1/
Has the responsible official: (check appropriate boxes)	AY ON MININ
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	DA DU UNION
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	OX ON WANT
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	OY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON WAY
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON'A OY
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN !
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DY DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?  8. Maintained compliance plan, if applicable?	DY DN DY DN DY DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	DY DN DY DN DY DN

			<u> </u>					
2.	Which method of detection is used by the	espon	sible offi	cial?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)				x			
	Use of direct-reading instrumentation	ı (FID	/PID/cal	orimetric tubes)	$\mathbf{x}$			
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting per	vapo	r concen	trations in a range of 0-500 ppm?	DAY DN			
	<ul><li>b. Calibrated against a stan (PID/FID only)?</li></ul>	dard g	gas prior	to and after each use	OY AN			
	c. Inspected for leaks and o	bvious	s signs of	wear on a weekly basis?	DY XN			
	d. Kept in a clean and secur	re area	a when n	ot in use?	DY ON			
	e. Verified for accuracy by	use of	duplicate	e samples (calorimetric only)?	DY DO			
3.	Has the facility maintained a leak log?				DY XN			
4.	Does the responsible official check the foll	owing	areas fo	r leaks?				
	Hose connections, fittings, couplings, and valves	X	ПN	Muck cookers	DY XW			
	Door gaskets and seating	Y	□N	Stills	Dy XN			
	Filter gaskets and seating	X.	ПN	Exhaust dampers	NO XX			
	Pumps	X	ПN	Diverter valves	ŽZYY □N			
	Solvent tanks and containers	¥	□N	Cartridge filter housings	M □N			
	Water separators	Y_	ПN		·			
Michael D. Fisher								
3	Name of Responsible Official  None M. Kuig							
/	Inspector's Name (Please Print)			/ Date of Inspec	ction			
	Must Km			X / yes	er_			
_	'Inspector's Signature			Approximate Date of 1	Next Inspection			

ADDI	TION	<b>\L</b>	SITE	INFOR	MΑ	TION:

Manuel model CH-45R, SN#4817 Capacity 45 lbs

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO.	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 7:15	TIME OUT:	45 AIRS ID#: 0	571144
TYPE OF FACILITY:	Dry Cleaner	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME:	'N WAY CLAANE	"/ S	DATE: 10/24/57
FACILITY LOCATION: P	1ANT City, 1	= 4 335//	/ 7
	1219 W. Reynolds	7	
RESPØNSIBLE OFFICIAL: //	nichael Fish	PHONE NUMBER:	752-726/
	he compliance requirements eval ule 62-213.300, Florida Adminis	uated during this inspection, the facilitative Code (F.A.C.).	lity is found to be in
Based on the results of t discrepancies were noted		uated during this inspection, the follo	wing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			· · · · · · · · · · · · · · · · · · ·
		-	
	en e		The second secon
· · · · · · · · · · · · · · · · · · ·		·	
COMMENTS:			
The Annual Compliance Certification	ation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	v: <i>/</i> .	yr	
INSPECTION CONDUCTED I	Ball	pproximate) M. LING	
	•	lease Print)	(8/3)
INSPECTOR'S SIGNATURE:	15 rue MKin	PHONE NUMBER:	272-5530
	Page	71	Parised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTIO						
FACILITY NAME: 1/11 Way  FACILITY LOCATION: 12/9 W.  Plant	197 TIME IN: 7:15 TIME OUT: 7:45 Cleaners Reynolds Ut F1 335//					
CONTACT NAME: Muhaul 7.	RESPONSIBLE OFFICIAL: Muhail Fisher PHONE: 752-726/ CONTACT NAME: Muhail Fisher PHONE: 10 11					
PART I: NOTIFICATION						
(check appropriate box)  1. New facility notified DARM 30 days prior to state  2. Facility failed to notify DARM to use general per	10 P					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	□ No notification form					
(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)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )					
5. This is a correct facility classification	. /					
•	Y □N □Can not determine					
If no, please check the appropriate classific  facility qualified for a ger	<i>V</i> (					

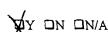
#### PART III: GENERAL CONTROL REQUIREMENTS

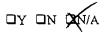
Is the responsible official of the dry cleaning facility: (check appropriate boxes)

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

XY	ΠN	□N/A
$\mathbf{X}$	ΠN	□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).

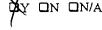
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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











VI □N

B. Mas the responsible directal of all existing large of new large area source also.	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A/ND MO YO
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	UY UN UŅ/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official:	UY UN UNA
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	DY ON ONA
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	A ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	A ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DY ON ON/A OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	DY ON OY ON ON/A OY ON ON/A OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A

AND NO YOU

8. Maintained compliance plan, if applicable?

# PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				AY.		אכ
2.	Has the facility maintained a leak log?				A	0	אכ
3.	Does the responsible official check the	following a	reas for lcaks?		ı		
	Hose connections, fittings, couplings, and valves	DA DN	□N/A	Muck cookers	ΟY	□Ν	□N/A
	Door gaskets and seating	DA ON	□N/A	Stills	ΠY	ΠN	□N/A
	Filter gaskets and seating	AN DN	□N/A	Exhaust dampers	ΩY	ПN	□N/A
	Pumps	AX DN	□N/A	Diverter valves	DAY.	ΠN	□N/A
	Solvent tanks and containers	AY ON	□N/A	Cartridge filter housings	De	ND	□N/A
	Water separators	A TO M	□N/A		,		
4.	Which method of detection is used by t	he responsil	ole official?		,		
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt th	rough gaske	ts)		A.		
	Odor (noticeable perc odor)				*		• •
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)	Ь	-	
	Halogen leak detector			: · · ·			
	If using direct-reading instr	umentation	, is the equipme	ent:		A	
	a. Capable of detecting	perc vapor c	oncentrations in	a range of 0-500 ppm?	$\square Y$	ΠN	
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and afte	er each use	ΩY	ПN	
	c. Inspected for leaks an	d obvious si	gns of wear on a	weekly basis?	QY	ПΝ	
	d. Kept in a clean and se	ecure area w	hen not in use?	e general de la companya de la comp La companya de la co	ΠY	ΠN	
-	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	ΠY	ΠN	
	and the second second second second						

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	· ·
	neine en e
	·

## TITLE V AIR QUALITY GENERAL PERMIT

TYPE OF INSPECTION:		COMPLAINT DISCOURTY TO THE COMPLAINT DISCOURTS OF THE COMPLAINT DISCOURTS O	TE-INSPECTION [
TIME IN: 8:30	<del></del>	9:50 FFRAIRS 1047 -	
TYPE OF FACILITY: P.O.	Du Cleaner	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME:	May Come	Bureau of Air Monitoring  8 Mobile Sources DAT	TE: 1/10/97
FACILITY LOCATION: /2	19 Danalda i	U.	L. <u>C/10/</u>
TACKITI EGENTION	lost cets E	3356/	
RESPONSIBLE OFFICIAL:	chael D. Fish		2-7261
	ne compliance requirements of the compliance requirement of the compl	evaluated during this inspection, the facility is inistrative Code (F.A.C.).	s found to be in
Based on the results of the discrepancies were noted	<del>-</del>	evaluated during this inspection, the following	g compliance
COMPLIANCE REQU	TREMENT/PROBLEM	follow-up action i	REQUIRED
There was no docume	intution of	bave Ro capies of	Log formes
inspections, per usay	1//	that can be less for	2 Marsheye
nacessary from of New		Law Koan apple	etio and
Vic nat sulmit a	b Papplecation	enformed dim to	
		to FDEP wither	
**************************************	· · · · · · · · · · · · · · · · · · ·		
		1	
	,		
		· · · · · · · · · · · · · · · · · · ·	
COMMENTS: Onnua Compliane is tiles mailed to	e Certification FREP along h	form was que to pape	lo and lication
The Annual Compliance Certific	ation form has been properly	certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	v:	lar	
	A . 1/	(Approximate)	
INSPECTION CONDUCTED I	BY: Brice in fa	Please Print)	
TIONS OF CHILD AVAIL.	Arma 112 / 14	PHONE NUMBER: 2	/3·272-553×
INSPECTOR'S SIGNATURE:	esnuce within 19 h	PHONE NUMBER: 20	0 2/2 0000
	Pag	<u> </u>	Revised 10/9

### **Best Available Copy**

AIRS ID 0571144

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MICKMAR INC MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511 ureau of ^: Aonitorims & Mound Sources MAD A Q 1008

### Do NOT Remove Label

Annual Reporting Period:	19TO	19			
	V-general air permit, my facility has remained in compliance with D A.C.), during the period covered by this statement.  YES	EP Rule			
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in continuous compliance during the reporting periods	od stated above:			
<u>.</u>	·				
Exact period of non-compliance: from	to				
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:	<u>.</u>				
#2. Term or condition of the general permit	that has not been in continuous compliance during the reporting peri	od 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,					
RESPONSIBLE OFFICIAL: MCH	ACC Please Print)  Signature  O dry facilities or 1,800 gallons per year for transfer or combination facilities  Signature	ies. Date			

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

Acc

AIRS ID#:	57	114	4	
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Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	IU WAY CLE	BANERS		DATE: 12/14/98
FACILITY LOCATION:	1219 W. RE	EYNOLDS S	5T.	,
	PLANT CIT	y FL 3351	<u>''</u>	
Annual Reporting Period:	Feb 27	19_98	TO Dec 14	
Based on each term or condi 62-213.300, Florida Admini				
If NO, complete the following	ıg:		•	
#1. Term or condition of the	e general permit that has	not been in continuous co	ompliance during the reporti	ng period stated above:
Exact period of non-complia	nce: from		to	
Action(s) taken to achieve co	ompliance:			
Method used to demonstrate	compliance:			·
#2. Term or condition of the	e general permit that has	not been in continuous co	ompliance during the reporti	ng period stated above:
Exact period of non-complia	ance: from		to	
Action(s) taken to achieve c	ompliance:			
Method used to demonstrate	compliance:			
As the responsible official, I made in this notification are upon rolling averages of puyear for transfer or combine RESPONSIBLE OFFICIA	e true, accurate and com rchase receipts, does not ation facilities. N	plete. Further, my annual exceed 2,100 gallons per	l consumption of perchloroe	thylene solvent, based

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

	ſ	_	J	
Page	- 1	of	- 1	

### 1

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT	DISCOVERY	ū
AIRS ID#: 57/144 D	DATE: 12/14/98	TIME I	N: 13=00	TIME OUT:	16:00
FACILITY NAME:	, way crea	ness	- 1		
FACILITY LOCATION: $\frac{12}{12}$	19 W. Kegi	101 ds	Set		
Ph	Pant City	, FL	33511		
RESPONSIBLE OFFICIAL:	Michael &	Fisher	PHONE: (8	13)752-	7261
FACILITY NAME:	SAME		PHONE:	same	
PART I: NOTIFICATION					·
(check appropriate box)	<del></del>				
1. New facility notified DARM 3	0 days prior to startup			116	۵ ا
2. Facility failed to notify DARM	I to use general permit			NIA	
PART II: CLASSIFICATION					ľ
THAT II. CLEADIN TENTION					
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notificati	ion form out of business/pe	etroleum
Facility indicated on notification	e 🖸 2. r dry tran boti	$\begin{array}{l} \text{nsfer only, } x \\ \text{h types, } x < 1 \end{array}$	□ Drop store/orea source x < 140 gal/yr < 200 gal/yr		etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e	-to-dry only, x on types, x < 1 nstructed on one of the large at the l	Drop store/of rea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	gal/yr	etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (solution of types).	e	-to-dry only, x on the hard of	rea source x < 140  gal/yr < 200  gal/yr < 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100$ $100 \le x \le 1,800 \text{ gal/y}$ $100 \le x \le 1,800 \text{ gal/y}$	gal/yr	etroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class of the property of the pro	e	to-dry only, x on types, x < 1 nstructed on the New large and to-dry only, asfer only, 20 th types, 140 constructed on the New large and types, 140 constr	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	gal/yr rmine above	etroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DONA
2. Examining the containers for leakage?	ANA MO YO
3. Closing and securing machine doors except during loading/unloading?	AY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AND NO YA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	<b>⊠</b> YY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØУ ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ØY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	d√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?	OY OX	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	⊓N/A
	Is the temperature differential equal to or greater than 20° F?		□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,		
ľ	if machines are equipped with a carbon adsorber?	DY DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□N/A
4.	Assured that the sampling port on the earbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	·	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	⊓N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N/A
6.	Resited airflow to the carbon adsorber (if used) at all times?	חם אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	Ma a K				
2. Maintained rolling monthly averages of perc consumption?	ZAY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON \$\forall N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ØN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ĐÌN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DONA				
6. Maintained startup/shutdown/malfunction plan?	MD AM				
7. Maintained deviation reports?	OY ON PIN/A				
Problem corrected?	OY ON PN/A				
8. Maintained compliance plan, if applicable?	OY ON QN/A				

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	nd repair
inspection?			X □N
2. Has the facility maintained a leak log?			AA DN
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	MY ON ONA	Muck cookers	ØY □N □N/A
Door gaskets and seating	N/A N D YA	Stills	MY ON ON/A
Filter gaskets and seating	<b>⊈</b> Y □N □N/A	Exhaust dampers	ØY □N □N/A
Pumps	ØY □N □N/A	Diverter valves	ANO NO YA
Solvent tanks and containers	YY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	YY ON ON/A		·
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed so	olvent on exterior surface	s)	д
Physical detection (airflow felt the	rough gaskets)		<b>ķ</b> ā
Odor (noticeable perc odor)			<b>Ş</b> Í
Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	
Halogen leak detector		. ,	
If using direct-reading instr	umentation, is the equip	ment:	ON/A
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	NO YO
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	מם עם
c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	□Y □N
d. Kept in a clean and so	ecure area when not in us	e?	OY ON
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON
<del>-</del>			· `
		,	
ROGER ZH	J	12/14,	198
Inspector's Name (Please Prin	nt)	Date of Inspe	ction
Roger Bh		1 YE	AR
Inspector's Signature		Approximate Date of I	Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
	ACILITY: Nu Way Cleaners		PAGE	1	OF	1	
FACILITY ADDRESS:	CILITY ADDRESS: 1219 W. Reynolds Street		CITY: Plan	nt City	7		
				HONE: (8			
MAILING ADDRESS:			CITY: Plant City		ZIP:	33511	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION			STATU	l l
Dec 14, 1998	13:00	16:00	non-CD:	<u> </u>	11	n Compli	ance
	71144						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner		•			
CONTACT(S): Mic	hael Fisher						
As results of today's	s annual inspec	ction, this facil	lity is in compl	iance with	h the	requirer	nents on
equipment control and							
There was a total 60	•	•		nonths. T	The m	nachine	has been
working well except a	door gasket wa	as replaced in J	uly,1998.				
							,
		,					
INSPECTED BY:	Roger Zhu			DA	<u>ΓΕ:</u>	Dec 14,	1998

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

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:00 TIME OUT: /	6:00 AIRS ID#: 571144
TYPE OF FACILITY: PERC DRY CLEAN	IER
FACILITY NAME: NU WAY CLEAN	ERS DATE: 12/14/98
	DS ST.
PLANT CITY , F	
RESPONSIBLE OFFICIAL: MICHAEL FISHER	PHONE NUMBER: (813) 752 - 726/
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admit	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements endiscrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-RPACTION REQUIRED
	JAN 1 3 1999
	Bureau of Air Monitoring & Mobile Sources
<u> </u>	
•	
COMMENTS:	
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION:	/ Year
-	(Approximate)
INSPECTION CONDUCTED BY:	loser Thu
.0	(Please Print)
INSPECTOR'S SIGNATURE: Coge B	PHONE NUMBER: (813) 272-5530
Pag	eof Revised 10/96

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

MICKMAR INC MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

AIRS ID 0571144

Do NOT Remove Label

Annual Reporting Period:	19 TO	19
62-213.300, Florida Administrative Code (F.A.C.), during the If NO, complete the following:	mit, my facility has remained in com period covered by this statement.	
#1. Term or condition of the general permit that has not been	in continuous compliance during the	e 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 i	in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		<u> </u>
As the responsible official, I hereby certify, based on information as notification are true, accurate and complete. Further, my annual conduction does not exceed 2,100 gallons per year for dry-to dry facilities or 1,50 RESPONSIBLE OFFICIAL:  Name (Please Print)	consumption of perchloroethylene solve	ent, based upon purchase receipts,

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 9-80 TIME OUT: 11:  TYPE OF FACILITY: PERC DRY CLEANER	AIRS ID#: 57 1144			
FACILITY NAME: NU WAY CLEANERS	DATE: 1/13/00			
FACILITY LOCATION: 1219 W. RENOLDS  PLANT CITY FL	STREET 33511			
RESPONSIBLE OFFICIAL: MICHAEL FISHER	PHONE NUMBER: (813)752-7261			
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 evaluation discrepancies were noted:				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
·				
	P			
	No of River of the Control of the Co			
	res tarific			
	•			
COMMENTS:				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: (An	proximate)			
INSPECTION CONDUCTED BY:	OGER ZHU			
INSPECTOR'S SIGNATURE: Losu Blu	ease Print)  PHONE NUMBER: (813) 272-5530			

Revised 10/96

HU

AIRS ID#:	571144
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Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NO WAY  FACILITY LOCATION: 1219 1  PLANT	CLEANERS	DATE	1/13/00
FACILITY LOCATION: 1219	N. RENOLDS STA	2BET	
PLANT	CITY FL 33	3511	
Annual Reporting Period:	- 15 19 98 T	o Jan 13	ly 200
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<del></del>	DEP Rule
If NO, complete the following:			·
#1. Term or condition of the general permit	that has not been in continuous con	npliance during the reporting per	iod 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 cor	npliance during the reporting per	riod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		<u> </u>	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual does not exceed 2,100 gallons per	consumption of perchloroethylen	ne solvent, based
upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	does not exceed 2,100 gallons per		

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



# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<b>9</b> 9	COMPLAINT/DIS	COVERY
AIRS ID#: 571144				ME OUT: 11:00
FACILITY NAME:	NO WAY CLE	ANCERS		<del></del>
FACILITY LOCATION: _	1219 W. RE	NOLDS	STREET	
_	PLANT CITY	, FL	33511	
RESPONSIBLE OFFICIA	L: MICHAEL H	FISHER	PHONE: (813)	152-726/
CONTACT NAME:	SAME		PHONE:	SAME
PART I: NOTIFICATION	ī			
(check appropriate box)				
1. New facility notified DAI	RM 30 days prior to startu	ıp qı		) par
2. Facility failed to notify D	ARM to use general perm	nit		
II				
PART II: CLASSIFICATI	ION			
Facility indicated on notific			☐ No notification	
				of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s	cation form that it is:	2. New small a	☐ Drop store/out of the course of the cours	
Facility indicated on notific (check appropriate box) A.	cation form that it is:  ource	2. New small a dry-to-dry only, transfer only, x	☐ Drop store/out of the course of the cours	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 140 gal/yr both types, x < 140 gal/yr	cation form that it is:  ource	dry-to-dry only, $x$ both types, $x \le x$	Drop store/out of the cource o	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 gal	cation form that it is:  ource	dry-to-dry only, $x$ both types, $x \le x$	☐ Drop store/out of the cource area source x < 140 gal/yr < 200 gal/yr	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/3.  Existing large area s	cation form that it is:  ource	dry-to-dry only, x transfer only, x both types, x < (constructed on	Drop store/out of the control of the	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x	cation form that it is:  ource	dry-to-dry only, x transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	□ Drop store/out of the course area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source 140 ≤ x ≤ 2,100 gal	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1	cation form that it is:  ource □ 2 gal/yr t r 1 91)  ource □ 4 ≤ 2,100 gal/yr t 1,800 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2	Drop store/out of the control of th	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x	cation form that it is:  ource	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	□ Drop store/out of the course area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source 140 ≤ x ≤ 2,100 gal	of business/petroleum
Facility indicated on notifice (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area so dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is:  ource □ 2 gal/yr 1 yr 1 r 91)  ource □ 4 ≤ 2,100 gal/yr 1 1,800 gal/yr 1 00 gal/yr 1 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	Drop store/out of the control of th	of business/petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9//  3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9//  5. This is a correct facility only, please check	cation form that it is:  ource □ 2 gal/yr 1 yr 1 r 91)  ource □ 4 ≤ 2,100 gal/yr 1 1,800 gal/yr 1 00 gal/yr 1 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on $\Box Y \Box N$	Drop store/out of the control of th	of business/petroleum

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	מם	□N/A
	Is the temperature differential equal to or greater than 200 F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box$ Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПΝ	□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,		٠,	
•	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Xouted airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ŻKY □N			
2. Maintained rolling monthly averages of perc consumption?	<b>¤</b> 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 ØM/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on <b>Ø</b> n⁄a			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>Y</b> IN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on <b>X</b> n/a			
6. Maintained startup/shutdown/malfunction plan?	<b>Ø</b> Y □N			
7. Maintained deviation reports?	□Y □N <b>¾</b> N/A			
Problem corrected?	DY DN <b>Ø</b> N/A			
8. Maintained compliance plan, if applicable?	OY ON X			

PART VI: LEAK DETECTION AND	REPATRS			
Does the responsible official conduct		es hi-weakly) leak datection ar	nd renair	_
inspection?	a weekly (for sinan source	es, or-weekly) leak detection at	id repair	
2. Has the facility maintained a leak log	?		MAY ON	
3. Does the responsible official check th		s?	<b>7</b> 11	
Hose connections, fittings,	o ronowing areas for road			
couplings, and valves	XY ON ON/A	Muck cookers	MA □N □N	√A
Door gaskets and seating	MY ON ON/A	Stills	ATY ON ON	N/A
Filter gaskets and seating	AND ND YA	Exhaust dampers	MA ON ON	√A
Pumps	<b>X</b> Y ON ON/A	Diverter valves	MY ON O	N/A
Solvent tanks and containers	<b>X</b> Y ON ON/A	Cartridge filter housings	MY ON ON	N/A
Water separators	KY ON ON/A			
4. Which method of detection is used by	the responsible official?		•	
Visual examination (condensed	solvent on exterior surface	ces)	<b>X</b> 1	
Physical detection (airflow felt	through gaskets)		×	
Odor (noticeable perc odor)			þa	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			_	
Halogen leak detector			a	
If using direct-reading ins	trumentation, is the equ	ipment:	<b>M</b> N/A	
a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
b. Calibrated against a (PID/FID only)?	a standard gas prior to and	d after each use	OY ON	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and	secure area when not in	use?	OY ON	
e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	DY DN	

ROGER ZHU	1/13/00
Inspector's Name (Please Print)	Date of Inspection
Roger Ahr	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Nu Way Cleaners					AGE	1 OF 1		
FACILITY ADDRESS: 1219 W. Reynolds Street C				CITY	CITY: Plant City			
P					PHONE: (813) 752-7261			
MAILING ADDRESS: Same CITY: Plant Cit				City	FLA	ZIP: 33511		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:		PE:	STATUS:		
Jan 13, 2000	9:00	11:00	non-CDS			In Compliance		
NEDS NUMBER: 571144								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Mic	thael Fisher							

Today's visit was to conduct the annual inspection.

The perc dry cleaning machine is a new small unit. The perc usage was 75 gallons for the past 12-month.

Mr. Fisher keeps good records. The temperature and leak inspections have been recorded on a weekly basis.

The facility is small, but it looks very busy with large quantities of work loads. No odors or leaks were noticed during my inspection.

There is also a petroleum dry cleaning machine in this facility. Mr. Fish said he use the perc machine for dark color clothes and the petroleum for light color. He estimated the petroleum usage as 150 gallons/month. The petrol machine is about 50 years old with a separate dryer. I couldn't identify the model or serial numbers for both the petrol cleaning unit and the dryer since they are too old.

Mr. Fisher acknowledged that the perc machine with a close-loop is more safer to use than the petroleum. He said he watches the petroleum dryer closely because it could be explosive if its vent system works improperly.

I saw the owner's manual for the perc machine is kept on site in which including startup/shutdown/malfunction measurements.

	· _	
INSPECTED BY:	Roger Zhu	DATE: Jan 13, 2000

# Koff -

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 11:30  TYPE OF FACILITY: PERC DRY CLEANER	AIRS ID#
FACILITY NAME: NU WAY CLEANERS	DATE: 12/12/00
FACILITY LOCATION: 1219 W. RENDLDS =	3351/
PLANT CITY FL  RESPONSIBLE OFFICIAL: MICHAEL FISHER	PHONE NUMBER: (813) 752 - 7261
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Burgal C
	2000 Source
	orina es
COMMENTS:	
•	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: (Ap	oproximate) 06ER ZHU
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: (813)272-5530

Revised 10/96

AIRS ID#: 571144

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NO WAS  FACILITY LOCATION: 1219  PLANT	ty CLEAN	IERS			/12/00
FACILITY LOCATION: 1219	W. RENOL	DS STA	LEET		
plan-	T CITY,	FL	33511		
		<i>r</i>			
Annual Reporting Period:	, 14	2000 	Dec	12	20 @
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I			<b>\$</b> _/		ule NO
If NO, complete the following:					
#1. Term or condition of the general permi	it that has not been in con	ntinuous complianc	æ during the rep	orting period st	ated above:
Exact period of non-compliance: from			σ		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					:
#2. Term or condition of the general perm	it that has not been in co	ntinuous complian	ce during the re	porting period s	tated above:
Exact period of non-compliance: from		·			<u>.                                    </u>
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:			_		_
namos uses as demonstrate compliance.	. •	•			
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities.	e and complete. Further s, does not exceed 2,100	, my annual consui	mption of perch	loroethylene sol	vent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	-	Signature		Date

Page 1 of 1

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

## Kell

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI) □

1					
AIRS ID#: 571144 DATE: 12/12/00	TIME IN: 10:00 TIME OUT: 11:30				
FACILITY NAME: NU WAY CLEANERS					
FACILITY LOCATION: 1219 W. RENO	RDS STREET				
PLANT CITY,	FL 33511				
RESPONSIBLE OFFICIAL: MICHAEL FIS	SHER PHONE: (813) 752-7261				
•	PHONE:SAME				
In the state of th	· · · · · · · · · · · · · · · · · · ·				
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.	☐ Drop store/out of business/petroleum				
A. 1. Existing small area source   2. N	Drop store/out of business/petroleum  New small area source				
A.  1. Existing small area source  dry-to-dry only, x < 140 gal/yr  dry-	☐ Drop store/out of business/petroleum				
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both	Drop store/out of business/petroleum  New small area source -to-dry only, x < 140 gal/yr sfer only, x < 200 gal/yr to types, x < 140 gal/yr				
A.  1. Existing small area source	Drop store/out of business/petroleum  New small area source -to-dry only, x < 140 gal/yr usfer only, x < 200 gal/yr				
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)	Drop store/out of business/petroleum  New small area source -to-dry only, x < 140 gal/yr asfer only, x < 200 gal/yr at types, x < 140 gal/yr astructed on or after 12/9/91)				
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only are both types, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)	Drop store/out of business/petroleum  New small area source -to-dry only, x < 140 gal/yr asfer only, x < 200 gal/yr at types, x < 140 gal/yr astructed on or after 12/9/91)				
A.  1. Existing small area source □ 2. In dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr transfer only, 200 gal/yr transfer only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr t	Drop store/out of business/petroleum  New small area source -to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr n types, $x < 140$ gal/yr nstructed on or after $12/9/91$ )  New large area source -to-dry only, $140 \le x \le 2,100$ gal/yr sfer only, $200 \le x \le 1,800$ gal/yr				
A.  1. Existing small area source □ 2. It dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  3. Existing large area source □ 4. It dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 140 ≤ x ≤ 1,800 gal/yr both	Drop store/out of business/petroleum  New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr n types, $x < 140$ gal/yr nstructed on or after $12/9/91$ )  New large area source to-dry only, $140 \le x \le 2,100$ gal/yr sfer only, $200 \le x \le 1,800$ gal/yr th types, $140 \le x \le 1,800$ gal/yr				
A.  1. Existing small area source □ 2. It dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 140 ≤ x ≤ 1,800 gal/yr both	Drop store/out of business/petroleum  New small area source -to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr n types, $x < 140$ gal/yr nstructed on or after $12/9/91$ )  New large area source -to-dry only, $140 \le x \le 2,100$ gal/yr sfer only, $200 \le x \le 1,800$ gal/yr				
A.  1. Existing small area source □ 2. It dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 140 ≤ x ≤ 1,800 gal/yr both	Drop store/out of business/petroleum  New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr n types, $x < 140$ gal/yr nstructed on or after $12/9/91$ )  New large area source to-dry only, $140 \le x \le 2,100$ gal/yr sfer only, $200 \le x \le 1,800$ gal/yr th types, $140 \le x \le 1,800$ gal/yr nstructed on or after $12/9/91$ )				
A.  1. Existing small area source □ 2. It dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  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 both (constructed before 12/9/91) (constructed before 12/9/91)	Drop store/out of business/petroleum  New small area source to-dry only, $x < 140$ gal/yr asfer only, $x < 200$ gal/yr astructed on or after $12/9/91$ )  New large area source to-dry only, $140 \le x \le 2,100$ gal/yr asfer only, $200 \le x \le 1,800$ gal/yr by types, $140 \le x \le 1,800$ gal/yr astructed on or after $12/9/91$ )  Can not determine				
A.  1. Existing small area source  □ 2. If dry-to-dry only, x < 140 gal/yr dry-transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  3. Existing large area source  □ 4. If dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91) (constructed before 12/9/91)	Drop store/out of business/petroleum  New small area source  -to-dry only, $x < 140$ gal/yr  In types, $x < 140$ gal/yr  Instructed on or after $12/9/91$ )  New large area source  -to-dry only, $140 \le x \le 2,100$ gal/yr  Instructed on or after $12/9/91$ )  New large area source  -to-dry only, $140 \le x \le 2,100$ gal/yr  Instructed on or after $12/9/91$ )  Instructed on or after $12/9/91$ )  Can not determine  Expermit as number above				
A.  1. Existing small area source □ 2. If dry-to-dry only, x < 140 gal/yr dry-transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both (constructed before 12/9/91) (constructed before 12/9/91) (constructed before 12/9/91)	Drop store/out of business/petroleum  New small area source -to-dry only, $x < 140$ gal/yr asfer only, $x < 200$ gal/yr in types, $x < 140$ gal/yr instructed on or after $12/9/91$ )  New large area source -to-dry only, $140 \le x \le 2,100$ gal/yr asfer only, $200 \le x \le 1,800$ gal/yr in types, $140 \le x \le 1,800$ gal/yr instructed on or after $12/9/91$ )  Can not determine				

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

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

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
insp	ection?		•	<b>Ø</b> Y □N	
2. Has	the facility maintained a leak log?			<b>∑</b> Y □N	
3. Does	s the responsible official check the f	ollowing areas for leaks	?	,	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	DAY ON ON/A	
	Door gaskets and seating	XY ON ON/A	Stills	XY ON ON/A	
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	XY ON ON/A	
	Pumps	¥Y □N □N/A	Diverter valves	<b>M</b> Y □N □N/A	
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	TOY ON ON/A			
4. Which method of detection is used by the responsible official?					
	<b>/X</b>				
	Physical detection (airflow felt the	ough gaskets)		×	
	Odor (noticeable perc odor)			<b>A</b>	
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector				
	If using direct-reading instru	ımentation, is the equip	oment:	MN/A	
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and se	cure area when not in us	e?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N	
		-			
<u></u>					

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

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Nu Way Cleaners PAGE 1 OF 1						1	
FACILITY ADDRESS: 1219 W. Reynolds Street  CITY: Plant City PHONE: (813) 752-7261						1	
MAILING ADDRESS:	Same		CITY: Plant C	ity FL	A ZI	P: 33511	_
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION Dec 12, 2000 10:00 11:30 non-CE					STAT In Comp		
NEDS NUMBER: 571144							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Michael Fisher							

Today's visit was to conduct the annual inspection.

The recordkeeping is in a good shape. Both the temperature and leak checks have been recorded on a weekly basis. The repair log indicates the replacements of a steam regulator on 6/22/00 and a foam filter on 9/11/00. The 12-month perc usage was 90 gallons.

Apparently, the machine is well maintained. The machine was in operation during my inspection, no odors or leaks were noticed.

INSPECTED BY: Roger Zhu DATE: Dec 12, 2000

Best Available Copy

Thomas Scott Ronda Storms



ere tareter Rameur Les Wetlands Management Fax 27-714 1416 N. 21st Street - Tampa. FL 33605

Executive Director Richard D. Garrity, Ph.D.

# ENVIRONMENTAL PROTECTION COMMISSION OF Hillsborough County FAX Transmittal Sheet FAX Transmittal Sheet

DA.	TE: 8-27-02	
TO:	Rick Buller	-
F	AX Phone:	Voice Phone:
	: · ·	· .
ТОТ	AL NUMBER OF PAGES IN	LUDING THIS COVER PAGE:
-	FAX Transmission Line: (For retransmission or any	(813) 272-5530 ext.
FR	DM: wohammad	J02a
	(Circle applicable section	on below)
	Air Division	
	-Compliance	-Enforcement/Analysis
	-Monitoring/Toxics	-Permitting
SPEC	ZIAL INSTRUCTIONS:	
-		

#### Best Available Copy



COMMISSION
Stacy Easterling
Pat Frank
Chris Hart
Jim Norman

Administrative Offices.

Logal & Water Management Division

The Roger P. Stewart Environmental Center

1900 - 9th Ave. - Tampa, FL 13605

Ph. (813) \$\mathrm{B13} \text{-5960} - \text{Fax} (813) \$\mathrm{B2} \text{-5157}

Air Management Fax 272,5605 Waste Management Fax 276-1156

DATE:

August 07, 2002

INSPECTED BY:

Mohammad Nozari

PAGE 01

5571144

EPC AIR MANAGEMENT

	177	1	_ :			
ENVIDONMEN		SPECTION RE		I I SDODO	UGH COUNTY	
FACILITY: Nu-way Cle		TION COMINI	SSION OF HI	PAGE		+
FACILITY ADDRESS:	1219 West Rey	nolds Street		CITY: PI		+
MAILING ADDRESS: s	ioma		CITY: Plant C		(813) 752-7261 ZIP: 33566	$\sqcup$
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	- 1	STATUS:	$+\!-\!\!\!-\!\!\!\!-$
August 07, 2002	9:00AM	11:AM	Annu	,	In-Compliance	
NEDS NUMBER: 57114						
SOURCE DESCRIPTIO		ylene (Perc) Dr	y Cleaner			
CONTACT (S): Michael						
The purpose of this vis nature of my visit. Mr. FDEP for renewal of I longer uses perc for cl Due to this changes he permitting.	Fisher told mais operation pleaning. He had	e that he responential termit last years switched to	onded to our : r. He indicted DF2000, a p	notification  on his reservation  etroleum	n that he received fenewal form that he based cleaning solv	orm e no ent.
Note: A copy of this is Division.	inspection rep	ort will be for	ward to Kell	y Boatwri	ght of the Solid W	aste
		. '				



Best Available Copy

#### Fax Cover Sheet

#### **POSTAL ZONE**

1701 S Alexander Street Sulte 112-1

Plant City, FL 33566

Phone: (813) 707-1826 Fax: (813) 707-1126

Send to: EPC	From: NawAT CEANLES.
Attention: MOHRMAND NOZAKI	Date: Aug 8 2002
Office Location: 1410 N. 21st SF TAME	Office Location: 12/9W REYAGLAS
Fax Number: 272-54-05	Phone Number: 815 752 7261
Urgent Repty ASAP Please comment Please Review For your Information	<b>!</b>
Total pages, including cover:	
Comments	
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#### Best Available Copy



· · · · · · · · · · · · · · · · · · ·	TO WHOM IT MAY CONCERN,
	MY NAME IS MECHAEL D FISHER
* */***	AT NUWAY CLEANERS IN PLANT
, de standard — —————————————————————————————————	City_E6. 33567.
	I KNOW LONGER CLEAN CLOTHES
- A 12 THAY SHALL ASSOCIATE STATE OF ST	IN PERC. I AM CLEANING WITH
	DF2000_ I have IlliminaTED
	ALL HAZARDOUS SPOTTING FLUIDS.
	PLEASE FEEL FREE TO CALL ME
	AT 813-752-7261 FOR ANY
	DIVER IN FORMATION YOU MAY
	HANK YOU.
	JA Zac.
	MICHAEL D. FISHER
	NUWAY CLEANERS
,	1219 W. KEYNOLQS.
	PLANT City, Fh. 33569
	PH B13- 7527261
	Aug B, OZ
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· · · · · · · · · · · · · · ·	THE PERSON OF TH

#### Grant, Patricia

From:

Butler, Rick

Sent:

Tuesday, December 16, 2003 10:57 AM

To: Cc: Grant, Patricia

Subject:

Bowman, Sandy FW: Inactive GP

Pat

Please inactivate the file for 0571144-001. I have inactivated the facility in ARMS.

Thanks, Rick

KICK

----Original Message-----

From: Alain Watson [mailto:WatsonA@epchc.org] Sent: Tuesday, December 16, 2003 10:30 AM

To: Butler, Rick Subject: Inactive GP

Rick:

Please change the facility status of NUWAY Cleaners (0571144), they switched to petroleum

based dry cleaning. thanks alain

Alain G. Watson Air Toxics Section Environmental Protection Commission of Hillsborough County ph# 813.272.5530 watsona@epchc.org

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

304610

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**

MAR -5 98

Do NOT Remove Label

AIRS ID 0571144

MICKMAR INC MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

426787 MAR272883

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#0571144

**NUWAY CLEANERS** MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL

Obj.: 002273

70 MAR 2 7 200 Surrau of Air Monite Source ONLY

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: AI

Fund: 20-2-035001

Obj.: 002273  $C_{1}$ 

US Postal Service

#### **Receipt for Certified Mail**

AIRS ID # 0571144

NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

	Postage	·.
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
FS Form 3800, April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
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8	Complete items 3, 4a, and 4b.			rvices (for an
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ē	Attach this form to the front of the mailpiece, or on the back if space does not			ressee's Address
ē	permit.			
the reverse side?	Write "Return Receipt Requested" on the mailpiece below the article number.			stricted Delivery
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5			Consult pos	unaștei lui lee.
	3. Article Addressed to:	4a. Article N	umber	
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훕	AIRS ID # 0571144			
completed	NUWAY CLEANERS	4b. Service	Гуре	_
	MICHAEL DOYLE FISHER	☐ Registere	d	
S	1219 W REYNOLDS	☐ Express i	Mail	′ ☐ Insured
ORESS	PLANT CITY FL 33511			andise 🗌 COD
		7. Date of De	livery	
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5	5. Received By: (Print Name)	8. Addresse	e's Address (0	Only if requested
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102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

#### Z 333 660 308

### US Postal Service Receipt for Certified Mail

AIRS ID 0571144

MICKMAR INC MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	seipt Service.	
N Annoece completed	AIRS ID 0571144  MICKMAR INC  MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511	4a. Article Ni 4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured Desipt for Merchandise COD	Thank you for using Return Rece
s your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  I  I  I  I  I  I  I  I  I  I  I  I	8. Addressee's Address (Only if requested and fee is paid)		
_	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

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	MICHAEL DOYLE FISHER	
7	Street, A or PO B. 1219 W REYNOLDS	
7007	City, Sta PLANT CITY FL	
1	33511	
<u> </u>	PS Form	structions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
Article Addressed to:	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
AIRS ID#0571144  NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511	3. Service Type  B2 Certified Mail
2. Article Number (Transfer from service label) 7001 0320	0001 7976 3866
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE



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

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

PARE OF AIR POSITIONING & MOBILE SOURCES OF AIR POSITIONING & MOBILE SOURCES OF AIR POSITION AND AIR STATION 5510

TO STONE ROAD

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1219 W REYNOLDS PLANT CITY FL 33:		3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	from service label) 0001 7975 8459 999 Domestic R	4. Restricted Delivery? (Extra Fee) Yes



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

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

#### **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0571144 NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL

33511

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0571144 NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS			
PLANT CITY FL 33511	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
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PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-17/		

U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No	CEIPŢ Insurance Coverage Provided)
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Postage \$  Certified Fee    Return Receipt Fee   (Endorsement Required)    Restricted Delivery Fee   (Endorsement Required)    Total Postage & Face	AIRS ID # 0571144001AG
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SSBUGE MORE FORM 3800, May 2000  10 THE BIGHT OF BETHEN ADDRESS  BLACE STICKER AT TOP OF ENVELOPE  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly) B. Date of Delivery
<ul> <li>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  X
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<u>00028700000 9027 4329</u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

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407618 APR102001

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

**TOTAL AMOUNT DUE: \$75.00** 

Do NOT Remove Label

AIRS ID # 0571144

NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

FOR GOVERNMENT USE ONLY
Org.: 3755010100 EO: B1

Obj.: 002273

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PS Form 381	<b>1</b> , July 1999	Domestic Retu	urn Receipt		102595-99-M-1789

#### Z 510 PPI 335

US Postal Service

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

AIRS ID # 0571144

NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

	Certified Fee	
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April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b>	Postmark or Date	

į.	Fold at line over top of envelope to			
on the reverse side?	■ Print your name and address on the reverse of this form so that we concard to you.  ■ Attach this form to the front of the mailpiece, or on the back if space of permit.  ■ Write "Return Receipt Requested" on the mailpiece below the article return Receipt will show to whom the article was delivered and the state of the state o		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eipt Service.
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United States Postal Service

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

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM OF Air Monitoring Mail STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

APR - 6 2001

RECEIVED

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	PS Form 3800 February,z	UUU ka		structions

PACE STICKER AT TOP OF ENVELOPE					
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SE	CTION ON DEL	IVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Received by (Please Print Clearly)  B. Date of Deliv  C. Signature  X  D. Is delivery address different from item 1?  Yes			
1. Article Addressed to:  AIRS ID # 0571144  NUWAY CLEANERS  MICHAEL DOYLE FISHER  1219 W REYNOLDS  PLANT CITY FL  33511	· .	If YES, enter delive	ery address belo	w: 🗆 No	
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7000060000264128	36433	4. Restricted Deliver	y? (Extra Fee)	☐ Yes	
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PS Form 3811, July 1999	Domestic Retu	ırn Receipt		102595-00-M-0952	

United States Postal Service

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

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

DARM/MOBILE SOURCE CONTROL PROGRAME AND DEPT. OF ENVIRONMENTAL PROTECTION NAME STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

TALLAHASSEE, FLORIDA 32399-2400

[,	!	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Onlŷ; No Insurance Coverage Provided)				
Ġ	[C]	ATTA FIRE FIRE A ATTA TO				
5	58	OFFICIALIUS				
1	7027	Postage \$ Certified Fee	<u> </u>			
	0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement P				
	0	Total Postage NUWAY CLEANERS  AIRS ID#0571144				
Į	287	Sent To MICHAEL DOYLE FISHER 1219 W REYNOLDS	7.			
		Street, Apt. N PLANT CITY FL 33511				
1	믜	City, State, Zir+ -	{			
_{		PS Form 3800, May 2000 See Reverse for Instruc	tions			

. G T GTHI GGGG, MIAY 2000	See Reverse for Instructions
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X Meluss Tyrum Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
AIRS ID#0571144 NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS	
PLANT CITY FL 33511	3. Service Type  Certified Mail
700026700000070275821	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	,
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

A STIN u Bujj

United States Postal Service



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

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BUR. OF AIR MONITORING & MOBILE SCURPES
DEPT. OF ENVIRONMENTAL PROTECTION OF AIR MONITORING MAIL STATICE 8540
TOO BLAIR STONE ROAD
TASSEE, FLORIDA 32399-2400

TOO BLAIR STONE ROAD
TASSEE, FLORIDA 32399-2400

ST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389585

lease 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 # 0571144

NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511 DEC 16 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

s.	P 174 D US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internatio Sent to	<b>tified</b> Provide	Mail (	7	
MI 121	WAY CLEANERS CHAEL DOYLE FISH 9 W REYNOLDS ANT CITY FL 33511		S ID # 05711	44	
	Special Delivery Fee			1	
	Restricted Delivery Fee	_		1	
1995	Return Receipt Showing to			- <del>-</del>	
April	Whom & Date Delivered Return Receipt Showing to Whom,		-	<del>-</del>	
	Date, & Addressee's Address			-	
380	TOTAL Postage & Fees  Postmark or Date	\$		4	
PS Form <b>3800</b>		Special Co	(Oese) o		
	al equievne lo qui	<b>电影 计算机</b>	iii 16 blo 1 .		
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.				wish to receive the following services (for an extra fee):	e.
Attach this form to the front permit.	of the mailpiece, or on the ba	ck if spac	e does not	1. Addressee's Address	ξ
■ Write "Return Receipt Requested" on the mailpiece below the article ■ The Return Receipt will show to whom the article was delivered and				2. Restricted Delivery	t Se
delivered.				Consult postmaster for fee.	ĕ
3. Article Addressed to:	AIRS ID # 057	1144	4an Article No	052672	ırı Rec
NOWAT CLEANERS			4b. Service 1	~ \/	Zet.
MICHAEL DOYLE FISHER 1219 W REYNOLDS			Registered Certified		
PLANT CITY FL 335	11		☐ Express I	Mail ☐ Insured ceipt for Merchandise ☐ COD	usi
	11		7. Date of De 2		ou for
5. Received By: (Print Name)			8. Addresses and fee is	e's Address (Only if requested paid)	Thank you for using Return Receipt Service

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

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

3755

0365132

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**

MAIL ROOP

Do NOT Remove Label

AIRS ID # 0571144

NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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