# Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. Wayne King
Wayne's One Hour Cleaners, Inc.
1111 East S. S. Boulevard
Ocala, Florida 34471

Re: Facility I.D. No. 0830122

Dear Mr. King:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 23, 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. Louis Nichols, Central District

# 083012

p. 14

3. new small area source should be marked

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BUREAU OF AIR REGULATION

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Wayne's One Hour Cleaners INc.
2. Site Name (For example, plant name or number):
   Same
3. Hazardous Waste Generator Identification Number:
   FL 000 104 6861
4. Facility Location:
   Street Address: 1111 E. S.S. Blvd.
   City: Ocala County: ~~Eta~~ Marion Zip Code: 34471
5. Facility Identification Number (DEP Use): 0830122

## Responsible Official

6. Name and Title of Responsible Official:
   Wayne King owner
7. Responsible Official Mailing Address:
   Organization/Firm: Wayne's One Hour Cleaners
   Street Address: 1111 E. S.S. Blvd.
   City: Ocala County: Marion Zip Code: 34471
8. Responsible Official Telephone Number:
   Telephone: (352) 629-9533 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Charles King Manager
10. Facility Contact Address:
    Same as above
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: (352) 629-9533 Fax: ( ) -

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## Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 01-JAN 95 | 01-JAN 95 | | | 01-JAN 95 | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed [____]

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

(b) If less than 12 months, how many? [____] months
Check why it is less than 12 months: New owner: [____] New store: [____] Did not keep records: [____]

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

Existing small area source [X] New small area source [____]

Existing large area source [____] New large area source [____]

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

| | | | |
|---|---|---|---|
| Existing large area source | | | |
| Carbon adsorber | [ ] | Refrigerated condenser | [ ] |
| New small area source | | | |
| Refrigerated condenser | [X] | | |
| New large area source | | | |
| Refrigerated condenser | [ ] | | |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

| | |
|---|---|
| All steam and hot water generating units exempt | [X] |
| No such units on-site | [ ] |

**Equipment Monitoring and Recordkeeping Information**

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

| | |
|---|---|
| (a) Purchase receipts and solvent purchases | [X] |
| (b) Leak detection inspection and repair | [X] |
| (c) Refrigerated condenser temperature monitoring | [X] |
| (d) Carbon adsorber exhaust perc concentration monitoring | [ ] |
| (e) Instrument calibration | [ ] |
| (f) Start-up, shutdown, malfunction plan | [X] |

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

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Wayne Bury
Signature

1-22-97
Date

0050122

**BEST AVAILABLE COPY**

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BUREAU OF AIR REGULATION

P.14

3. new small area source should be marked

corrections made 3/25/97 Todd Sanchez

JAN 1997 RECEIVED DEP Central District

1. Facility Own... Wayn... Inc.
2. Site Name: S...
3. Hazardous...
4. Facility Loc... Street Add... City: Oc... 34471
5. Facility Ide... 30122
6. Name and... W...
7. Responsible Official Mailing Address... Organization/Firm: Wayne's One Hour Cleaners Street Address: 1111 E. S.S. Blvd. City: Ocala County: Marion Zip Code: 34471
8. Responsible Official Telephone Number: Telephone: (352) 629-9533 Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): Charles King Manager
10. Facility Contact Address: Same as above Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (352) 629-9533 Fax: ( ) -

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BUREAU OF AIR REGULATION

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Wayne's One Hour Cleaners INc.
2. Site Name (For example, plant name or number):
   Same
3. Hazardous Waste Generator Identification Number:
   FL 000 104 6861
4. Facility Location:
   Street Address: 1111 E. S.S. Blvd,
   City: Ocala County: ~~Eta~~ Marion Zip Code: 34471
5. Facility Identification Number (DEP Use): 0830122

## Responsible Official

6. Name and Title of Responsible Official:
   Wayne King owner
7. Responsible Official Mailing Address:
   Organization/Firm: Wayne's One Hour Cleaners
   Street Address: 1111 E. S.S. Blvd.
   City: Ocala County: Marion Zip Code: 34471
8. Responsible Official Telephone Number:
   Telephone: (352) 629-9533 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   Charles King Manager
10. Facility Contact Address:
    Same as above
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: (352) 629-9533 Fax: ( ) -

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JAN 23 1997
Bureau of Air Monitoring & Mobile Sources

## Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 01-JAN-95 | 01-JAN-95 | | | 01-JAN-95 | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed [ ]

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

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

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

Existing small area source [ ] New small area source [X] CWB 3.25-97

Existing large area source [ ] New large area source [ ]

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

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [X]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt [X]
No such units on-site [ ]

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

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

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature: Wayne Kay Charles Kay Wayne Kay

Date: 1-22-97 3-25-97 3-25-97

~~TBD 00784~~

X

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ~~☐~~

AIRS ID#: 0830122 DATE: 3/25/97 TIME IN: 1125 TIME OUT: 1142
FACILITY NAME: Wayne's One Hour Cleaners
FACILITY LOCATION: ~~9 SW. 10th St~~ 1111 E. Silver Springs blvd.
Ocala, Fl. 34471

## PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☐
2. New facility notified DARM 30 days prior to startup 1/23/97 ☐
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

A.

**1. Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

**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, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

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

| | | |
|---|---|---|
| 1. | Equipped all machines with the appropriate vent controls? | ☑Y ☐N |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☑Y ☐N ☐N/A |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☑Y ☐N ☐N/A |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | ☑Y ☐N |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☑Y ☐N |
| 6. | Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☑Y ☐N |

**B. Has the responsible official of an existing large or new large area source also:**

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

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

## PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☑ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☑ |

**If using direct-reading instrumentation, is the equipment:**

| | |
|---|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

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

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

| | | | | | |
|---|---|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y | ☐N | Muck cookers | ☑Y | ☐N |
| Door gaskets and seating | ☑Y | ☐N | Stills | ☑Y | ☐N |
| Filter gaskets and seating | ☑Y | ☐N | Exhaust dampers | ☑Y | ☐N |
| Pumps | ☑Y | ☐N | Diverter valves | ☑Y | ☐N |
| Solvent tanks and containers | ☑Y | ☐N | Cartridge filter housings | ☑Y | ☐N |
| Water separators | ☑Y | ☐N | | | |

Wayne King /owner
Name of Responsible Official

Todd Sanchez
Inspector's Name (Please Print)

3/25/97
Date of Inspection

Todd Sanchez
Inspector's Signature

Approximate Date of Next Inspection

WAYNE KING
Owner

WAYNE'S
ONE HOUR CLEANERS

9 S.W. 10th St.
629-3709

1111 E. S.S. Blvd.
629-9533



Revised 10/28/96

**ADDITIONAL SITE INFORMATION:**

Aero-tech 650 65lbs

containment pan

MCF picks up separator water

epoxy around spotting board

left record keeping documentation and fully explained

FBD00878

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☑

RE-INSPECTION ☐

AIRS ID#: 0830122 DATE: 12/20/96 TIME IN: 10:50 (2 VISITS) 1:00 TIME OUT: 11:10 1:15

FACILITY NAME: WAYNES ONE HOUR CLEANERS

FACILITY LOCATION: 1111 E. SILVER SPRINGS BLVD

OCALA, FL 34471

## PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☐
2. New facility notified DARM 30 days prior to startup ☐ TALKED TO OWNER BELIEVES HE APPLIED FOR PERMIT
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

**A.**

**1. Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

**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, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☐Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

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

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

**B. Has the responsible official of an existing large or new large area source also:**

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

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

## PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☒ |
| Physical detection (airflow felt through gaskets) | ☒ |
| Odor (noticeable perc odor) HALOGEN DETECTOR | ☒ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ |

**If using direct-reading instrumentation, is the equipment:**

| | |
|---|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

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

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

| | | | | | |
|---|---|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☒Y | ☐N | Muck cookers | ☒Y | ☐N |
| Door gaskets and seating | ☒Y | ☐N | Stills | ☒Y | ☐N |
| Filter gaskets and seating | ☒Y | ☐N | Exhaust dampers | ☐Y | ☐N |
| Pumps | ☒Y | ☐N | Diverter valves | ☒Y | ☐N |
| Solvent tanks and containers | ☒Y | ☐N | Cartridge filter housings | ☒Y | ☐N |
| Water separators | ☒Y | ☐N | | | |

CHARLES W. KING, MANAGER
WAYNE KING OWNER
Name of Responsible Official

LOUIS A. NICHOLS
Inspector's Name (Please Print)

12/20/96
Date of Inspection

Louis A Nichols
Inspector's Signature

Approximate Date of Next Inspection

WAYNE KING
Owner

WAYNE'S
ONE HOUR CLEANERS

9 S.W. 10th St.
629-3709

1111 E. S.S. Blvd.
629-9533

34471



Revised 10/28/96

**ADDITIONAL SITE INFORMATION:**

- SECOND LOCATION AT 9 SW. 10TH ST,
- AERO TECH 650
- HAS CONTAINMENT PAN
  PUTTING EPOXY AROUND SPOTTING BOARD
- SEEMS TO BE MAKING GOOD EFFORT TO COMPLY WITH REGULATIONS.
- OWNER NOT PRESENT ON 1ST VISIT 10:50
  HAD TO RETURN 2ND TIME @ PM 1:00

TITLE V AIR QUALITY GENERAL PERMIT

# INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 1:35 TIME OUT: 2:00 AIRS ID#: 0830122

TYPE OF FACILITY: Drycleaners

FACILITY NAME: Wynde 1-hr Cleaners DATE: 2/25/98

FACILITY LOCATION: 911 Silver Spg. Road. Ocala FL

RESPONSIBLE OFFICIAL: MR. Wayne King PHONE NUMBER: 352-629-9533

[X] Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

[ ] Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS: facility in Compliance, adequate record keeping
Clean operation - New machine

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

DATE OF NEXT INSPECTION: _____
(Approximate)

INSPECTION CONDUCTED BY: _____
(Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: _____

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

in ARMS 01/28/98 SH

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0830122 DATE: 2/25/98 TIME IN: 1:35 TIME OUT: 2:00

FACILITY NAME: Wayne's 1 hr cleaners

FACILITY LOCATION: 111 Silver Springs Rd.
Ocala, Fl.

RESPONSIBLE OFFICIAL: MR. WAYNE King PHONE: 352-629-9533

CONTACT NAME: _____ PHONE: _____

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

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

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)
2yr. Aerotek

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80-90 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

| | | |
|---|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | 3 not stored | ☐Y ☒N ☐N/A |
| 2. Examining the containers for leakage? | | ☐Y ☒N ☐N/A |
| 3. Closing and securing machine doors except during loading/unloading? | | ☒Y ☐N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | | ☒Y ☐N ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | | ☐Y ☐N ☒N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

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

| | |
|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☒Y ☐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☒Y ☐N ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☒Y ☐N ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☒Y ☐N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☒Y ☐N ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☒Y ☐N |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☐N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☐N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☐N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☒Y ☐N
2. Maintained rolling monthly total of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☒Y ☐N ☐N/A
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☒Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☒Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☒Y ☐N ☐N/A

   Problem corrected? ☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☐Y ☐N ☐N/A | Muck cookers | ☐Y ☐N ☐N/A |
| Door gaskets and seating | ☐Y ☐N ☐N/A | Stills | ☐Y ☐N ☐N/A |
| Filter gaskets and seating | ☐Y ☐N ☐N/A | Exhaust dampers | ☐Y ☐N ☐N/A |
| Pumps | ☐Y ☐N ☐N/A | Diverter valves | ☐Y ☐N ☐N/A |
| Solvent tanks and containers | ☐Y ☐N ☐N/A | Cartridge filter housings | ☐Y ☐N ☐N/A |
| Water separators | ☐Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☑ |
| Physical detection (airflow felt through gaskets) | ☑ |
| Odor (noticeable perc odor) | ☑ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ |
| Halogen leak detector | ☐ |
| **If using direct-reading instrumentation, is the equipment:** | ☐N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

SAADIA QURESHI
Inspector's Name (Please Print)

2/25/98
Date of Inspection

Inspector's Signature

2/99
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

Acrotech

Dgrsold—

approved 24hr

Spotting ? yes

pan? yes.

Good clean operation, OK logs—

provided w/ calendar = will see

In compliance

RECEIVED
FEB 24 1998
Bureau of Air Monitoring & Mobile Sources

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

AIRS ID 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

**Do NOT Remove Label**

Reporting Period: 2-18-98 19__ TO 2-18-99 19__

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

***As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.***

**RESPONSIBLE OFFICIAL:** PATSY King (Name (Please Print)) Patsy King (Signature) 2-18-98 (Date)

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

**11/06/97**

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 11:00 TIME OUT: 11:50 AIRS ID#: 0830122

TYPE OF FACILITY: Waynes 1 hrs Dry

FACILITY NAME: " " DATE: 2/16/99

FACILITY LOCATION: 1111 Silver Springs Blvd. Ocala.

RESPONSIBLE OFFICIAL: Wayne Keig PHONE NUMBER: 352-629-9539

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED
MAR - 2 1999
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

IN compliance added new machine

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

DATE OF NEXT INSPECTION: 2/00 (Approximate)

INSPECTION CONDUCTED BY: Saadia Qureshi (Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: 407-893-3333

Revised 09/15/97

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

FACILITY NAME: WAYNES ONE HOUR CLEANERS DATE: 2.16.99

FACILITY LOCATION: 1111 SILVER SPRING BLVD
DEDEL. FLA.

Annual Reporting Period: Feb 1998 TO Feb 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒YES ☐NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
MAR - 2 1999
Bureau of Air Monitoring & Mobile Sources

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Hughie Wayne King Hughie Wayne King 2-16-99
Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0830122 DATE: 2/16/95 TIME IN: 11:00 TIME OUT: 11:50

FACILITY NAME: WAYNE'S ONE HOUR CLEANERS INC.

FACILITY LOCATION: 1111 Silver Springs Blvd
Ocala FL. 34471

RECEIVED
MAR - 2 1995
Bureau of Mobile Sources & Monitoring

RESPONSIBLE OFFICIAL: Wayne Kenig PHONE: 352 [illegible] 9533

CONTACT NAME: _____ PHONE: _____

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION * ADDED NEW MACHINE *

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

A.

1. Existing small area source ☐
dry-to-dry only, x < 140 gal/yr
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)

2 machines
8 months
4 yrs.

3. Existing large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.
100 gal to start up new machine



7

## PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? ☐Y ☐N ☒N/A
2. Examining the containers for leakage? ☐Y ☐N ☒N/A

not stored.

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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

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

**B. Has the responsible official of an existing large or new large area source also:**

| | | |
|---|---|---|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☒Y ☐N |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y ☐N ☒N/A |
| | Is the temperature differential equal to or greater than 20° F? | ☐Y ☐N ☒N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y ☐N ☒N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ☐Y ☐N ☒N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ☐Y ☐N ☒N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y ☐N ☒N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ☐Y ☐N ☒N/A |

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

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

NO leaks

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☒Y ☐N ☐N/A | Muck cookers | ☒Y ☐N ☐N/A |
| Door gaskets and seating | ☒Y ☐N ☐N/A | Stills | ☒Y ☐N ☐N/A |
| Filter gaskets and seating | ☒Y ☐N ☐N/A | Exhaust dampers | ☒Y ☐N ☐N/A |
| Pumps | ☒Y ☐N ☐N/A | Diverter valves | ☒Y ☐N ☐N/A |
| Solvent tanks and containers | ☒Y ☐N ☐N/A | Cartridge filter housings | ☒Y ☐N ☐N/A |
| Water separators | ☒Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   **If using direct-reading instrumentation, is the equipment:** ☐N/A
   - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   - c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   - d. Kept in a clean and secure area when not in use? ☐Y ☐N
   - e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Saadia Qureshi
Inspector's Name (Please Print)

2/16/05
Date of Inspection

Inspector's Signature

2 (00
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

ADDED machine 40#,
Aerotech.

pans? yes

pan for haz waste? yes.

no perc on boards

epoxyed? yes.

haz waste ⇒
MCF

used 100-gal to fill new machine (8 mths ago)
may be over 140 limit, status may change

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 2-22-00
BY RE

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

Bring calendar

AIRS ID#: 0830122 DATE: 2-22-00 TIME IN: 12:00 TIME OUT: 1:00

FACILITY NAME: Wayne's One hour Cleaners

FACILITY LOCATION: 1111 E. Silver Springs Blvd.
Ocala, FL 34471

RESPONSIBLE OFFICIAL: Wayne King PHONE: 352-629-9533

CONTACT NAME: _____ PHONE: _____

20 ✓
10 ✓
20 ✓
20 ✓
10 ✓
5 ✓
20 ✓
15 ✓
120
100 used
20 natural

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

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

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 ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

RECEIVED
MAR - 2 2000
Bureau of Air Monitoring & Mobile Sources

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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

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

B. Has the responsible official of an existing large or new large area source also:

| | | | |
|---|---|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y | ☐N | |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y | ☐N | ☒N/A |
| Is the temperature differential equal to or greater than 20° F? | ☐Y | ☐N | ☒N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y | ☐N | ☒N/A |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y | ☐N | ☒N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ☐Y | ☐N | ☒N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y | ☐N | ☒N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y | ☐N | ☒N/A |

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☒Y ☐N ☐N/A | Muck cookers | ☒Y ☐N ☐N/A |
| Door gaskets and seating | ☒Y ☐N ☐N/A | Stills | ☒Y ☐N ☐N/A |
| Filter gaskets and seating | ☒Y ☐N ☐N/A | Exhaust dampers | ☒Y ☐N ☐N/A |
| Pumps | ☒Y ☐N ☐N/A | Diverter valves | ☒Y ☐N ☐N/A |
| Solvent tanks and containers | ☒Y ☐N ☐N/A | Cartridge filter housings | ☒Y ☐N ☐N/A |
| Water separators | ☒Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through gaskets) | ☐ |
| Odor (noticeable perc odor) | ☐ |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ |
| Halogen leak detector | ☒ |
| **If using direct-reading instrumentation, is the equipment:** | ☐N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

Randall Cunningham
Inspector's Name (Please Print)

2-22-00
Date of Inspection

Randall C—
Inspector's Signature

2-2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0830122 ACC

Revised 01/18/00

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

**FACILITY NAME:** Wayne's One Hour Cleaner **DATE:** 2-22-00

**FACILITY LOCATION:** 1111 Silver Springs Blvd,
Ocala, FL 34471

Annual Reporting Period: February 1999 TO February 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** John King — Name (Please Print) — Signature — 2-22-00 Date

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

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 12:00 TIME OUT: 12:30 AIRS ID#: 0830022

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Wayne's One Hour Cleaners DATE: 2-22-00

FACILITY LOCATION: 1111 E. Silver Springs Blvd.
Ocala, FL 34471

RESPONSIBLE OFFICIAL: Wayne King PHONE NUMBER: 352-629-9533

☒ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

In Compliance

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

DATE OF NEXT INSPECTION: 2-2001 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: Randall C-C PHONE NUMBER: 407-893-3333



Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401034

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

# TOTAL AMOUNT DUE: $50.00

RECEIVED
DEC 29
Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAIL ROOM
DEC 27 2000

**Do NOT Remove Label**

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E SILVER SPRINGS BLVD
OCALA FL 34471

**FOR GOVERNMENT USE ONLY**
**Org: 37550101000 EO: A1**
**Fund: 20-2-035001**
**Obj: 002273**

U.S. Postal Service
**CERTIFIED MAIL RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0520 0020 9372 5271

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total | |

received

Postmark Here

10 AIRS ID # 0830122001AG
WAYNE KING
WAYNE'S ONE HOUR CLEANERS INC
1111 E SILVER SPRINGS BLVD
OCALA FL 34471

PS Form 3800, February 2000 See Reverse for Instructions

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

OR

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0830122001AG
WAYNE KING
WAYNE'S ONE HOUR CLEANERS INC
1111 E SILVER SPRINGS BLVD
OCALA FL 34471

7000 0520 0020 9372 5271

2. Article Number *(Copy from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery 10/24/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

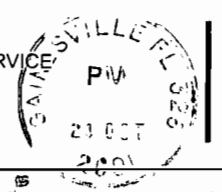
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return 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 PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources

RECEIVED
OCT 25 2001

0333+2400

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 # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

Z 333 667 203 2000

US Postal Service

**Receipt for Certified Mail**

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

PS Form **3800**, April 1995

Fold at line over top of envelope to

**SENDER:** *COMPLETE THIS SECTION* — *DELIVERY*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

A. Received by *(Please Print Clearly)* — B. Date of Delivery 2-12-02

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 333 667 203

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

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING** ✓ 303090

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

RECEIVED
MAIL ROOM
FEB 20 98

# TOTAL AMOUNT DUE: $50.00

**Do NOT Remove Label**

AIRS ID 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

Z 333 613 637

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to

AIRS ID 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

4a. Article Number
Z333-613-637

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-13-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X M.R. Jones

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

0361794

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

RECEIVED
MAIL ROOM
FEB 24 2009

# TOTAL AMOUNT DUE: $50.00

**Do NOT Remove Label**

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

Z 333 613 419 1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

AIRS ID # 0830122

WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

4a. Article Number
Z 333 613 419

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 7/13

5. Received By: *(Print Name)*

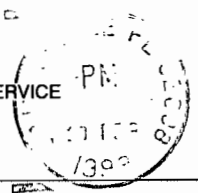
8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 15 1999
Bureau of Air Monitoring & Mobile Sources

01

P 174 052 642

1999

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

Sent to

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

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

PS Form **3800**, April 1995

Fold at line over top of envelope to

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

...vish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
OCALA FL 34474

AIRS ID # 0830122
WAYNE'S ONE HOUR CLEANERS INC
WAYNE KING
1111 E S S BLVD
OCALA FL 34471

4a. Article Number
P 174 052 642

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 2/17

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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