

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

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

0830122

P.14

3. new small area source Should be marked

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Perchloroethylene Dry Cleaning Facility Notification

JAN 23 1997

Facility Name and Location

BUREAU OF AIR REGULATION

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|---|
| | Wayne's One Hour Cleaners INC. Site Name (For example, plant name or number): |
| 2. | Site Name (For example, plant name or number): |
| | 5 ame |
| 3. | Hazardous Waste Generator Identification Number: |
| | F L 000 10 4 6 8 6 1 Facility Location: |
| 4. | Facility Location: |
| | Street Address: /// E. S. S. BIVd. City: OC9/a County: Eta Mario Rip Code: 3447/ |
| 5. | Facility Identification Number (DEP Use): |
| | 0830122 |
| | Responsible Official |
| 6. | Name and Title of Responsible Official: |
| | Responsible Official Mailing Address: Organization/Firm: Wayne's One Hour Cleaners Street Address: /// E. S. S. Blud, City: Oc4/a County: Marion Zip Code: 3447/ |
| 7. | Responsible Official Mailing Address: Organization/Firm: I devend of the Alle Cleaners |
| | Street Address: /// F. S. S. Blvd, |
| | City: Oc4/a 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): |
| | |
| | Chaples King Manager Facility Contact Address: |
| 10. | Facility Contact Address: 5 9 me 95 above |
| | Street Address: |
| | City: Zip Code: |
| 11. | Facility Contact Telephone Number: |
| | Telephone: (352) 629 - 9533 Fax: () - |
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JAN 2 3 1997

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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 | I | 12-NOV-93 | | | msuned | | 02-MAR-92 | 1 | |
| Dry-to-Dry Unit | | | | | | ** | | | | |
| (1) w/ ref. condenser | #1 | 01-591.95 | DI-JAM | _ | T . | 01-5411 95 | | | İ | |
| (2) w/ carbon adsorber | 7 | 7 - 1 - 10 | On One | | | <i>J.</i> /2 | _ | | | |
| (3) w/ no controls | | | | | | | | | | |
| Washer Unit | | | | | 1 1 | | * | | Jan 1967) | |
| (4) w/ ref. condenser | | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | | |
| Dryer Unit | 5 4 5 | in da, o | | | Lagrange Cont | Harry Commen | | The Park | Style 145 | |
| (7) w/ ref. condenser | | <u> </u> | | | | | | | i i | |
| (8) w/ carbon adsorber | | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | | |
| Reclaimer Unit | ./%[] | | | | i jeteli. | | . : | | | |
| (10) w/ ref. condenser | | 1 | | İ | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | | |
| (b) Control devices are required, but not yet installed | | | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small are Existing large are | Selec ea so | et one classifi | cation only.) Ne | w sn | nitions found nall area sour | rce [] |] | Part II? | | |

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| 4. What control technology is required (Indicate with an "X".) | uired on machines | pursuant to section (5) of I | Part II of this notification form? |
|--|---------------------|------------------------------|------------------------------------|
| Existing large area source Carbon adsorber | <u>e</u> [] | Refrigerated condenser | |
| New small area source Refrigerated condenser | (X) | • | |
| New large area source Refrigerated condenser | | | |
| | | | |
| | | | |
| 5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such | y that all steam an | d hot water generating unit | |
| All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil o | ed exclusively by n | atural gas except for perio | ds of natural gas curtailment |
| All steam and hot water generating No such units on-site | g units exempt | [<u>X</u>] | |
| | | | |
| | | | |
| Equipm | nent Monitoring 2 | and Recordkeeping Inform | nation |
| Check all logs which are required | to be kept on-site | in accordance with the requ | uirements of this general permit: |
| (a) Purchase receipts and solvent p | ourchases | | |
| (b) Leak detection inspection and | repair | | [X_] |
| (c) Refrigerated condenser temper | ature monitoring | | (X) |
| (d) Carbon adsorber exhaust perc | concentration mor | itoring | |
| (e) Instrument calibration | | | |
| (f) Start-up, shutdown, malfunction | on plan | | (X) |

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Surrender of Existing Air Permit(s)

| Please indicate | e with an "X" the appropriate selection: | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) | | | | | | | | | |
| ιX | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | | | | | | |
| | Responsible Official Certification | | | | | | | | | |
| this notific statements maintain t | 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. $ \frac{1-22-97}{\text{Date}} $ | | | | | | | | | | |

Facility Contact (If different from Responsible Official)

| 9. Name and Title of Facility Contact (F | For example, plant manage | r): | TO THE LOSSELA BANKETS |
|--|---------------------------|-----------|------------------------|
| Charles K | 109 | Manager | |
| 10. Facility Contact Address: | <i>-</i> | | |
| 59me | as above | | |
| Street Address: | | | ** ** ** |
| City: | County: | Zip Code: | |
| | | | |
| 11. Facility Contact Telephone Number: | | | · |
| Telephone: (352) 629 - 95 | 53) Fax: | () - | |
| | | | |

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Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

JAN 23 1997

Facility Name and Location

BUREAU OF AIR REGULATION

| l. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|---|
| | Wayne's One Hour Cleaners INC, Site Name (For example, plant name or number): |
| 2. | Site Name (For example, plant name or number): |
| , | 5 gme |
| 3. | Hazardous Waste Generator Identification Number: |
| | FL 000 104 68 61 Facility Location: |
| 4. | Facility Location: |
| | Street Address: /// E. S. S. B'IVd. City: OC9/a County: Eta Mario Rip Code: 3447/ |
| 5. | Facility Identification Number (DEP Use); |
| 32. | 0830122 |
| | Responsible Official |
| 6 | Name and Title of Responsible Official: |
| | |
| | Responsible Official Mailing Address: |
| 7. | Responsible Official Mailing Address: Organization/Firm: Wayne's One Hour Cleaners Street Address: /// E. S. S. Blud, City: Oc4/a County: Marion Zip Code: 3447/ |
| | City: Oc4/4 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: |
| , | Smet Address: 59me 95 above |
| | Street Address: City: County: Zip Code: |
| 11. | Facility Contact Telephone Number: |
| | Telephone: (352) 629 - 9533 Fax: () |
| | |

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JAN 2 3 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| | | Date | Date | | Date | Date | | Date | Date | |
|--|----------------|----------------|---------------------|-------|----------------|-----------|-------|-----------|---------------|--|
| | | Machine | Control | | Machine | Control | | Machine | Control | |
| | | Initially | Device | | Initially | Device | | Initially | Device | |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed | |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 | |
| Dry-to-Dry Unit | | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 01-541.95 | 01-JAMS | 5 | | 01-San 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 | | · . | | | | | | | 5 | |
| (7) w/ ref. condenser | | | - | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | 1 | | |
| (9) w/ no controls | | | | | | | | | | |
| Reclaimer Unit | | | | | | | - | - | · , · · · · · | |
| (10) w/ ref. condenser | | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | _ | | | |
| (12) w/ no controls | <u> </u> | | | | | | | | _ | |
| (b) Control devices are required, but not yet installed | | | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec ea so | t one classifi | cation only.) Ne | w sn | nall area sour | rce 🔀 | 3) of | Part II? | S-97 | |
| Existing large are | ea sou | urce [] | Ne | w lai | ge area sour | ce [] | | | | |

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Effective: 6-25-96

| (Indicate with an "X".) | ired on machines | pursuant to section (5) of I | Part II of this notification form? |
|---|--|--|---|
| Existing large area source Carbon adsorber | | Refrigerated condenser | |
| New small area source Refrigerated condenser | K. | | |
| New large area source Refrigerated condenser | ш | | |
| | | | |
| 5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such under the such and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains | that all steam and inits exist on-site: units on-site (1) dexclusively by n | d hot water generating unit have a total heat input of a atural gas except for perio | s on-site meet the following 10 million BTU/hr or less (298 ds of natural gas curtailment |
| All steam and hot water generating No such units on-site | units exempt | (<u>X</u>) | |
| e e e e e e e e e e e e e e e e e e e | | | |
| Equipme | ent Monitoring 2 | and Recordkeeping Inform | mation |
| Check all logs which are required to | o be kept on-site | in accordance with the req | uirements of this general permit: |
| (a) Purchase receipts and solvent pu | ırchases | | |
| (b) Leak detection inspection and re- | epair | | (X) |
| (c) Refrigerated condenser tempera | ture monitoring | | X |
| (d) Carbon adsorber exhaust perc co | oncentration mon | itoring | |
| (e) Instrument calibration | | | |
| (f) Start-up, shutdown, malfunction | n plan | | |

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

Surrender of Existing Air Permit(s)

| Please indicate | e with an "X" the appropriate selection: |
|---------------------------------------|--|
| ٥ | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| ιX | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notific statement maintain | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will prov | Imptly notify the Department of any changes to the information contained in this notification. $ \frac{1-22-97}{\text{Date}} $ The parameters of any changes to the information contained in this notification. |
| Var | he sty 3-25-97 |

180-00784

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TVDE | OF | INCDE | CTION: |
|------|----|-------|--------|
| | | | |

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

| AIRS 1D#: <u>083012</u> | 2 DATE: 3/2! | 5/97 TIM | E IN: 112 E | TIME OUT | : 1142 |
|-------------------------|--------------|----------|-------------|----------|---------|
| FACILITY NAME: _ W | layne's | One | Hoyr | Clean | ers |
| FACILITY LOCATION: | 9 3 | N. 107 | 57 | 1111 E. | Silver |
| | Ocala | Fl. | 349 | F71 | Springs |

blvd.

| P | A | R | Т | T٠ | N | റാ | ГΠ | at (| ~ A | TI | ON | ſ |
|---|----|---|---|----|----|----------|----|-------|-----|----|-----|----|
| • | ς, | _ | | | 11 | U | | . т / | -c | | .01 | ŧ. |

(check appropriate box)

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

1/23/97

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)
- 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)

This is a correct facility classification

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)

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)

MY ON

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? 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 DY DN WN/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? Y 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? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| II | ······································ | |
|---|--|---|
| 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 ON |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON |
| | Is the temperature differential equal to or greater than 20° F? | OY ON |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| | Is the perc concentration equal to or less than 100 ppm? | OY ON |
| 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 |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |
| | | |
| | | |
| PA | ART V: RECORDKEEPING REQUIREMENTS | |
| H | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) | , |
| H: | as the responsible official: | AY ON |
| H: (cl | as the responsible official: neck appropriate boxes) | DY DN |
| H: (cl 1. 2. | as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? | DY DN |
| H: (cl 1. 2. | as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | DY DN DY WN |
| H: (cl 1. 2. | as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: | OY SEN |
| H ₂ (ct) 1. 2. 3. | As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | DY WAN |
| H2 (cl 1. 2. 3. | As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON OY ON ON/A |
| H: (ct 1. 2. 3. 4. 5. | As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) | OY ON ON/A |
| H ₂ (ch 1. 2. 3. 4. 5. 6. | As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? | OY ON OY ON ON/A |
| H ₂ (ch 1. 2. 3. 4. 5. 6. | As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | OY ON OY ON ON/A OY ON |
| H: (ct 1. 2. 3. 4. 5. 6. 7. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? | OY ON OY ON OY ON OY ON OY ON OY ON |
| H: (ch 1. 2. 3. 4. 5. 6. 7. | Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? | OY ON OY ON OY ON OY ON OY ON OY ON OY ON |
| H: (ch 1. 2. 3. 4. 5. 6. 7. | Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | OY ON OY ON OY ON OY ON OY ON OY ON OY ON |

| 2 | Which method of detection is used by the | ne respor | sible offic | ial? | | |
|--|---|------------|-------------|----------------------------------|----|----|
| ۷. | 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? | | | | | |
| | 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? | | | | | |
| | Physical detection (airflow felt the | rough ga | skets) | · | 四, | |
| 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? | | | | | | |
| | 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? | | | | | |
| | If using direct-reading instrume | ntation, | is the equ | ipment: | | |
| | a. Capable of detecting I | perc vapo | or concent | rations in a range of 0-500 ppm? | ПY | □и |
| | 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? | | | | | |
| | 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? | | | | | |
| | 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? | | | | | |
| | 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? | | | | | |
| 3. | Has the facility maintained a leak log? | | | | ZY | □и |
| 4. | Does the responsible official check the | following | g areas for | leaks? | | |
| | | v Y | ПN | Muck cookers | | □и |
| | Door gaskets and seating | A Y | ПИ | Stills | Y | □и |
| | 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? | | | | | |
| | 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? | | | | | |
| | 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? | | | | | |
| | Water separators | ZY Y | ПИ | | | |

Wayne King owner

Name of Responsible Official

Odd Sanchez

Inspector's Name (Please Print)

Inspector's Signature

3/25/97 Date of Inspection

Date of Improvedor

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

ADDITIONAL SITE INFORMATION:

Aero-tech 650 65165

containment pan

McFpicks up separator water

epoxy around spotting board

left record keeping documentation and fully explained

FBD 00878

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTIO | |
|--|--|
| AIRS ID#: <u>0830/22</u> DATE: 12/20 FACILITY NAME: <u>NAYWES ONE</u> FACILITY LOCATION: <u>IIII E. SIL</u> OCALA, FL | 196 TIME IN: 10:50 TIME OUT: 11:10 1:00 TIME OUT: 11:10 1:00 1:15 EVER SPRINGS BLVO 34471 |
| PART I: NOTIFICATION | |
| (check appropriate box) Existing facility notified DARM by 9/1/96 New facility notified DARM 30 days prior to star Facility failed to notify DARM to use general per | |
| 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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><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,> | 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,> |
| If no, please check the appropriate classification: facility qualified for a general perr facility exceeds above limits and is | nit as number above |

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?

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).

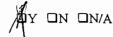
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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?
- 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?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?











MY ON

| B. Has the responsible official of an existing large or new large area source also: | |
|--|---------------------------------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | □Ү □И |
| Is the temperature differential equal to or greater than 20° F? | OY ON |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | OY ON |
| 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 |
| 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 |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | XY ON |
| 2. Maintained rolling monthly averages of perc consumption? | DA AN NA DV |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | XIX ON |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | AY DN |
| 4. Maintained calibration data? (for direct reading instruments only) | DY DN MÎNA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON |
| 6. Maintained startup/shutdown/malfunction plan? | XYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY |
| 7. Maintained deviation reports? | AYY DN |
| Problem corrected? | MY DN |
| | 11.77 |
| 8. Maintained compliance plan, if applicable? | OY ON MANA |
| 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS | OY ON MAN/A |

| 2. Which method of detection is used by | the respon | nsible offic | ial? | | | |
|---|-------------|--------------|----------------------------------|-----------------|--|--|
| Visual examination (condensed | solvent or | exterior s | urfaces) | Ar I | | |
| Physical detection (airflow felt the | hrough ga | skets) | | | | |
| Odor (noticeable perc odor) | | H | ALDGEN DETECTOR | X | | |
| Use of direct-reading instrument | ation (FII | D/PID/calo | rimetric tubes) | Ö | | |
| If using direct-reading instrum | entation, | , is the equ | ipment: | | | |
| a. Capable of detecting | perc vapo | or concent | rations in a range of 0-500 ppm? | OY ON | | |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N | | | | | | |
| c. Inspected for leaks a | nd obviou | s signs of | wear on a weekly basis? | □Y □N | | |
| d. Kept in a clean and | secure are | a when no | t in use? | □Y □N | | |
| e. Verified for accuracy | y by use of | f duplicate | samples (calorimetric only)? | DY DN | | |
| 3. Has the facility maintained a leak log? | • | | | AY DN | | |
| 4. Does the responsible official check the | following | g areas for | leaks? | 1 | | |
| Hose connections, fittings, couplings, and valves | ďγ | □N | Muck cookers | MY ON | | |
| Door gaskets and seating | YY | ПN | Stills | AY ON | | |
| Filter gaskets and seating | X | ПN | Exhaust dampers | OY ON | | |
| Pumps | Ϋ́Y | □N | Diverter valves | N DY | | |
| Solvent tanks and containers | #YY | □N | Cartridge filter housings | PY □N | | |
| Water separators | μΥ | □N | · | · | | |
| CHARLES W. KING. MANA | -6-BL | | | | | |
| CHARLES W. KING, MANA | | | | | | |
| Name of Responsible Offic | ial | | | | | |
| Louis A. NICHALS | | | 1>/20/ | 96 | | |
| Inspector's Name (Please Pr | int) | | Date of Inspe | ection | | |
| Xmin (1 Muchon | 1 | | | | | |
| Inspector's Signature | | | Approximate Date of | Next Inspection | | |
| | | | | | | |
| r∕₹∕n | | | WAYNE KING | | | |

WAYNE'S ONE HOUR CLEANERS

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

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

34471

ADDITIONAL SITE INFORMATION:

- · SECOND LOCATION AT 9 SOW. 10TH ST,
- · AERO TECH 650
- . HAS CONTAINMENT PAN

PUTTING EPOXY AROUND SPOTTING BOARD

- · SEEMS TO BE MAKING GOOD EFFORT TO COMPLY WITH REGULATIONS.
- DWNER NOT PRESENT ON 1ST VISIT 10:50 HAD TO RETURN IND TIME NOTAM 1:00

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

| TYPE OF INSPECTION: | ANNUAL X | COMPI | LAINT/DISCOVERY | RE-INSPECTION ? |
|---|--|----------------------------|---|-------------------------------|
| TIME IN: 135 | TIME OUT: 2. | 00 | AIRS 1D#:_ | 0830122 |
| TYPE OF FACILITY:, FACILITY NAME:, FACILITY LOCATION: | Dryckanera Wymos Ithy Dill Silver S | Cheen Sp. | poad. | DATE: 2/25/98 |
| RESPONSIBLE OFFICIAL: | HITY NAME: Name: Date: 2/25/98 HITY LOCATION: Dilver Sp. Road Faela FL FONSIBLE OFFICIAL: MR. Wigne King PHONE NUMBER: 350 -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, Fiorida 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 | | | |
| Based on the results of compliance with DEF | of the compliance requirement Rule 62-213.300, Fiorida A | its evaluate dministrat | ed during this inspection, the code (F.A.C.). | ne facility is found to be in |
| | - | its evaluate | ed during this inspection, th | ne following compliance |
| COMPLIANCE REC | QUIREMENT/PROBL | EM | FOLLOW-UP A | CTION REQUIRED |
| | | | | |
| | | | | |
| | - | | *** | |
| | | | | |
| | | | 1 | |
| | | ļ | | |
| COMMENTS: facili | ty in Comple | ano | adequati | record (coeping |
| Clean of | Devation- No | ew n | achine | |
| The Annual Compliance Cer | rification form has been prop | eriy certifi | ed and submitted to the ins | pector. YES NO |
| DATE OF NEXT INSPEC | ПОN: | (Ann | roximate) | |
| INSPECTION CONDUCT | ED BY: | | ase Print) | |
| INSPECTOR'S SIGNATU | RE: | | PHONE NUM | ßer: |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

X

COMPLAINT/DISCOVERY

The second

| AIRS ID#: 0830122 DATE: 2/05/18 TIME IN: 1:35 TIME OUT: 2:00 |
|--|
| FACILITY NAME: Wayne's Ihr Cleaners |
| FACILITY LOCATION: 111 Silver Springs Ld. |
| Ocala Fr. |

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 | |

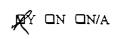
PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/vr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gai/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, $140 < x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) ΠИ □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number 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 80.91) 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?
- 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?

Snot stored of p



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)

- I. Equipped all machines with the appropriate vent controls?
- 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?
- 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?



- ON ON/A

- Y ON ON/A

| 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 (| ΠИ | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | □Y (| ИП | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly | | | |
| ļ | 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 | ΠИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ПΩ | □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 | ИП | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | ПΠ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΟY | ПИ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|-------------|
| Has the responsible official: (check appropriate boxes) | |
| Maintained receipts for perc purchased? | Ø |
| 2. Maintained rolling monthly total of perc consumption? | ØY □N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AVU UU UM/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? | AA ON ON'Y |
| 4. Maintained calibration data? (for applicable direct reading instruments) | AMA NO YO |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | A'NO YONA |
| 6. Maintained startup/shutdown/malfunction plan? | AX □N |
| 7. Maintained deviation reports? | XX ON ONIA |
| Problem corrected? | and no vo |
| 8. Maintained compliance plan, if applicable? | DY DN XNIA |

PART VI: LEAK DETECTION AND REPAIRS

| 1. | Does the responsible official conduct a weekly (for | or small sources, bi | -weekly) leak detection and | d repair | |
|----|---|-----------------------|-----------------------------|------------|------|
| | inspection? | | , , | . ^ | אנ |
| 2. | 2. Has the facility maintained a leak log? | | | | אנ |
| 3. | 3. Does the responsible official check the following | areas for leaks? | , | | |
| | Hose connections, fittings, couplings, and valves | N □N/A | Muck cookers | ру □и | □N/A |
| | Door gaskets and seating | N □N/A | Stills | DY ON | □N/A |
| | Filter gaskets and seating | N □N/A | Exhaust dampers | DY ON | □N/A |
| | Pumps DY D | N □N/A | Diverter valves | оу ом | □N/A |
| | Solvent tanks and containers | N □N/A | Cartridge filter housings | OY ON | □N/A |
| | Water separators | N □N/A | l | | |
| 4. | 4. Which method of detection is used by the respon | sible official? | | | |
| | Visual examination (condensed solvent on | exterior surfaces) | | \not | |
| | Physical detection (airflow felt through gas | kets) | · / | ∕ z | |
| | Odor (noticeable perc odor) | | / | 9 | |
| | Use of direct-reading instrumentation (FID | /PID/calorimetric | rubes) | 6 | |
| | Halogen leak detector | | | 9 | |
| | If using direct-reading instrumentati | on, is the equipme | ent: | □N/A | |
| | a. Capable of detecting perc vapo | r concentrations in | a range of 0-500 ppm? | □Y □N | |
| | b. Calibrated against a standard g (PID/FID only)? | gas prior to and afte | er each use | OY ON | |
| l | c. Inspected for leaks and obvious | s signs of wear on a | weekly basis? | OY ON | |
| | d. Kept in a clean and secure area | a when not in use? | | OY ON | |
| | e. Verified for accuracy by use of | duplicate samples | (calorimetric only)? | OY ON | |
| | | | | | |

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Acrotick

Ogrsold
eporged 24es

Spotting ? 4es

pan? 4es.

Good Clear operation 1 Ok logs
provided of Calendar Furth see

(n. compliance

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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

| | Do <u>NO</u> | [Remove Label | | |
|--|--|--|----------------------------|------------------------|
| . Parading Pariod 2-18- | 98 | _19 TO _ | 2-18-9 | <u> </u> |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | | | | th DEP Rule |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit | that has not been in co | ntinuous complian | ce 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 co | ntinuous complian | ce during the reporting | period stated above: |
| Exact period of non-compliance: from | | to | 0 | |
| Action(s) taken to achieve compliance: | | · | | |
| Method used to demonstrate compliance: | | | | |
| As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to- | urther, my annual consu o dry facilities or 1,800 g | mption of perchloro allons per year for t | oethylene solvent, based u | pon purchase receipts, |
| | | | | |

^{*}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 COM | APLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 11:00 TIME OUT: 11:50 | AIRS ID#: <u>0830/22</u> |
| TYPE OF FACILITY: Waynes I has P | |
| FACILITY NAME: U | DATE: 2/16/99 |
| FACILITY LOCATION: 1111 Silver Spray | Bhd-Ocala. |
| RESPONSIBLE OFFICIAL: Wayne Keing | PHONE NUMBER: 352 - 16 29 - 95 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration | · · · · · · · · · · · · · · · · · · · |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | |
| | |
| | |
| | P |
| | |
| · | Sur Map & L |
| | Most Air Sister Co |
| | E Sing |
| | |
| | , |
| COMMENTS: | |
| IN complaner addes | L new mathine |
| The Annual Compliance Certification form has been properly certif | Tied and submitted to the inspector. |
| DATE OF NEXT INSPECTION: 250 | oproximate) |
| INSPECTION CONDUCTED BY: | ease Print) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 407-893-3333 |
| Page | of Revised 10/96 |



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: W/A FACILITY LOCATION: / | 1.11 51 | LVor | Spini | AS DATE: 2 | 2 |
|--|-------------------------|---|---------------------|---|--------------|
| Annual Reporting Period: | Fil | 19 <u>2</u> | \$ TO | FiB | 5.5 |
| Eased on each term or condition 62-213,300, Fiorida Administra | | | | | mie JNO |
| If NO, complete the following: | : | | | • | |
| #1. Term or condition of the g | general permit that has | not been in continuo | us compliance durin | g the reporting period s | tated above: |
| Exact period of non-compliance | ce: from | | to | | |
| Action(s) taken to achieve con | npliance: | · | | | |
| Method used to demonstrate co | ompliance: | | | · | |
| #2. Term or condition of the | general permit that has | not been in continuo | us compliance durin | BLI Z | rated above: |
| Exact period of non-complian | ace: from | | to | R Mobile | <u> </u> |
| Action(s) taken to achieve con | mpliance: | | | .0.7 | |
| Method used to demonstrate of | compliance: | | | nonitoring nources | |
| As the responsible official, I made in this notification are upon purchase receipts, does combination facilities. RESPONSIBLE OFFICIA | arie, accurate and com | plete. Further, my of pas per year for dry- | nnual consumption | sonable inquiry, that the of perchloroethylene so | lvent, 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.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | RE-INSPECTION | ٥ | AINI/DISCOVERY | |
|---|---|---|--|-----------------|
| AIRS ID#: <u>0830122</u> DA FACILITY NAME: <u>NA</u> FACILITY LOCATION: | YNES ONE 111 Silver Sp Ocala Fo | HOVE CLE prings Bli 2. 34471 | BANDES IN | 11:50 |
| RESPONSIBLE OFFICIAL : | Wayne Keng | | 9 % | \$535 CO |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM | | | | 0 |
| PART II: CLASSIFICATION | X ADA | ED NEW W | 1ACHINE * | |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area source | form that it is: 2. N | □ No n □ Drop Iew small area sourc | otification form o store/out of business/p | eetroleum |
| dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | trans | to-dry only, $x < 140$ graphs for only, $x < 200$ gal | | ا مراه در م |
| (constructed before 12/9/91) | | types, $x < 140$ gal/yr structed on or after 1: | 2/9/91) 8/ | achine's months |
| | (con 4. N 0 gal/yr dry-1 1 gal/yr trans 1/yr both | • • | ee □ 4/ ≤2,100 gal/yr ,800 gal/yr 00 gal/yr | months |
| (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 gal. | (con 4. N 0 gal/yr dry- gal/yr trans /yr both (con | structed on or after 1: New large area source to-dry only, $140 \le x \le 1$, and $140 \le x \le 1$, and $140 \le x \le 1$, and $140 \le x \le 1$, astructed on or after 1 | ee □ 4/ ≤2,100 gal/yr ,800 gal/yr 00 gal/yr | months 4rs. |
| (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 gal. (constructed before 12/9/91) 5. This is a correct facility class If no, please check the apple facility | (con 4. N 0 gal/yr dry- gal/yr trans /yr both (con diffication | structed on or after 1. New large area source to-dry only, $140 \le x \le 1$, and $140 \le x \le 1$, and $140 \le x \le 1$, and $140 \le x \le 1$. Structed on or after 1. On Ocan is constituted as number. | te 4/2 <2,100 gal/yr ,800 gal/yr 00 gal/yr 2/9/91) not determine above | months 4rs. |

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? > not stored. 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? 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

A. Has the responsible official of all new sources and existing large area sources:

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

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(check appropriate boxes)

A/NO NO Y DX

AVAD ND YEL

ØY □N □N/A

| 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? | OY ON DAVA |
| | Is the temperature differential equal to or greater than 20° F? | DY ON DN/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | / |
| | if machines are equipped with a carbon adsorber? | OY ON DIVIA |
| | Is the perc concentration equal to or less than 100 ppm? | DY DN DN/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| | or expansion; and downstream from no other inlet? | DY DN ZN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | DY DN DN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | 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 total 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 DN PN/A DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? DY DN PN/A Problem corrected? DY DN DXIA 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION AND | REPAIRS | | |
|---|-----------------------------|---------------------------------|------------|
| 1. Does the responsible official conduct | a weekly (for small source | es, bi-weekly) leak detection a | nd repair |
| inspection? | ^a | | XY ON |
| 2. Has the facility maintained a leak log | ? | | OY ON |
| 3. Does the responsible official check th | e following areas for leaks | ;? | |
| Hose connections, fittings, couplings, and valves | OY ON ON/A | Muck cookers | מאם אם אם |
| Door gaskets and seating | ם ארם אם ארם ארם ארם | Stills | DY DN DN/A |
| Filter gaskets and seating | אואם אם אם | Exhaust dampers | DY ON ON/A |
| Pumps | אומם מם צם | Diverter valves | DY ON ON/A |
| Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | AVAC NC YC |
| Water separators | DY DN DN/A | | |
| 4. Which method of detection is used by | the responsible official? | | |
| Visual examination (condensed | solvent on exterior surface | es) | Z, |
| Physical detection (airflow felt t | hrough gaskets) | | <u></u> |
| Odor (noticeable perc odor) | | , | 9 |
| Use of direct-reading instrumen | tation (FID/PID/calorimet | ric tubes) | |
| Halogen leak detector | | | |
| If using direct-reading inst | rumentation, is the equi | pment: | □N/A |
| a. Capable of detecting | g perc vapor concentration | is in a range of 0-500 ppm? | OY ON |
| b. Calibrated against a (PID/FID only)? | standard gas prior to and | after each use | □Y □N |
| c. Inspected for leaks | and obvious signs of wear | on a weekly basis? | אם צם |
| d. Kept in a clean and | secure area when not in u | se? | □Y □N |
| e. Verified for accurac | y by use of duplicate sam | ples (calorimetric only)? | N□ Y□ |
| | | | |
| | | | |
| Sadia |)an.) | 211/2/ | S C |

Inspector's Signature

Date of Inspection

2/00

Approximate Date of Next Inspection

ADDED Machine 40#,

pans? yes

pan for hat waste ? yes.

no perc on boards

epoxyed? yes.

haz waste of

vsed 100-gal to filine i macheni (8 mths bed may be over 140 limit, statismay Change

PERCHLOROETHYLENE DRY CLEANERS

🤄 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| ARMS | UPDATED: |
|-------|----------|
| DATE. | 2-22-00 |

| TAXE OF MIDIRORNON | TYPE | OF | INSPECTION |
|--------------------|------|----|------------|
|--------------------|------|----|------------|

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVER

Quaca calendar

| 3. 1101 Calcinati |
|---|
| AIRS ID#: 0830122 DATE: 2-22-00 TIME IN: 12,00 TIME OUT: 1.00 |
| FACILITY NAME: WAYAR'S DAL hour Cleaners |
| FACILITY LOCATION: 111/ E. S. Iver Springs Blud, |
| Ocala, FL 34471 |
| RESPONSIBLE OFFICIAL: Wayne King PHONE: 351-\$629-9533 |
| CONTACT NAME:PHONE: |

| Qc | J |
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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: (check appropriate box)

☐ No notification form

□Can not determine

☐ Drop store/out of business/petroleum

- 1. Existing small area source transfer only, x < 200 gal/yrboth types, x < 140 gal/yr
 - dry-to-dry only, x < 140 gal/yr(constructed before 12/9/91)
 - 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
 - 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 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)

Bureau of Air Monitoring

If no, please check the appropriate classification:

facility qualified for a general permit as number

OY

 $\square N$

- 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.

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?

DAY 1

UN



MY ON

Ay n

IN DN/A

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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?

AY ON

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

DY ON ON/A

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

AINO NO PE

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

∕Sy ·□N

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

A'NO NO YO

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

VPY DN

| В. | Has the responsible official of an existing large or new large area source also: | | | $\overline{}$ |
|----|---|------------|---------|-----------------|
| 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? | DY. | NO | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ПΝ | XN/A |
| | Is the temperature differential equal to or greater than 20° F? | QY | ПИ | D N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΩY | מם | S AN/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПΝ | 50N/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? | ПΥ | מח | Ò S∏A |
| _ | | u , | <u></u> | 725 //11 |
| ٥. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | ПN | Þ N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ΠN | ON/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | |
|---|--------------------|--|--|
| Has the responsible official: (check appropriate boxes) | | | |
| 1. Maintained receipts for perc purchased? | AN DN | | |
| 2. Maintained rolling monthly averages of perc consumption? | OZE DN | | |
| 3. Maintained leak detection inspection and repair reports for the following: | _ | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AVO NO YA | | |
| 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 ANA | | |
| 4. Maintained calibration data? (for applicable direct reoding instruments) | OY ON ⊠ √VA | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | aya y no yo | | |
| 6. Maintained startup/shutdown/malfunction plan? | OY ON | | |
| 7. Maintained deviation reports? | AVA NO YO | | |
| Problem corrected? | AVA NO YO | | |
| 8. Maintained compliance plan, if applicable? | באיל אם צם | | |

| PA | PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|---|--|------------|-----------------|-----------------------------|------|----|------|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | |
| | inspection? | | | | XY | (| אב |
| 2. | Has the facility maintained a leak log? | | | | · p& | (| אב |
| 3. | Does the responsible official check the f | following | areas for leaks | s? | | | |
| | Hose connections, fittings, couplings, and valves | фy Oi | A\nD N | Muck cookers | фY | ПN | □N/A |
| | Door gaskets and seating | dy or | A/ND N | Stills | фу | ΠN | □N/A |
| | Filter gaskets and seating | | A/ND P | Exhaust dampers | фY | ΩИ | □N/A |
| | Pumps | ים אם | N/A | Diverter valves | ďΥ | ΠN | □N/A |
| | Solvent tanks and containers | dy of | A/ND I | Cartridge filter housings | ØΥ | ΩΝ | □N/A |
| | Water separators | фу 🗅 | N/A | · | | | |
| 4. | Which method of detection is used by the | ie respons | ible official? | | | | |
| | Visual examination (condensed so | lvent on e | xterior surfac | es) | | | |
| | Physical detection (airflow felt thr | ough gask | cets) | | | | |
| | Odor (noticeable perc odor) | | | | α. | | |
| | Use of direct-reading instrumentat | ion (FID/ | PID/calorimet | tric tubes) | | | |
| | Halogen leak detector | | | | Á | | |
| | If using direct-reading instru | ımentatio | n, is the equi | pment: | | /A | |
| | a. Capable of detecting p | erc vapor | concentration | is in a range of 0-500 ppm? | ΠY | ΠN | |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | | | | | ΩY | ПN | |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | ΠY | ПN | |
| d. Kept in a clean and secure area when not in use? | | | | | ΩY | ΠИ | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | ΩY | ΠN | |
| | | <u>.</u> | | | | | |

| Inspector's Name (Please Print) | 2-22-00 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Phul Col | 2-2001 |
| Inspector's Signature | Approximate Date of Next Inspection |

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AIRS ID#: 0430122

Ano

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Wayne's One | Hous a | Cleaner | | DATE: 2-22-00 |
|--|-------------------|----------------|-----------------------|-------------------------|
| FACILITY LOCATION: 11/1 Silver Ocala, FL3. | Springs | | | |
| Annual Reporting Period: February | <u> </u> | 199 8 TO _ | Februar | y 20 <u>00</u> |
| Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur | • • | · | - | |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit that has n | ot been in conti | nuous complian | ce during the reporti | ng period stated above: |
| Exact period of non-compliance: from | | | to | |
| Action(s) taken to achieve compliance: | | · | <u> </u> | |
| Method used to demonstrate compliance: | · | · | | |
| #2. Term or condition of the general permit that has no | ot been in contin | nuous complian | ce during the reporti | ng period stated above: |
| Exact period of non-compliance: from | | | co | |
| Action(s) taken to achieve compliance: | | | | |
| Method used to demonstrate compliance: | | | | |
| As the responsible official, I hereby certify, based on in this notification are true, accurate and complete. Frourchase receipts, does not exceed 2,100 gallons per y combination facilities. | urther, my annu | al consumption | of perchloroethylene | e solvent, based upon |
| RESPONSIBLE OFFICIAL: Name (Please | King Print) | _ John | Signature | Date |

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL CO | OMPLAINT/DISCOVERY RE-INSPECTION | | | |
|---|---|--|--|--|
| TIME IN: 121,00 TIME OUT: 121,3 | AIRS ID#: 083012 | | | |
| TYPE OF FACILITY: Pry Cleunian | | | | |
| | Cleaners DATE: 2-22-00 | | | |
| FACILITY LOCATION: 111/ E.S. Tuer Spi | rings Blvd, | | | |
| 0 C 4 ld , FL 3 441 | 262 623 | | | |
| RESPONSIBLE OFFICIAL: Wayne Ming | PHONE NUMBER: 357 - 629-9533 | | | |
| Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis | luated during this inspection, the facility is found to be in strative Code (F.A.C.). | | | |
| Based on the results of the compliance requirements eval discrepancies were noted: | luated during this inspection, the following compliance | | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | | |
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| COMMENTS: | | | | |
| In Compliance | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO | | | | |
| DATE OF NEXT INSPECTION: 2-200 | | | | |
| INSPECTION CONDUCTED BY: Randal Conningham | | | | |
| INSPECTOR'S SIGNATURE: PAUL Compensation PHONE NUMBER: 407-893-3333 | | | | |
| Page | of Revised 10/96 | | | |



1 2200

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.

Do NOT Remove Label

AIRS ID # 0830122

WAYNE'S ONE HOUR CLEANERS INC

WAYNE KING

1111 E SILVER SPRINGS BLVD

OCALA FL 34471

TOTAL AMOUNT DUE: \$50.00 Bureau of Air W. Mobile of Mile of Mi FOR GOVERNMENT USE ON TOTAL 37550101000 EO.A1 Ob 002273

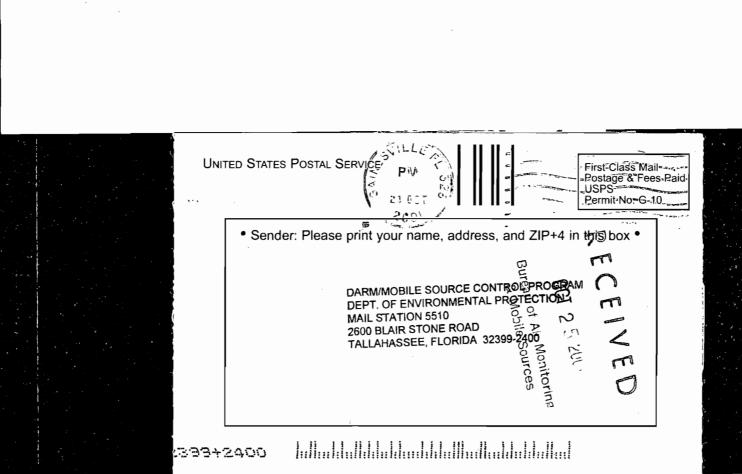
| } | U.S. Postal Servic ©ERTIFIED M (Domestic Mail) | AIL RECEIPT | e Coverage Provide | d) |
|--------------|---|--|--------------------------|-------|
| 5271 | | | | |
| 9372 | Postage Certified Fee | \$ | , cold |)(|
| 0200 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | | Postmark Here | |
| 0250 | Total 10 Recit WAYNE KI WAYNE'S C | AIRS ID # 0830 NG ONE HOUR CLEAN | ller) | |
| 7000 | | ER SPRINGS BLV | /D | |
| Tableshi ili | PS Form 3800, Febru | ary 2000 | 'See Reverse for Instruc | tions |

| PS Form 3800, February 2000 | See Reverse to mistructions. |
|--|--|
| CHE OF RETURN ADDRESS NOILDES SIHL STATAWOD : SEMPLES | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is belivery address different from item 12 Yes |
| 1. Article Addressed to: 10 AIRS ID # 0830122001AG WAYNE KING WAYNE'S ONE HOUR CLEANERS INC 1111 E SILVER SPRINGS BLVD | D. Is Melivery addless different from item 1? |
| OCALA FL 34471 | 3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. |
| 700005,20 0020 9372 5271 | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Copy from service label) | |

Domestic Return Receipt

102595-00-M-0952

PS Form 3811, July 1999





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 US Postal Service Seceipt for Cer | tified Mail |
|----------------------------------|--|----------------------------------|
| <i>NA</i> | YNE'S ONE HOUR C YNE KING 1 E S S BLVD ALA FL 34471 | AIRS ID # 0830122 LEANERS INC |
| | Postage | \$ |
| | Certified Fee | |
| | Special Delivery Fee | |
| 10 | Restricted Delivery Fee | |
| 199 | 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 | |

| SENDER: COMPLETE THIS SECTION | DETINERA DEFINE OVER 10P OF |
|--|---|
| 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. 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 C. Signature Addressee D. scelivery address different from iteration 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) |
| 2. Article Number (Copy from service label) 2 333 667 203 | |
| PS Form 3811, July 1999 Domestic | C Return Receipt 102595-99-M-1789 |

42.5

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.

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM

FEB 20 98

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

| | Сегиней гее | <u> </u> |
|---------------------------------|--|----------|
| | Special Delivery Fee | |
| | Restricted Delivery Fee | _ |
| 11995 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800, | TOTAL Postage & Fees | \$ |
| 2 Form 3800 , April 1995 | Postmark or Date | |

| _ | | | | |
|-------------------------------------|---|--|--|-----------------------------------|
| the reverse side? | Of adojanua to dof Jano aut to tubit aut Complete items 1 and/or 2 for a complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. | e does not e number. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery | ot Service. |
| Is your RETURN ADDRESS completed on | 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 N 2 3 3 3 4b. Service ☐ Registere ☐ Express ☐ ☐ Return Ret 7. Date of De | Type ed Certified Mail Insured ceipt for Merchandise COD | hank you for using Return Receipt |
| | 5. Feceived By: (Print Name) 8. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | | Addressee's Address (Only if requested and fee is paid) Domestic Return Receip | |
| Ĭ | 1 o i omi do i i, beccinosi 1554 | | zemosta motam mosorpi | |

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.

RECE ROOM

MAIL ROOM

TOTAL AMOUNT DUE; 15500009

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

| • | FEE Z. | -13 419 1999 | | |
|----------------------------------|--|--------------|---|--|
| | rtified Mail Provided. Onal Mail (See reverse) AIRS ID # 0830122 | | | |
| | WAYNE'S ONE HOUR CLEANERS INC | | | |
| • • • | AYNE KING | | | |
| | 11 E S S BLVD CALA FL 34471 | | | |
| ÖC | LALA FL 34471 | | | |
| | Certified Fee | | | |
| | Special Delivery Fee | | | |
| S. | Restricted Delivery Fee | | | |
| 199 | Return Receipt Showing to Whom & Date Delivered | | | |
| , Apri | Return Receipt Showing to Whom, Date, & Addressee's Address | , | | |
| 800 | TOTAL Postage & Fees | \$ | | |
| PS Form 3800 , April 1995 | Postmark or Date | | | |
| | ,, | | _ | |

| 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. | I also wish to re following servic extra fee): | | |
|---|--|----------------------------|----------------|
| Attach this form to the front of the mailpiece, or on the back if space permit. | 1. Addressee's Addres | | |
| ■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an | 2. 🗆 Restric | ted Delivery | |
| delivered. | u ille date | Consult postma | ister for fee. |
| 3. Article Addressed to: AIRS ID # 0830122 | 4a. Article N | umber 336/34 | 19 |
| WAYNE'S ONE HOUR CLEANERS INC | 4b. Service | Гуре | |
| WAYNE KING | ☐ Registere | ed | (Certifie |
| 1111 E S S BLVD | ☐ Express I | Mail | ☐ Insured |
| OCALA FL 34471 | ☐ Return Red | ceipt for Merchandis | se 🗆 COD |
| <u> </u> | 7. Date of De | 2/1 | 3 |
| 5. Received By: (Print Name) | 8. Addressee and fee is | e's Address (Only paid) | if requested |

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

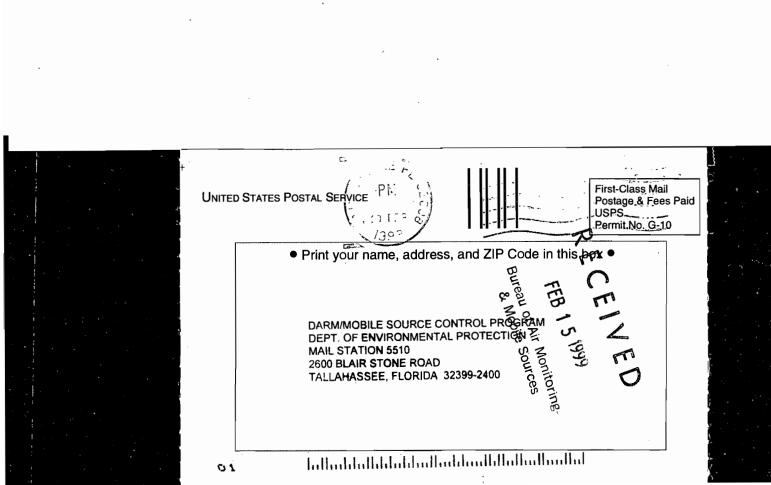
is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

☑ Certified

☐ Insured

Domestic Return Receipt 102595-97-B-0179



| | P 174 05 | i2 642 | 249 |
|---|--|------------------|---------|
| US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) | | | |
| | Sent to | iai man (ooo io: | |
| | | AIRS ID# | 0830122 |
| W | AYNE'S ONE HOUR (| CLEANERS IN | c |
| | WAYNE KING | | |
| | 1111 ESSBLVD | | |
| OC | CALA FL 34471 | • | |
| | Certified Fee | | |
| | Special Delivery Fee | | |
| ın | Restricted Delivery Fee | | |
| 199 | Return Receipt Showing to Whom & Date Delivered | | |
| , April | Return Receipt Showing to Whom, Date, & Addressee's Address | | |
| 900 | TOTAL Postage & Fees | \$ | |
| PS Form 3800 , April 1995 | Postmark or Date | | |

| 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 following services (for an | |
|--|---|------------------------------|--|
| AIRS ID # 0830122 WAYNE'S ONE HOUR CLEANERS INC WAYNE KING 1111 E S S BLVD OCALA FL 34471 | 4a Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery | | |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) | 8. Addressee's Address (Only if requested and fee is paid) Domestic Return Recei | | |
| PS Form 3811 , December 1994 | Don | lestic neturn neceipt | |

ATT ATT