

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

Ms. Kathy Damico Wayne's 1 Hour Cleaners 95 West 10th Street Ocala, Florida 04474

Facility I.D. No. 0830123

Dear Ms. Damico:

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

0830123
1-24-97
Spoke to Kathy Vamico,
She is responsible
for all aspects of
the facility at all
times.

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

Facility Name and Location

JAN 23 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BUREAU OF
WAYNES I ha Clearless C	IR REGULATIO
2. Site Name (For example, plant name or number):	
世 /	
3. Hazardous Waste Generator Identification Number:	
FLD 981 029143	
4. Facility Location: Street Address: 9 5 W 10 the	
City: OCAlA, FI County: MArioN Zip Code: 644	74
5. Facility Identification Number (DEP Use):	45
083012	3 1
Responsible Official	
6. Name and Title of Responsible Official:	
KATHY D'AMICO (mgr)	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: タムルルグ	
City: OCAlA, FI County: MAYION Zip Code: 04	474
8. Responsible Official Telephone Number:	
Telephone: (352) 629 - 3709 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - 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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit				1 .;		· · · · · · · · · · · · · · · · · · ·		eta, iero godini je ing	1 3 4 5 4
(1) w/ ref. condenser	W	3-11-96	3-11-96	i					
(2) w/ carbon adsorber	-14.1								
(3) w/ no controls									
Washer Unit		in the seco		•					
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	4.00	di Nederla	la se de la deceni				1.4-	Santa Cara	fallini.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	70.00			1000			23		in the first of the second
(10) w/ ref. condenser				•					
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of a second of the second of	are re quant galle	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (] months	P erc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour	ce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification (Indicate with an "X".)	form?
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 p 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	ng / (298
boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailm during which propane or fuel oil containing no more than one percent sulfur is fired.	ient
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirements of this general p	permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96 Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 pro	mptly notify the Department of any changes to the information contained in this notification.
K	ethy 10° amin (mas) 1-22-97

Date

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

Signature

4300815

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVERY



AIRS ID#: 0830/23 DATE: 12/20/96 TIME IN: 12:25 TIME OUT: 12:45

FACILITY NAME: WAYNES ONE HOUR

FACILITY LOCATION: 9 SW 1074 ST

OCHA FL 34474

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) This is a correct facility classification $\Box Y$ $\square N$ 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 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? 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 □N □N/A 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?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON .
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?	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?	□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?	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?	□Y □N □N/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MY DN
H (c 1.	as the responsible official: heck appropriate boxes)	DY MAN
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	N AN
H (c 1. 2.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained FORM	MY ON
H (c 1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained FORM Maintained leak detection inspection and repair reports for the following:	1
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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	AY ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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?	MY ON
H (c. 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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)	AY ON AY ON OY ON ANA
H (c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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?	AY ON AY ON OY ON AN/A OY ON
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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?	AY ON AY ON OY ON ANA OY ON AY
1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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?	AY ON AY ON AY ON AY ON AY ON AY ON AY ON
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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? **Gor 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?	AY ON OY ON OY ON OY ON OY ON OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Explained Form 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?	AY ON OY ON OY ON OY ON OY ON OY ON OY ON

2.	Which method of detection is used by t	he respor	nsible offic	ial?			
	Visual examination (condensed s	olvent on	exterior s	urfaces)) (
	Physical detection (airflow felt th	rough ga	skets)	•	Æ)	•	
	Odor (noticeable perc odor)		.7	HALOGEN DETECTOR	ΑÌ		
	Use of direct-reading instrumenta	tion (FII					
	If using direct-reading instrume	entation,	is the equ	ipment:			
	a. Capable of detecting	perc vapo	or concentr	rations in a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a s (PID/FID only)?	tandard ;	gas prior to	o and after each use	ΩY	□и	
	c. Inspected for leaks ar	d obviou	s signs of	wear on a weekly basis?	ΠY	ПN	
	d. Kept in a clean and s	ecure are	a when no	t in use?	ΩY	□N	
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	ΠY	□N	
3.	Has the facility maintained a leak log?				XΥ	□N	
4.	Does the responsible official check the	following	g areas for	leaks?	/ (
	Hose connections, fittings, couplings, and valves	Y	ΠN	Muck cookers	ĮΎY	ON	
	Door gaskets and seating	YY	ΠN	Stills	X	□N	
	Filter gaskets and seating	y Y	□N	Exhaust dampers	ΔΫ́	ПN	
	Pumps	YY	□N	Diverter valves	#Y	□N	
	Solvent tanks and containers	AY.	□N	Cartridge filter housing	s 🛱 Y	□N	
	Water separators	XY	□N		,		
	PATHERYN DAMIGO Name of Responsible Official LOVIS A. NICHOL)	<i>Man</i>	AGEN	-			· T. J. Ter
_	LOUIS H. NICHOL)	•		142	0/96		

Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection

WAYNE KING Owner

WAYNE'S ONE HOUR CLEANERS

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

ADDITIONAL SITE INFORMATION:

· MANAGER NOT AWARE OF GENL PERMYT

· NEW MACHINE INSTALLED FEB 1996

HERO TECH ES 2000 HAS CONTAINMENT PAN

* SERARATOR WATER PUT IN WITH HAZARDOUS WASTE -MCK

. PUTTIME EXPOXY AROUND SPOTTING BOARD

· COMPAINMENT TRAYS FOR DRUM STORAGE

TITLE A WIN GOWITT GENERAL TENNITT **BEST AVAILABLE COPY** INSPECTION SUMMARY REPORT TYPE OF INSPECTION: RE-INSPECTION ? ANNUAL X COMPLAINT/DISCOVERY 0830123 10:30 TIME OUT: AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: 3709 PHONE NUMBER: RESPONSIBLE OFFICIAL: 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.). Eased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM rewmarkene, no problems. The Annual Compliance Certification form has been properly certified and submitted to the inspe

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

(Please Print)

PHONE NUMBER: 407-893-3333

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE	INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY D
RE-INSPECTIO	ON O PIER MA
FACILITY NAME: Wayner 14	
1	FL. 3-1471
RESPONSIBLE OFFICIAL:	King PHONE: 629-3709
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup \square
2. Facility failed to notify DARM to use general po	ermit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine

If no, please check the appropriate classification:

facility was ____/OU allons.

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

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?	MA □N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ONA
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'NO NO Y
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XX □N
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? WMS Workt $3b-36°$	XY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	M Y □N

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted UY UN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
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?	QY QN QN/A
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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	λά □Ν			
2. Maintained rolling monthly total of perc consumption?	№ Ү □и			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or,	A'Y ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON X VIA			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAZÓNO YO			
6. Maintained startup/shutdown/malfunction plan?	× □ν (
7. Maintained deviation reports?	XY ON ON/A			
Problem corrected?	AND NO YOU			
8. Maintained compliance plan, if applicable?	AND NO YOU			

	·			•			
	PART VI: LEAK DETECTION AND	REPAIRS					
	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MD AX			
۱	2. Has the facility maintained a leak log	?		Xex □n			
	3. Does the responsible official check th	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	אומם מם צף	Muck cookers	dy on ona			
	Door gaskets and seating	אואם אם צף	Stills	באתם אם צם			
	Filter gaskets and seating	AYON ONA	Exhaust dampers	אואם אם צם			
	Pumps	AYON ONA	Diverter valves	אואם אם אוא			
	Solvent tanks and containers	AYON ONA	Cartridge filter housings	אואם אם צם .			
	Water separators	DY ON ON/A					
	4. Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)				
	Physical detection (airflow felt t	through gaskets)	The second secon	70 97 97			
١	Odor (noticeable perc odor)			´¤			
	Use of direct-reading instrumen						
I	Halogen leak detector						
	If using direct-reading ins	□N/A					
I	a. Capable of detectin	ND YD					
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	QY QN			
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	UY UN			

Inspector's Name (Please Print)

Inspector's Signature

3/3/96

Date of Inspection

Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

 \square Y \square N

UN UN

Aevotell USA

pan? yes

Georg? yes

ho per on spotting board.

MCF hazandors wastle prik up-

RECEIVED FEB 2 4 1993 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

WAYNE'S 1 HR CLEANERS
KATHY D'AMICO
9 SW 10TH STREET
OCALA FL 34474

Do <u>NOT</u> Remove La	abel
Annual Reporting Period: $2 - 18 - 98$ 19	то <u>2-18-99</u> 19_
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous con	npliance 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 con	npliance 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 a notification are true, accurate and complete. Further, my annual consumption of per does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to dry facilities or 1,800 gallons per year for dry-to	chloroethylene solvent, based upon 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 7-28-94
YP DO

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVER

FACILITY NAME: Wayne's 140	99 TIME IN: 2:30 TIME OUT:33/00 Phyl
FACILITY NAME: Wayne's the	Cleaners 3,7 %
FACILITY LOCATION: 9 5W 10 th	54 86. 37.
Ocala IFL	Co Co.
	ling PHONE: 629-3709
	PHONE:
COTTAINED.	
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta.	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 130 gallons.	urchased within the preceding 12 months by this dry cleaning

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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN 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 Hy ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	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?	ΟY	ND	
II	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□N/A
	Measured and recorded the pero concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		53.7	
į.	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	\Box N	□N/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
II	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (ПИ	□N/A
6. :	Routed airflow to the carbon adsorber (if used) at all times?	□Y I	ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	DEY ON			
2. Maintained rolling monthly averages of perc consumption?	dy on			
3. Maintained leak detection inspection and repair reports for the following:	/			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/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?	באע פל אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	AVOR NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on Sa n/a			
6. Maintained startup/shutdown/malfunction plan?	ÓY □N			
7. Maintained deviation reports?	toy on on/a			
Problem corrected?	DY DN Y N/A			
8. Maintained compliance plan, if applicable?	אואלם 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?				ďy	□N
2.	Has the facility maintained a leak log?	•			\mathbf{A}^{λ}	□и
3.	Does the responsible official check the f	following ar	reas for leaks?			
	Hose connections, fittings, couplings, and valves	dy on	□N/A	Muck cookers	10/Y	ON ON/A
	Door gaskets and seating	A DN	□N/A	Stills	A C	□N □N/A
	Filter gaskets and seating	A DN	□N/A	Exhaust dampers	, P ^A (ON ON/A
	Pumps	אם אם	□N/A	Diverter valves	MY C	□N □N/A
	Solvent tanks and containers	MY DN	-□N/A	Cartridge filter housings	1 Y	אומם מב
	Water separators	MY ON	□N/A			
4.	Which method of detection is used by the	ie responsit	ole official?		-/	
	Visual examination (condensed so	lvent on ex	terior surfaces)		4	
	Physical detection (airflow felt thr	ough gaske	ts)	·	4	
	Odor (noticeable perc odor)				图	
	Use of direct-reading instrumentat	ion (FID/P!	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instru	ımentation	, is the equipme	ent:	□N/A	.
	a. Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?	DY (מכ
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and afte	er each use		□N
	c. Inspected for leaks and	i obvious si	gns of wear on a	a weekly basis?	□Y (אב
	d. Kept in a clean and se	cure area w	hen not in use?		□Y (א⊏
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	□Y (אב
1						

Randall Cunningham
Inspector's Name (Please Print)

Inspector's Signature

7-28-99

Date of Inspection

7-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:		
. %.1			
	·		
		• . •	

BEST AVAILABLE COPY

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Dr.

FACILITY NAME: Wayne's the Cleaners DATE: 7-2849
FACILITY LOCATION: 9 5W 10th St
Ocala, FU 34471
Annual Reporting Period: Sulty 1948 TO July 1949
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. WYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Name (Please Print) Name (Please Print)

Page _____ of ____.

^{*}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

TIME IN: 230pm TIME OUT: 3:00pm AIRS ID#: 0830123 TYPE OF FACILITY: Dry Cleaning FACILITY NAME: Wayne's 2 hr. Cleaners DATE: 7-28-	,
TYPE OF FACILITY: Dry Cleaning FACILITY NAME: Wayne's 1 hr. Cleaners DATE: 7-28-	
	99
FACILITY LOCATION: 4 5 W / 1 / 5 f.	
Ocala, FL 34471	
RESPONSIBLE OFFICIAL: (hych Ting PHONE NUMBER: 629-3769	7
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: $7-2000$	
INSPECTION CONDUCTED BY: Randall Cunning ham	
INSPECTOR'S SIGNATURE: 1941 (Please Print) PHONE NUMBER: 407 - 893	·3333
	sed 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	00
DATE	2-25-00
	UPDATED

TYPE OF INSPECTION:

ANNUAL

#

COMPLAINT/DISCOVERY

RE-INSPECTION

	-00 TIME IN: 12:30 TIME OUT: _	1:00
FACILITY NAME: Wayne's One	Hori Cleaners	
FACILITY LOCATION: 9 5W 10 +1		
Ocala, FL	34471	
RESPONSIBLE OFFICIAL:	Ming PHONE: 352-629-	3709
GOVERN OF STATE	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)	tun	
1. New facility notified DARM 30 days prior to sta		
2. Facility failed to notify DARM to use general pe	rmit	u
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	No notification formDrop store/out of business/pet	roleum
A.		10100111
1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr	
both types, x < 140 gal/yτ	both types, $x < 140 \text{ gal/yr}$	ズ
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	E C
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	A C
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr	r\2
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	22
, ,	nite	8 7
5. This is a correct facility classification	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) Ources On DCan not determine	d
If no, please check the appropriate classific	cation:	
	neral permit as numberabove	
facility exceeds above lin	nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) pu facility was // gallons.	urchased within the preceding 12 months by this dry	cleaning
· · · · · · · · · · · · · · · · · · ·		1

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA DY DN ØN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at. 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? DY DN (FAX)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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? A'NO NO Y 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם צוב verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	ΩΥ	ПИ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ΠN	□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?	ΟY	□N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ПΥ	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?						
2. Maintained rolling monthly averages of perc consumption?	DAY ON					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	YY ON ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SEN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	A/MAQ NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	A/אילי אם צם					
6. Maintained startup/shutdown/malfunction plan?	AY ON					
7. Maintained deviation reports?	OY ON ON/A					
Problem corrected?	DY DN ĴX NA					
S. Maintained compliance plan, if applicable?	DY DN YNA					

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	a weekly (for small s	ources, bi-weekly) leak detection a	nd repair
	inspection?			NO Y
2.	Has the facility maintained a leak log?	?		Ay ON
3.	Does the responsible official check the	following areas for	leaks?	
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	AY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	אואם אם צאס
	Filter gaskets and seating	AY ON ON/A	Exhaust dampers	אוחם אם צא
	Pumps	אואם אם צום	Diverter valves	AND ND YA
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	AY ON ON/A
	Water separators	DY ON ON/A	· · · · · · · · · · · · · · · · · · ·	
4.	Which method of detection is used by	the responsible offic	ial?	
	Visual examination (condensed s	solvent on exterior s	urfaces)	Ø
	Physical detection (airflow felt th	rrough gaskets)		Ø.
	Odor (noticeable perc odor)			1
	Use of direct-reading instrument	ation (FID/PID/calo	rimetric tubes)	D .
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the	equipment:	□N/A
	a. Capable of detecting	perc vapor concenti	rations in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	DY DN
	c. Inspected for leaks an	nd obvious signs of	wear on a weekly basis?	DY DN
	d. Kept in a clean and s	secure area when no	t in use?	מם עם
	e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	DY DN

Randall Conningham
Inspector's Name (Please Print)

Mall Land

2-25-00Date of Inspection

Date of Inspection

2-200/

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	ON:		
***			-
		·	
			· .
		•	
			1
	,		

AIRS ID#: 0830 123

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Wayne's One Ho	our Cleaners DATE: 2-25
FACILITY LOCATION: 95 W 10 1450	<i>f</i> ,
Ocala, FL 3	34471
Annual Reporting Period: February	1999 TO Fibruary 2000
Based on each term or condition of the Title V general air pe	ermit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	he period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	en 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 bee	en 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:	
	· · · · · · · · · · · · · · · · · · ·
in this notification are true, accurate and complete. Further	ation and belief formed after reasonable inquiry, that the statements made r, my annual consumption of perchloroethylene solvent, based upon or dry-to dry facilities or 1,800 gallons per year for transfer or
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛛	СОМ	PLAINT/DIS	COVERY _	RE-INS	PECTION
TIME IN:_ 121.30	TIME OUT:	1:00		AIRS ID#:	1830123	
TYPE OF FACILITY:	Cleaning	· · · · · · · · · · · · · · · · · · ·				
FACILITY NAME: Wayne	o's One Havi	Clean	115		DATE:2	2-25-00
FACILITY LOCATION: 9 5	W 10th St.					
049	la, FL 344	71	·		1	
RESPONSIBLE OFFICIAL:	huck Kings	,		PHONE NUMBE	er: 352-	629-3709
Based on the results of the compliance with DEP Ru	•		_	-	facility is found t	o be in
Based on the results of the discrepancies were noted:	-	nents evalua	ted during thi	s inspection, the	following compl	ance
COMPLIANCE REQUI		BLEM	FOL	LOW-UP AC	TION REQU	IRED
				,		
·						:
			.			
: 						
COMMENTS:	,		·			
Incompl	iance					
The Annual Compliance Certificat	ion form has been pro	perly certifi	ed and submi	tted to the inspec	tor. YES	No□
DATE OF NEXT INSPECTION	: 2-200/					
INSPECTION CONDUCTED B	v: Randali	1 Cun	proximate) Ninah	am		
INSPECTOR'S SIGNATURE:	Rdall e	(Plo	ease Print)	PHONE NUMBE	r: 407-	<i>843-333</i> 3
		Page	of /			Revised 10/96

	U.S. Postal Service CERTIFIED M. (Domestic Mail C	AIL RECE		e Coverage	Provided)	
2629						
9372	Postage Certifled Fee	\$		_		
10	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	· · · · · · · · · · · · · · · · · · ·		1	stmark Here	
0 000	WAYNE'S I Recii WAYNE KII 9 SOUTHWE OCALA FL 34471	HR CLEAN NG			aller)	
į.	City, (2S Form 3800, Februa	ry 2000			or instructions_	
 Complete items 1, 2 item 4 if Restricted Print your name and so that we can return that the second that we can return the second that the second tha	2, and 3. Also comp Delivery is desired. d address on the re		A. Re		se Print Clearly)	B Date of Delivery
■ Attach this card to or on the front if sp 1. Article Addressed.to:	the back of the mail	piece,	1		different from iten	`
WAYNE'S I HR CI WAYNE KING 9 SOUTHWEST 10					.,	
OCALA FL 34471	-			vice Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rece☐ C.O.D.	il eipt for Merchandise

4. Restricted Delivery? (Extra Fee)

9372

Domestic Return Receipt

☐ Yes

102595-99-M-1789

2. Article Number (Copy from service label)

PS Form 3811, July 1999

{	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
5288								
9372	Postage Certified Fee	\$	re corto					
	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here					
0520	Tot 10 Rec KATHY D'AN WAYNE'S 1 H	AIRS ID # 083012 MICO IR CLEANERS	23001AG naller)					
7000	9 SW 10TH ST City, OCALA FL 34	TREET 1474						
<u> </u>	PS Form 3800, Februa	ary 2000	See Reverse for Instructions					

.

:

.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delin (C) - 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
KATHY D'AMICO	



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 # 0830123

WAYNE'S 1 HR CLEANERS KATHY D'AMICO 9 SW 10TH STREET OCALA FL 34474

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

Wayne's
One Hour Cleaners
657 S.E. 33rd Avenue
Ocala, Florida 34471



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

Z 333 613 646 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See revene) AIRS ID 0830123 WAYNE'S 1 HR CLEANERS KATHY D'AMICO 9 SW 10TH STREET OCALA FL 34474 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

~				
	Fold at line over top of envelope to			
rse side?	SENDEH: 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.	e can return this	I also wish to receive the following services (for an extra fee):	ď
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	 Addressee's Address 	Ş.
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