

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 20, 1996

Mr. Christopher S. Y. Choi Tower Square Cleaners 5737 Southwest 75th Street Gainesville, Florida 32608

Re: Facility I.D. No. 0010094

Dear Mr. Choi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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, Fl 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

curran for DE

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•					
1.	Facility Owner/Company Name (Name	of corpo	ration, age	ncy, or in	divi	dual owner):
	CHRISTOPHER S.Y. CHOI	D/B/A	TOWER	SQUAF	₹E	CLEANERS
2.	Site Name (For example, plant name or	number):				
	N/A				,	
3.	Hazardous Waste Generator Identification	on Numbe	er:			,
	Coditional Exempt Small	Quant	tity G	enerat	or	
4.	Facility Location: Street Address: 5737 SW 75t	h Stre	eet			
	City: GAINSVILLE	County:	ALACHI	AL		Zip Code: 32608
5 :	Facility Identification Number (DEP Us	e): 👍 📬	i de de la constanta	发动数	1	学 程的构造性的技术的文学性是
					0	010094
		Respons	ible Offici	ial		
				_		
6.	Name and Title of Responsible Official:		•			
	CHRISTOPHER S.Y. CHOI		OWNER	₹		
7.						
	Organization/Firm: SAME AS #4 Street Address:					
	City:	Count	ty:			Zip Code:
8.	Responsible Official Telephone Number	r:				
	Telephone: (352)377 - 0865		F	ax: ()	•
	Facility Contact ((If differe	ent from R	Pesnonsil	de C	Micial)
	Tuenty Contact	(II diller		cesponsia		Jineial)
9.	Name and Title of Facility Contact (For	example,	plant man	ager):		
	SAME AS ABOVE.					
10.	Facility Contact Address:					
	Street Address:					
	City:	County	:			Zip Code:
11.	Facility Contact Telephone Number:					
	Telephone: () -		Fa	ax: ()	-

RECEIVED

SEP 3 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
T 634 1:	,,_	Initially	Device	,,,	Initially	Device	10	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		95	-			. :			*
(1) w/ ref. condenser	#1	01-Nov-96							
(2) w/ carbon adsorber	,								
(3) w/ no controls									
Washer Unit					<u>- </u>				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					A 1 14			•	
(7) w/ ref. condenser						1			
(8) w/ carbon adsorber					-				
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re juanti gallo	equired to be ity of perchloons ow many? [_	installed [_oroethylene (X perc)] purchased in				<u></u> 1
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found	·		Part II?	
Existing large are	ea sou	urce []	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)		
Existing large area source Carbon adsorber		denser []
New small area source Refrigerated condenser X	٦	
New large area source Refrigerated condenser	٠.	
5. A facility which contains non-exempt to Rule 62-213.300, F.A.C. Verify that a exemption criteria or that no such units of	all steam and hot water general	
All steam and hot water generating units boiler HP or less), and (2) are fired excl during which propane or fuel oil contain	usively by natural gas except f	or periods of natural gas curtailment
All steam and hot water generating units	exempt [X]	
	Ionitoring and Recordkeepin	g Information
. Equipment M	kept on-site in accordance with	
Equipment M. Check all logs which are required to be leading to the leading to t	kept on-site in accordance with	the requirements of this general permit:
Equipment M. Check all logs which are required to be le (a) Purchase receipts and solvent purchase	kept on-site in accordance with	the requirements of this general permit:
Equipment M. Check all logs which are required to be le (a) Purchase receipts and solvent purcha (b) Leak detection inspection and repair	kept on-site in accordance with ses	the requirements of this general permit: [X] [X]
Equipment M. Check all logs which are required to be le (a) Purchase receipts and solvent purchase (b) Leak detection inspection and repair (c) Refrigerated condenser temperature respectively.	kept on-site in accordance with ses	the requirements of this general permit:

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

Surrender of Existing Air Permit(s)

Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that 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. B/30/96 Date		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)			
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that 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.	[_X_]				
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	this notifi statement maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that th ts 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			
(M. Matche Ck: 8/30/96	this notifi statement maintain comply w	ication. 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.			

General Permit Scanning Submission Form Case File Completeness Verification

Case File ID Number: 00/0094-00/ D/C

To be filled in by Customer:

√ The following sections :	are included in this case file:					
1. Acknowledgement L	etter					
Document Date: ///20	11996					
2. General Permit Reg	istration					
Document Date: 9/3/	1996					
3. Correspondence (at	tachments, envelopes, mailing receipts)					
Document Date:						
4. Fee Acknowledgeme	ent					
Document Date:						
The above checked sections are Customer Signature:	included in this case file: OCT 20 2008					
	· · · · · · · · · · · · · · · · · · ·					
To be filled in by Scan Operat	·or:					
√ ⊁he following sections	were scanned for this case file:					
1. Acknowledgement Le	tter					
2. General Permit Regis	tration					
3. Correspondence (att	achments, envelopes, mailing receipts)					
4. Fee Acknowledgemen	nt					
Scan Operator Verification:						
The above checked sections were scanned for this case file:						
The above checked sections were	e scanned for this case file:					
The above checked sections were Scan Operator Signature:	e scanned for this case file:					

AIRS 1D#: 0010094

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOWER SQUARE OLEANERS DATE: 12-4-96
FACILITY LOCATION: 5737 S.W. 75 th STREET
GAINESVILLE, FL 32608
Annual Reporting Period: SEP 3 1996 TO DEC 4 1996
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
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:
en de la companya de La companya de la co
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: CHRISTOPHER SY. CHOI Christopher 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tower Square Clea	aners			DATE:/2/17/97
FACILITY LOCATION: 5737 5. W. 75	5treet			
Gainesville, FL.			· 	
Annual Reporting Period: Dec	1996	то	Dec	1997
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du			<u> </u>	_
If NO, complete the following:				
#1. Term or condition of the general permit that has r	not been in continuous	compliar	-	EIVED
Exact period of non-compliance: from			10	
Action(s) taken to achieve compliance:			JAN	1770
Method used to demonstrate compliance:			Bureau of & Mob	Air Monitoring
#2. Term or condition of the general permit that has r	not been in continuous	compliar	•	
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	•		 	
As the responsible official, I hereby certify, based on it made in this notification are true, accurate and complitude upon rolling averages of purchase receipts, does not expear for transfer or combination facilities.	ete. Further, my annue	al consul	mption of perchlor	oethylene solvent, based
RESPONSIBLE OFFICIAL: Christopher Con Name (Please		Chl.	Signature	. 12/17/97 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.

AIRS ID#: <u>00/0094</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tower Square Clea	anei š		DATE: _	12/7/98
FACILITY LOCATION: 5-737 S. ω.	75 th St.			
Samesulle, P	2 37608			
Annual Reporting Period: Dec	1997	ro	Dee	1998
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), duri	-		<u> </u>	P Rule □NO
If NO, complete the following:		• .	V	
#1. Term or condition of the general permit that has no	t been in continuous co	mpliance during	the reporting period	d stated above:
Exact period of non-compliance: from		to	Un OFF F	1
Action(s) taken to achieve compliance:			thor !	· 6
Method used to demonstrate compliance:			OK IT MOTHER	
			'A '().	
#2. Term or condition of the general permit that has no	t been in continuous co	mpliance during	the reporting period	i stated above:
#2. Term or condition of the general permit that has no Exact period of non-compliance: from	t been in continuous co	mpliance during	the reporting period	i stated above:
	t been in continuous co	-	the reporting period	i stated above:
Exact period of non-compliance: from	t been in continuous co	-	the reporting period	i 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 injude in this notification are true, accurate and complete	formation and belief for e. Further, my annual	toto rmed after reason consumption of p	able inquiry, that t	the statements olvent, based
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 injude in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not except	formation and belief for e. Further, my annual	toto rmed after reason consumption of p	able inquiry, that t	the statements oivent, based
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 injude in this notification are true, accurate and complete	formation and belief for e. Further, my annual	toto rmed after reason consumption of p	able inquiry, that t	the statements oivent, based

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _____ of ____.

discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL ANNUAL COMPLIANCE CERTIFICATION FORM

Do NOT Remove Label

AIRS ID#0010094

CHRISTOPHER S.Y. CHOI CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET **GAINESVILLE FL 32608**

Bureau of Air Monitoring & Mobile Sources

annual Reporting Period:	1/1	19 <u>9</u> 2	TO	12/31	_19 <i>9</i> 1

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.							
If NO, complete the following:							
#1. Term or condition of the general permit that	as not been in continuous compliance during the reporting period stated above	e:					
Exact period of non-compliance: from	to						
Action(s) taken to achieve compliance:	<u> </u>						
Method used to demonstrate compliance:	<u> </u>						
#2. Term or condition of the general permit that l	as not been in continuous compliance during the reporting period stated above	e:					
Exact period of non-compliance: from	to						
Action(s) taken to achieve compliance:	<u> </u>						
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)

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.

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 11:50)AIRS ID#:
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: TOWER SQUARE CLI	ZANERS DATE: 12/4/96
FACILITY LOCATION: 5737 S.W. 7519	STREET
GAINESUILLE, ALAC	——————————————————————————————————————
RESPONSIBLE OFFICIAL: <u>CHRISTO PHIER</u> CHO,	/ PHONE NUMBER: 352-377-0865
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
. •	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: DEC	97 proximate)
INSPECTION CONDUCTED BY: $\mathcal{P}, \mathcal{A}, \mathcal{B}$	PANTS ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 404-448-4310

Page f of .

TYPE OF INSPECTION: ANNUAL $[V]$ COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:25	AIRS 1D#: 00/0099
TYPE OF FACILITY: Dry Cleaner	<u> </u>
FACILITY NAME: Tower Square Cleaners	DATE: 12/7/98
FACILITY LOCATION: 5737 S.W. 754	<u>st.</u>
Gamesville, Fr 326	08
RESPONSIBLE OFFICIAL: Christopher Cho:	PHONE NUMBER: 352 - 377 - 0865
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Δ
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	Burgay DEC, FIL
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	Oik of Monit
	TE OTHER
	<u> </u>
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	·
COMMENTS:	
SOMMENTS.	•
•	
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: /2/9 9	·
	proximate)
INSPECTION CONDUCTED BY: Christopher (Ple	Scott ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 XZS

Page___of__

INSPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUAL 🗹 COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:30	AIRS ID#: 00/0094
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Town Square Clegners FACILITY LOCATION: 5737 S.W. 75 The	DATE: 12./17/97
FACILITY LOCATION: 5737 S.W. 75 Th STree	eT.
Gainesville, FL. 32608	
RESPONSIBLE OFFICIAL: Christopher Cho:	PHONE NUMBER: 352-377-0865
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
	<u>. </u>
	•
-	
COMMENTS:	
COMMENTS.	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: /2/98	·
(App	roximate)
INSPECTION CONDUCTED BY: Christopher L. Scott	/
INSPECTOR'S SIGNATURE:	se Print) PHONE NUMBER: 904- 4/48- 4/3/0 x 25-5-
(

Page___of_



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION		
FACILITY NAME: TOWER S FACILITY LOCATION: 5737	S.W. 75th STREET	
<u>BAINESV</u>	ILLE, ALACHUA, FL 32608	<u>}</u>
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96	C	b
2. New facility notified DARM 30 days prior to sta	rtup C	
3. Facility failed to notify DARM to use general pe	rmit C	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source ☐ dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>4. New large area source</td><td></td></x<2,>	4. New large area source	
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" before="" both="" gal="" td="" types,="" yr=""><td>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=""><td></td></x<2,></td></x<1,800>	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=""><td></td></x<2,>	
both types, 140 <x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800></td></x<1,800>	transfer only, 200 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
both types, 140 <x<1,800 gal="" yr<br="">(constructed before 12/9/91)</x<1,800>	transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" or="" td="" types,="" yr=""><td></td></x<1,800>	
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)="" a="" appropriate="" before="" check="" classification="" classification:="" correct="" facility="" for="" gal="" general="" if="" is="" no,="" per<="" please="" qualified="" td="" the="" this="" yr=""><td>transfer only, 200<x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" or="" td="" types,="" yr=""><td></td></x<1,800></td></x<1,800>	transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" or="" td="" types,="" yr=""><td></td></x<1,800>	

1 of 4

(check appropriate boxes) NONE STORED DY ON WA 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 scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

B. Ha	is the responsible official of an existing large or new large area source also:			
II .	asured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
	asured and recorded the washer exhaust temperature at the condenser et and outlet weekly?	ΟY	ΠN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ДЙ	
at t	asured and recorded the perc concentration in the exhaust stream weekly he end of the final drying cycle while the machine is venting to the adsorber, nachines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠИ	
per or o	sured that the sampling port on the carbon adsorber exhaust for measuring c concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 duct diameters upstream from any bend, contraction, expansion; and downstream from no other inlet?	ΟY	ПИ	
	nipped transfer machines (dryers, reclaimers, and washers) with individual denser coils?	ΟY	ПN	□N/A
6. Roi	ated airflow to the carbon adsorber (if used) at all times?	ΟY	ΠN	□N/A
II				
PART	V: RECORDKEEPING REQUIREMENTS			
Has th	V: RECORDKEEPING REQUIREMENTS ne responsible official: appropriate boxes)		<u> </u>	
Has the	e responsible official:		 	
Has the (check	ne responsible official: appropriate boxes)		אם ,	
Has the (check 1. Ma)	ne responsible official: appropriate boxes) intained receipts for perc purchased?	ŒΥ	N	
Has the (check 1. Ma)	ne responsible official: appropriate boxes) intained receipts for perc purchased? intained rolling monthly averages of perc consumption?	ŒΥ		
Has the (check 1. Ma)	ne responsible official: appropriate boxes) intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained leak detection inspection and repair reports for the following:	er er	N	/
Has the (check) 1. Ma 2. Ma 3. Ma	intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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	ery Oy	מם אם	如旗
Has the (check 1. Ma 2. Ma 3. Ma 4. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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?		אם אם	TO MY A
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? (for direct reading instruments only)		и и и и	DXIA
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma 6. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? (for direct reading instruments only) intained exhaust duct monitoring data on perc concentrations?		X	DXIA
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma 6. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? (for direct reading instruments only) intained exhaust duct monitoring data on perc concentrations? intained startup/shutdown/malfunction plan?		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	DXIA
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma 6. Ma 7. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? **Gor direct reading instruments only**) intained exhaust duct monitoring data on perc concentrations? intained startup/shutdown/malfunction plan? intained deviation reports?			DXIA
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma 6. Ma 7. Ma 8. Ma	intained receipts for perc purchased? intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? (for direct reading instruments only) intained exhaust duct monitoring data on perc concentrations? intained startup/shutdown/malfunction plan? intained deviation reports? Problem corrected? intained compliance plan, if applicable?			DINA DINA
Has th (check 1. Ma 2. Ma 3. Ma 4. Ma 5. Ma 6. Ma 7. Ma 8. Ma	appropriate boxes) intained receipts for perc purchased? intained rolling monthly averages of perc consumption? intained 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? intained calibration data? (for direct reading instruments only) intained exhaust duct monitoring data on perc concentrations? intained startup/shutdown/malfunction plan? intained deviation reports? Problem corrected?			MA DAIA

	·	
2.	2. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	4
	Physical detection (airflow felt through gaskets)	4
	Odor (noticeable perc odor)	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	NO AO
	d. Kept in a clean and secure area when not in use?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON
3.	3. Has the facility maintained a leak log?	OY ON
4.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves	NO YOU
	Door gaskets and seating	□Y ON
	Filter gaskets and seating	אם עם מ
	Pumps Diverter valves	ØY ON
	Solvent tanks and containers DY DN Cartridge filter housing	s by on
	Water separators	
	CHIZISTOTHER S.V. CHO! Name of Responsible Official D. N. T. 44460	
_	Inspector's Name (Please Brint) Date of Inspector	pection
	12km	

4 of 4

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	,
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DIS	COVERY	
	RE-INSPECTION				
AIRS ID#: <u>0010094</u> 1	DATE: <u>/2//7/97</u>	TIME I	n: <u>9:45</u> th	ME OUT: _/	10:30
FACILITY NAME: Tower	- Square Cla	eaners			
FACILITY LOCATION: 5	737 S.W.	75 IL S	treet		
6	ainesville FL	3260	8		
\mathcal{L}	CHRISTOPHER	? CHOI	_PHONE: <u>3</u> 52-3	377-086	5
CONTACT NAME:	1, 17		_ PHONE:		·
PART I: NOTIFICATION		•			
(check appropriate box)]
1. New facility notified DARM	30 days prior to startu	: In			B
Facility failed to notify DARN		•			
z. raemty lanea to notaly Brita	vi to ase general perm				
PART II: CLASSIFICATION					
Facility indicated on notification			☐ No notification f	orm	i
(check appropriate box)	M to m that it is.		☐ Drop store/out of		roleum
A. 1 Existing small area source	ce 🛭 2	2. New small a		⊠′	
1. Existing small area source dry-to-dry only, x < 140 gal/y			x < 140 gal/yr	Œ	
transfer only, x < 200 gal/yr		ransfer only, x			
both types, x < 140 gal/yr		ooth types, x-<			
(constructed before 12/9/91)	(constructed on	or after 12/9/91)		
3. Existing large area sourc	ce 🛚 4	. New large a	rea source		
dry-to-dry only, $140 \le x \le 2$, l	l00 gal/yr — d		$140 \le x \le 2,100 \text{ gal/s}$	yr	
transfer only, $200 \le x \le 1,800$			$0.00 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)			≤ x ≤ 1,800 gal/yr		
	,	'aa-att-d a-			
(constructed before 12/3/31)	(constructed on	or after 12/9/91)		
5. This is a correct facility cla	·	constructed on	or after 12/9/91) □Can not determin	ie	,
5. This is a correct facility cla If no, please check the a	assification [□Y □N ion: ral permit as nu	□Can not determin	 ve	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DEN/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 DY ON ON/A 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? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY 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 OY ON WN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN UN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	27 ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OPY ON ON/A
8. Maintained compliance plan, if applicable?	DY ON ON/A

PA	ART VI: LEAK DETECTION AND F	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection as	id repair
	inspection?			DY ON
2.	Has the facility maintained a leak log?			DY ON
3.	Does the responsible official check the	following areas for leaks?	,	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	ØÝ □N □N/A	Stills	TY ON ON/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ØÝ □N □N/A
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	⊠Y □N □N/A	Cartridge filter housings	GY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by the	ne responsible official?	•	
	Visual examination (condensed so	olvent on exterior surfaces	s)	
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)	,		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	ment:	□N/A
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	□Y □N
	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	OY ON
	d. Kept in a clean and se	_	•	□У □И
	e. Verified for accuracy			OY ON
	·		7,	
_				
	Christopher L. Scott		12/17/97	

Christopher L. Scott Inspector's Name (Please Print)	12/17/97
Inspector's Name (Please Print)	Date of Inspection
Affl. Lt	- 12/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:			
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE	CTION	□ CO	OMPLAINT/DIS(COVERY	
FACILITY NAME: Tower Sque FACILITY LOCATION: 5737 S.	are Clea	ness	€,	ME ONT: 1	D:25
Contact name:	lle, FL.	32608	10NE: <u>35</u> 2-	392 49 8	, ° 0
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 days prior 2. Facility failed to notify DARM to use gener	· •			` .	0
PART II: CLASSIFICATION					
Facility indicated on notification form that 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 dry-to-d transfer both typ	small area ry only, $x < 20$ only, $x < 20$ cs, $x < 140$	140 gal/yr 00 gal/yr		roleum
Facility indicated on notification form that 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	 New dry-to-d transfer both typ (construing) New dry-to-d transfer both typ 	small area ry only, x < only, x < 20 es, x < 140 cted on or a large area ry only, 140 only, 200 ≤ es, 140 ≤ x cted on or a	Drop store/out of source 140 gal/yr 100 gal/yr gal/yr fiter 12/9/91) source < x < 2,100 gal/yr x < 1,800 gal/yr <1,800 gal/yr fiter 12/9/91)	business/peti	roleum
Facility indicated on notification form that 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 both types, 140 ≤ x ≤ 1,800 gal/yr	2. New dry-to-d transfer both typ (construted transfer both typ (construted transfer both typ (construted transfer both typ to the typ transfer both typ tra	small area ry only, x < only, x < 20 es, x < 140 cted on or a large area ry only, 140 only, 200 ≤ es, 140 ≤ x etted on or a	Drop store/out of source 140 gal/yr 20 gal/yr gal/yr fiter 12/9/91) source < x < 2,100 gal/yr < 1,800 gal/yr <1,800 gal/yr fiter 12/9/91) Can not determine the serabort for a general per	business/peti	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN MINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\mathbf{N} \square \mathbf{N}$ 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A 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) ANY DN 1. Equipped all machines with the appropriate vent controls? AYMO MO Y 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? DN DN/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 ON ON/A 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?	ΟY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	\Box Y	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	V □ Y						
2. Maintained rolling monthly averages of perc consumption?	אם צים						
3. Maintained leak detection inspection and repair reports for the following:	·						
a. documentation of leaks repaired w/in 24 lirs? or;	ANO NO Y						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO YE						
4. Maintained calibration data? (for applicable direct reading instruments)	AVA P NO YO						
5. Maintained exhaust duct menitoring data on perc concentrations?	מ/א וף אם עם						
6. Maintained startup/shutdown/malfunction plan?	MA CM						
7. Maintained deviation reports?	A'N□ N□ YA						
Problem corrected?	40Y ON ON/A						
8. Maintained compliance plan, if applicable?	ANO NO Y						

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?				ÞΥ	ПN		
2. Has the facility maintained a leak log?				ØΥ	ПN		
3. Does the responsible official check the	following a	reas for leaks?					
Hose connections, fittings, couplings, and valves	AY DN	□N/A	Muck cookers	₩Y	ON ON/A		
Door gaskets and scating	AY ON	□N/A	Stills	Y	□N □N/A		
Filter gaskets and seating	AY DN	□N/A	Exhaust dampers	ÅΥ	□N □N/Ā		
Pumps	BY DN	□N/A	Diverter valves	Y d	□N □N/A		
Solvent tanks and containers	ADY DN	□N/A	Cartridge filter housings	S Y	ON ON/A		
Water separators	VDY □N	□N/A					
4. Which method of detection is used by	the responsil	ole official?					
Visual examination (condensed s	solvent on ex	terior surfaces)		Ø			
Physical detection (airflow felt the	rough gaske	ets)		A A			
Odor (nouceable perc odor)				(g)	. •		
Use of direct-reading instrument	ation (FID/P	ID/calorimetric	tubes)	a			
Halogen leak detector							
If using direct-reading inst	rumentation	i, is the equipm	ent:		'A		
a. Capable of detecting	perc vapor o	concentrations in	n a range of 0-500 ppm?	ΩY	ΠN		
b. Calibrated against a (PID/FID only)?	standard gas	prior to and aft	er each use	ΩY	DИ		
c. Inspected for leaks a	nd obvious s	igns of wear on	a weekly basis?	ΩY	ΠN		
d. Kept in a clean and :		-	•	ΟY	DN .		
e. Verified for accuracy				ΠY	ΩN		
	•	• ·	`				
<u> </u>							
		4					
	٠						
Christopher L. Scott Inspector's Name (Please Pri			12/7/9	8_			
Inspector's Name (Please Print) Date of Inspection							
CHALLA	As .		17/99				
Inspector's Signature	•		Approximate Date of	Next I	Inspection		

ADDITIONAL	SITE INFORMATION:
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Suprema Premier 2130

hAS Directer

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	. 5	COMPLAINT/D	ISCOVERY	
	RE-INSPECTION	0		· · · · · · · · ·	
AIRS ID#:00/0094~00Z	DATE:_ <i>(1/4/99</i>	TIME	in: 10:40	rime qut: <u>//</u>	:'40
FACILITY NAME: Tower			· 	70 - M	
FACILITY LOCATION:			Bure		
<u>G</u>	ainesulle, FL 3	2608_	No.		· .
RESPONSIBLE OFFICIAL:	Marie Isabel	Almeida	() (\	865
CONTACT NAME:			PHONE:	on to the	
	•				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startu	ıp			
2. Facility failed to notify DAR	M to use general perm	uit	, 		
PART U: CLASSIFICATION	<u>.</u>				- <u> </u>
Facility indicated on notificati (check appropriate box) A.	on form that it is:		□ No notificatio □ Drop store/ou		troleum
1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ут · с t t	transfer only, x both types, x <	; x < 140 gal/yr : < 200 gal/yr	B R	No.
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr t 90 gal/yr t gal/yr t	transfer only, 2 both types, 140	area source , $140 \le x \le 2,100 \text{ g}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$)		
5. This is a correct facility of	lassification 1	MA DK	□Can not deterr	nine	
	appropriate classificat ty qualified for a gene ty exceeds above limit	ral permit as r		bove permit	
B. The total quantity of perclude facility was 50 gallons		chased within	the preceding 12 mo	onths by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO AO
2. Examining the containers for leakage?	אואוגל אם צם
3. Closing and securing machine doors except during loading/unloading?	אם א פע
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואף אם צם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ם או או אם אם . אוא או אם אם
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refi (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	580 . DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DOY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם אאבי.
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ZB9√ □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor exceeded 45°F?	A/אלל אם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אב

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?	ΠY	Пи
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ПY	אואם אם
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?	ΟY	 □N -□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ON ON/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	BA ON					
2. Maintained rolling monthly averages of perc consumption?	Æ Y ΩΝ					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 lirs? or;	ay din Ja wa					
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 BNA					
4. Maintained calibration data? (for applicable direct reading instruments)	אוא פל אם אם					
5. Maintained exhaust duct menitoring data on perc concentrations?	אאמ בל אם עם					
6. Maintained startup/shutdown/malfunction plan?	BY ON					
7. Maintained deviation reports?	AVACE NO YO					
Problem corrected?	DY DY SANA					
S. Maintained compliance plan, if applicable?	A/NG AO					

BEST AVAILABLE COPY

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and	d repa	ir					
	inspection?	Øχ	ПN					
2.	. Has the facility maintained a leak log?	ZA	ПN					
3.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves SQY ON ON/A Muck cookers	Źγ	ON ON/A					
	Door gaskets and scating	XX	באמם אם					
	Filter gaskets and seating SQY ON ON/A Exhaust dampers	YEY	אומם מם					
	Pumps Diverter valves	Y	ביאם אם					
	Solvent tanks and containers Sy ON ON/A Cartridge filter housings	ZY	אואם אם					
	Water separators QY ON ON/A							
4.	Which method of detection is used by the responsible official?							
	Visual examination (condensed solvent on exterior surfaces)	Œ						
	Physical detection (airflow felt through gaskets)	43						
	Odor (noticeable perc odor)	Œ						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:		4					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΟY	מם					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	מם					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΟY	מם					
	d. Kept in a clean and secure area when not in use?	ΩY	מם					
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	אַם					
	Christopher L. Scott 114/99							
	Inspector's Name (Please Print) Date of Inspec	uon						
	Cliff 1. LA NOV 7000	5						
	Inspector's Signature Approximate Date of N	lext Ir	rspection					

DITIONAL SITE INFORMATION:							
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tower Square Dry Cleaners DATE: 11/4/	99_
FACILITY LOCATION: 5737 SW 75 th St	
Gulle 32608	
Annual Reporting Period: Nov 1998 to Nov 1	<u>999</u>
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.	
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 ab	ove:
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 ab	юve:
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 statem made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, ba upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons year for transfer or combination facilities.	sed
RESPONSIBLE OFFICIAL: MARIA ISABEL ALMRITA Ufaire Chabifalunde 11-4- Name (Please Print) Signature Date	<u>-99</u>

^{*}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.

TYPE OF INSPECTION:	ANNUAL 🛛 CC	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:40	TIME OUT://. 44	AIRS 1D#: OO	10094-002
TYPE OF FACILITY: Dry C	legner		
FACILITY NAME: Tower	Square Dry Cle	ane/	DATE: ///4/99
FACILITY LOCATION: 57.3	1 2 42	5+,	<u> </u>
<u>Gaine</u>			
RESPONSIBLE OFFICIAL:	NOV Maria Isabel	Almeida PHONE NUMBER: 3	752-377-0863
	compliance requirements eva	luated during this inspection, the facil strative Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted:	compliance requirements eva	luated during this inspection, the follo	wing compliance
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	,		
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			·
	·		
COMMENTS:			· ,
			• .
	·		<u> </u>
The Annual Compliance Certification	on form has been properly cer	tified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	Nov 2000	<u> </u>	<u> </u>
	(A	approximate)	
INSPECTION CONDUCTED BY	: Christopher 3	Please Print)	<u> </u>
INSPECTOR'S SIGNATURE:	MI ST	PHONE NUMBER:	04-448-4310 x 240

Page___of__

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302932

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 18 98

Do NOT Remove Label

CHRISTOPHER S.Y. CHOI CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET GAINESVILLE FL 32608 AIRS ID#0010094

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Pund: 20-2-03500 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389216

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

Do NOT Remove Label

AIRS ID # 0010094

TOWER SQUARE CLEANERS MARIA ISABEL ALMEIDA 5737 SW 75TH STREET GAINESVILLE FL 32608

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED MAIL ROOM

FEB 20 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0010094 TOWER SQUARE CLEANERS CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET **GAINESVILLE FL 32608**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT3DJE: \$50.00

Do NOT Remove Label

AIRS ID # 0010094

TOWER SQUARE CLEANERS CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET GAINESVILLE FL 32608

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Speacher arities affilio idial 90]. P 174 052 251 Fold at line over top of envelope to US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0010094 TOWER SQUARE CLEANERS CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET GAINESVILLE FL 32608 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Z 333 613 053 US Postal Service **Receipt for Certified Mail** O------ Drovidad AIRS ID # 0010094 TOWER SQUARE CLEANERS CHRISTOPHER S.Y. CHOI 5737 SW 75TH STREET **GAINESVILLE FL 32608** \$ Postage Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to
Whom & Date Delivered

Return Receipt Showing to Whom,
Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

PS Form

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