



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 23, 1997

Mr. Kwang In Kim, President
Sunshine Cleaners
4814 East Busch Boulevard
Tampa, Florida 33617

Re: Facility No. 0571176

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 17, 1997.

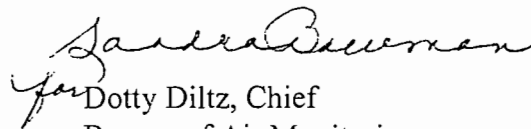
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"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 corporation, agency, or individual owner): Y.S. CORPORATION (U.S.A.) |
| 2. Site Name (For example, plant name or number): SUNSHINE CLEANERS |
| 3. Hazardous Waste Generator Identification Number: FLD 006 805911 |
| 4. Facility Location: Street Address: 4814 E. BUSCH BLVD City: TAMPA County: HILLSBOROUGH Zip Code: 33617 |
| 5. Facility Identification Number (DEP Use): 05M1176 05M1176 |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: KWANG IN KIM / PRESIDENT |
| 7. Responsible Official Mailing Address: Organization/Firm: SUNSHINE CLEANERS Street Address: 4814 E. BUSCH BLVD City: TAMPA County: HILLSBOROUGH Zip Code: 33617 |
| 8. Responsible Official Telephone Number: Telephone: (813) 985- 2349 Fax: (813) 873- 7706 |

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: () - |

RECEIVED

SEP 17 1997

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.

| SERENA-SUN 530 9123-88 (RENZA CCI) 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 |
|---|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| | | | | | | | | | |
| <i>Example</i> | | | | | | | | | |
| | | #1 03-OCT-93 | 12-NOV-93 | | #2 08-DEC-91 | | | #3 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | 09 DEC 91 | | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

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

(c) No control devices are required to be installed

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

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

Equipment Monitoring and Recordkeeping Information

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

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

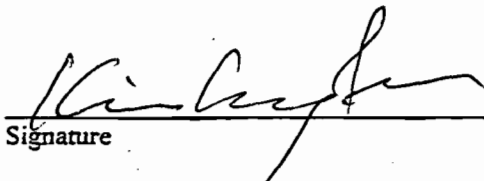
Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

Signature

Date



9/8/97

COMMISSION

DOTTIE BERGER
JOE CHILLURA
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
ED TURANCHIK

EXECUTIVE DIRECTOR

ROGER P. STEWART



ADMINISTRATIVE OFFICES, LEGAL &
WATER MANAGEMENT DIVISION
1900 - 9TH AVENUE
TAMPA, FLORIDA 33605
TELEPHONE (813) 272-5960
FAX (813) 272-5157

AIR MANAGEMENT DIVISION
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

September 15, 1997

Sandy Bowman

General Permits Section, Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

Re: Perchloroethylene (PCE) Dry Cleaning Facility Notification

Attached is the subject notification for Sunshine Cleaners for application for an air general permit. This facility was originally permitted under air general permit #0571076, however it is under new ownership and the permit was made inactive upon the previous owner's request.

I have reviewed this application and it appears that all the information is proper. The previous permit indicated this facility to be an "Existing Small Area Source", based on the age of the machine and the consumption of PCE. Although the facility has changed ownership, the machine is the same and the anticipated consumption (based over 6 months, as indicated on the application) is consistent to previous usage.

If you have any questions, please call me at (813) 272-5530.

Sincerely,

James O. Holton, PE

jh

attachments

RECEIVED

SEP 17 1997

Bureau of Air Monitoring
& Mobile Sources



ACC

AIRS ID#: 571176

Revised 10/10/96

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

FACILITY NAME: SUNSHINE CLEANERS DATE: 3/9/99
 FACILITY LOCATION: 4814 E. BUSCH BLVD
TAMPA, FL 33617

Annual Reporting Period: Feb 3 1998 TO Mar 9 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to APR 19 1999
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

RECEIVE
APR 19 1999
Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: KWANG IN KIM [Signature] 3/9/99
 Name (Please Print) Signature Date

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

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|------------------------|-----------------------------------|
| TIME IN: <u>9:00</u> | TIME OUT: <u>10:45</u> | AIRS ID#: <u>571176</u> |
| TYPE OF FACILITY: <u>PERC DRY CLEANER</u> | | |
| FACILITY NAME: <u>SUNSHINE CLEANERS</u> | | DATE: <u>3/9/99</u> |
| FACILITY LOCATION: <u>4814 E. BUSCH BLVD</u> <u>TAMPA, FL 33617</u> | | |
| RESPONSIBLE OFFICIAL: <u>KWANG IN KIM</u> | | PHONE NUMBER: <u>813-985-2349</u> |

- 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:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: 813-272-5530



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 571176 DATE: 3/9/99 TIME IN: 9:00 TIME OUT: 10:45
 FACILITY NAME: SUNSHINE CLEANERS
 FACILITY LOCATION: 4814 E. BUSH BLVD
TAMPA, FL 33617
 RESPONSIBLE OFFICIAL: KWANG IN KIM PHONE: (813) 985-2349
 CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

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

N/A

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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 17.4 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes).

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N O
2. Has the facility maintained a leak log? Y N O
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> O | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

3/9/99

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | | | | | |
|--------------------------------------|------------------|--------------------|--------------------------------------|------------|--------------------------|
| FACILITY: Sunshine Cleaners | | | PAGE 1 OF 1 | | |
| FACILITY ADDRESS: 4814 E. Bush Blvd | | | CITY: Tampa PHONE: (813) 985-2349 | | |
| MAILING ADDRESS: Same | | CITY: Tampa | FLA | ZIP: 33617 | |
| INSPECTION DATE: Mar 9, 1999 | TIME IN: 9:00 | TIME OUT: 10:45 | INSPECTION TYPE: non-CDS | | STATUS: In Compliance |
| NEDS NUMBER: 571176 | | | | | |
| SOURCE DESCRIPTION: Perc Dry Cleaner | | | | | |
| CONTACT(S): Kwang In Kim | | | | | |

Today's visit was to conduct the annual inspection.
This is an existing small area source which has no requirement for a refrigerated condenser or a temperature gauge. It is a clean facility and the machine is well maintained apparently.
No odors or leaks were noticed.
Mr. Kim's recordkeeping is in good shape. The leak log has been done weekly.
Also, his perc receipts showed the running twelve month total of 117 gallons of perc purchased.

| | |
|-------------------------|-------------------|
| INSPECTED BY: Roger Zhu | DATE: Mar 9, 1999 |
|-------------------------|-------------------|

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

OTHERS ANNUAL FEE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|------------------------------------|-------------------------|
| TIME IN: <u>9:00</u> | TIME OUT: <u>10:45</u> | AIRS ID#: <u>571176</u> |
| TYPE OF FACILITY: <u>PERC DRY CLEANER</u> | | |
| FACILITY NAME: <u>SUNSHINE CLEANERS</u> | DATE: <u>4/28/99</u> | |
| FACILITY LOCATION: <u>4814 E. BUSCH BLVD</u> <u>TAMPA, FL 33617</u> | | |
| RESPONSIBLE OFFICIAL: <u>KWANG IN KIM</u> | PHONE NUMBER: <u>(813)985-2349</u> | |

- 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 |
|--------------------------------|--|
| THE ANNUAL FEE IS OVERDUE | THE R.O. SAID THAT HE'LL PAY THE FEE THIS WEEK |
| | RECEIVED |
| | MAY 17 1999 |
| | Bureau of Air Monitoring & Mobile Sources |
| | |
| | |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO N/A

DATE OF NEXT INSPECTION: N/A
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)272-5530

✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION OTHERS ANNUAL FEE

| | | | | | | | |
|-----------------------|---------------------------------------|-------|---------|----------------|------|-----------|-------|
| AIRS ID#: | 571176 | DATE: | 4/28/99 | TIME IN: | 9:00 | TIME OUT: | 10:45 |
| FACILITY NAME: | SUNSHINE CLEANERS | | | | | | |
| FACILITY LOCATION: | 4814 E. BUSCH BLVD TAMPA, FL 33617 | | | | | | |
| RESPONSIBLE OFFICIAL: | KWANG IN KIM | | PHONE: | (813) 985-2349 | | | |
| CONTACT NAME: | SAME | | PHONE: | SAME | | | |

PART I: NOTIFICATION

RECEIVED

(check appropriate box)

| | |
|---|--------------------------|
| 1. New facility notified DARM 30 days prior to startup | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

MAY 17 1999

Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

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

| | |
|---|--|
| <input type="checkbox"/> No notification form | |
| <input type="checkbox"/> Drop store/out of business/petroleum | |

A.

| | |
|--|--|
| 1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |

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

If no, please check the appropriate classification:

| | |
|--------------------------|--|
| <input type="checkbox"/> | facility qualified for a general permit as number _____ above |
| <input type="checkbox"/> | 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 _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

4/28/99

Date of Inspection

Roger Zhu

Inspector's Signature

N/A

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Sunshine Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 4814 E. Bush Blvd CITY: Tampa
PHONE: (813) 985-2349

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33617

| | | | | |
|----------------------------------|------------------|--------------------|-----------------------------|---------|
| INSPECTION DATE: Apr 28, 1999 | TIME IN: 9:00 | TIME OUT: 10:45 | INSPECTION TYPE: non-CDS | STATUS: |
|----------------------------------|------------------|--------------------|-----------------------------|---------|

NEDS NUMBER: 571176

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Kwang In Kim

I met with Mr. Kim today and told him that this facility's annual operation fee for 1998 is overdue. Mr. Kim said that he forgot to do that and he will mail out the payment this week.

INSPECTED BY: Roger Zhu

DATE: Apr 28, 1999

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION OTHERS ANNUAL FEE

| | | | | | | | |
|-----------------------|---|--------|-----------------------|----------|-------------|-----------|--------------|
| AIRS ID#: | <u>571176</u> | DATE: | <u>4/28/99</u> | TIME IN: | <u>9:00</u> | TIME OUT: | <u>10:45</u> |
| FACILITY NAME: | <u>SUNSHINE CLEANERS</u> | | | | | | |
| FACILITY LOCATION: | <u>4814 E. BUSCH BLVD TAMPA, FL 33617</u> | | | | | | |
| RESPONSIBLE OFFICIAL: | <u>KWANG IN KIM</u> | PHONE: | <u>(813) 985-2349</u> | | | | |
| CONTACT NAME: | <u>SAME</u> | PHONE: | <u>SAME</u> | | | | |

RECEIVED
DEC - 4 2000
Bureau of Air Monitoring
& Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p> <p>3. Existing large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/></p> <p>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)</p> <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p> |
|--|--|
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

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

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

4/28/99

Date of Inspection

Roger Zhu

Inspector's Signature

N/A

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT.**

OTHERS ANNUAL FEE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|------------------------|------------------------------------|
| TIME IN: <u>9:00</u> | TIME OUT: <u>10:45</u> | AIRS ID#: <u>571176</u> |
| TYPE OF FACILITY: <u>PERC DRY CLEANER</u> | | |
| FACILITY NAME: <u>SUNSHINE CLEANERS</u> | DATE: <u>4/28/99</u> | |
| FACILITY LOCATION: <u>4814 E. BUSCH BLVD</u> <u>TAMPA, FL 33617</u> | | |
| RESPONSIBLE OFFICIAL: <u>KWANG IN KIM</u> | | PHONE NUMBER: <u>(813)985-2349</u> |

- 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 |
|----------------------------------|---|
| <u>THE ANNUAL FEE IS OVERDUE</u> | <u>THE R.O. SAID THAT HE'LL PAY THE FEE THIS WEEK</u> |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO N/A

DATE OF NEXT INSPECTION: N/A
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)272-5530

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | | | | | |
|--------------------------------------|------------------|--------------------|--------------------------------------|------------|--|
| FACILITY: Sunshine Cleaners | | | PAGE 1 OF 1 | | |
| FACILITY ADDRESS: 4814 E. Bush Blvd | | | CITY: Tampa PHONE: (813) 985-2349 | | |
| MAILING ADDRESS: Same | | CITY: Tampa | FLA | ZIP: 33617 | |
| INSPECTION DATE: Apr 28, 1999 | TIME IN: 9:00 | TIME OUT: 10:45 | INSPECTION TYPE: non-CDS | STATUS: | |
| NEDS NUMBER: 571176 | | | | | |
| SOURCE DESCRIPTION: Perc Dry Cleaner | | | | | |
| CONTACT(S): Kwang In Kim | | | | | |

I met with Mr. Kim today and told him that this facility's annual operation fee for 1998 is overdue. Mr. Kim said that he forgot to do that and he will mail out the payment this week.

| | |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Apr 28, 1999 |
|-------------------------|--------------------|

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|-----------------|------------------------------|
| TIME IN: 13:30 | TIME OUT: 15:00 | AIRS ID#: 571176 |
| TYPE OF FACILITY: PERC DRY CLEANER | | |
| FACILITY NAME: SUNSHINE CLEANERS | | DATE: 4/12/00 |
| FACILITY LOCATION: 4814 E. BUSCH BLVD TAMPA, FL 33617 | | |
| RESPONSIBLE OFFICIAL: KWANG IN KIM | | PHONE NUMBER: (813) 985-2349 |

- 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 |
|--------------------------------|---|
| | <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="margin: 5px 0;">MAY 18 2000</p> <p style="font-size: 12px; margin: 0;">Bureau of Air Monitoring & Mobile Sources</p> |
| | <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="margin: 5px 0;">MAY 8 1 2000</p> <p style="font-size: 12px; margin: 0;">Bureau of Air Monitoring & Mobile Sources</p> |

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

AIRS ID#: 571176

ALL

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUNSHINE CLEANERS DATE: 4/12/00
 FACILITY LOCATION: 4814 E. BUSH

Annual Reporting Period: Mar 10 1999 TO Apr 12 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: KWANG IN KIM [Signature] 4/12/00
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 571176 DATE: 4/12/00 TIME IN: 13:30 TIME OUT: 15:00
FACILITY NAME: SUNSHINE CLEANERS
FACILITY LOCATION: 4814 E. BUSH BLVD
TAMPA, FL 33617
RESPONSIBLE OFFICIAL: KUANG IN KIM PHONE: (813) 985-2349
CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|--|
| 1. Existing small area source <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 576 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

| | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?

| | |
|--|-------------------------------------|
| Visual examination (condensed solvent on exterior surfaces) | <input checked="" type="checkbox"/> |
| Physical detection (airflow felt through gaskets) | <input checked="" type="checkbox"/> |
| Odor (noticeable perc odor) | <input checked="" type="checkbox"/> |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input type="checkbox"/> |
| Halogen leak detector | <input type="checkbox"/> |

If using direct-reading instrumentation, is the equipment:

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

ROGER ZHU

Inspector's Name (Please Print)

4/12/00

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

| | | | | | |
|--------------------------------------|-------------------|--------------------|--------------------------------------|--------------------------|------------|
| FACILITY: Sunshine Cleaners | | | | PAGE 1 OF 1 | |
| FACILITY ADDRESS: 4814 E. Bush Blvd | | | CITY: Tampa PHONE: (813) 985-2349 | | |
| MAILING ADDRESS: Same | | CITY: Tampa | | FLA | ZIP: 33617 |
| INSPECTION DATE: Apr 12, 2000 | TIME IN: 13:30 | TIME OUT: 15:00 | INSPECTION TYPE: non-CDS | STATUS: In Compliance | |
| NEDS NUMBER: 571176 | | | | | |
| SOURCE DESCRIPTION: Perc Dry Cleaner | | | | | |
| CONTACT(S): Kwang In Kim | | | | | |

Today's visit was to conduct the annual inspection.
The machine is an existing small unit. It is clean and well maintained. I didn't notice any odors or leaks during my inspection.
The recordkeeping is in a good shape. Mr. Kim has recorded his leak inspections on a weekly basis. The perc usage was 57.6 gallons for the past 12 months according to the perc log and the purchase receipts.

| | |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Apr 12, 2000 |
|-------------------------|--------------------|

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

7000 0600 0026 4128 6501

| | | |
|---|-------------------|---|
| Postage | \$ | Postmark Here <i>in piece</i> <i>2001</i> |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Post | AIRS ID # 0571176 | |
| Recipient's | SUNSHINE CLEANERS | |
| | KWANG IN KIM | |
| Street, Apt. | 4814 E BUSCH BLVD | |
| City, State, | TAMPA FL | |
| | 33617 | |

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

AIRS ID # 0571176
 UNSHINE CLEANERS
 WANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL
 33617

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2-9

C. Signature

X

[Handwritten Signature]

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

70000600002641286501

2 Article Number (Copy from service label)

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 CLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 14 2002



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

7001 0320 0001 7976 1428

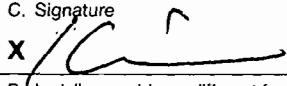
OFFICIAL USE

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | | |

AIRS ID # 0571176

Send to:
 SUNSHINE CLEANERS
 KWANG IN KIM
 Street or P.O. Box:
 4814 E BUSCH BLVD
 City:
 TAMPA FL
 33617

PS Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|----------------------------|
| <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0571176</p> <p>SUNSHINE CLEANERS KWANG IN KIM 4814 E BUSCH BLVD TAMPA FL 33617</p> | A. Received by (Please Print Clearly) | B. Date of Delivery 3-8 |
| | C. Signature X  | |
| | D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| | <p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |
| <p>7001 0320 0001 7976 1428</p> <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p> | | |

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

386346

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

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

RECEIVED
MAIL ROOM
AUG - 6 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

386344

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

*8/10/99
refund
requested*

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

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

RECEIVED
MAIL ROOM
AUG - 6 9 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

395785

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0571176
SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

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

RECEIVED
MAIL ROOM
JUN-9 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407311 MAR22 2001

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

3755
2273 *pd*

Do NOT Remove Label

AIRS ID # 0571176
SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

Bureau of Air Monitoring
& Mobile Sources

MAR 29 2001

RECEIVED

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0316520

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

Y.S. CORPORATION
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

AIRS ID# 0571176

RECEIVED
MAIL ROOM

MAY -1 98

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAY 4 1998

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

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

7001 0320 0001 7975 8541

OFFICIAL USE

| | | |
|---|-------------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| AIRS ID # 0571176 | | |
| Total Po: | SUNSHINE CLEANERS | |
| Sent To | KWANG IN KIM | |
| | 4814 E BUSCH BLVD | |
| Street, Apt. or PO Box | TAMPA FL | |
| City, State, | 33617 | |

PS Form 3800, January 2001 See Reverse for Instructions

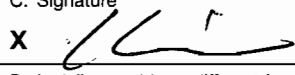
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0571176
 SUNSHINE CLEANERS
 KWANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL 33617

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|------------------------------|
| A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery |
| C. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| 4. Restricted Delivery? <i>(Extra Fee)</i> | <input type="checkbox"/> Yes |

2. Article Number (See Instructions)
 7001 0320 0001 7975 8541

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

7000 0600 0026 4125 9048

[Redacted area]

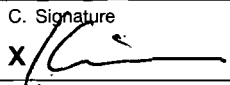
| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark
Here

AIRS ID # 0571176

Total Postage **SUNSHINE CLEANERS**
 Recipient's Name **KWANG IN KIM**
 Street, Apt. No. **4814 E BUSCH BLVD**
TAMPA FL 33617
 City, State, Zi

PS Form 3800, February 2000 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|-----------------------------------|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery 3-5 |
| | C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: SUNSHINE CLEANERS KWANG IN KIM 4814 E BUSCH BLVD TAMPA FL 33617 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4125 9048 | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes | |

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

7000 0600 0026 4126 5933

| | |
|--|--|
| | |
|--|--|

| | | |
|---|----|------------------|
| Postage | \$ | |
| Certified Fee | | Postmark Here |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| | | |

AIRS ID # 0571176

SUNSHINE CLEANERS
 KWANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL 33617

PS Form 3800, February 2000 See Reverse for Instructions

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

SENDER: COM **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.

1. Article Addressed to:

AIRS ID # 0571176

SUNSHINE CLEANERS
 KWANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL 33617

| | |
|--|-----------------------------------|
| A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery 2-9 |
| C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

3. Service Type

| | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

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

2. Article Number *(Copy from service label)*
7000 0600 0026 4126 5933

Z 333 613 702

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

AIRS ID# 0571176

Y.S. CORPORATION
 KWANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL 33617

PS Form 3800 April 1995

| | |
|---|----|
| 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 | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0571176

Y.S. CORPORATION
 KWANG IN KIM
 4814 E BUSCH BLVD
 TAMPA FL 33617

4a. Article Number

Z 333 613 702

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

[Signature]

5. Received By: (Print Name)

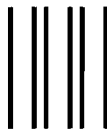
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

APR 10 1998

RECEIVED



7 210 663 160

US Postal Service
Receipt for Certified Mail

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

AIRS ID # 0571176

*3rd
2000*

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

SENDER: COMPLETE **DELIVERY INFORMATION ON DELIVERY**
Fold at line over top of envelope to

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

1 Article Addressed to:

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

7 210 663 160

2 Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

(X) Kwang In Kim

Agent
 Addressee

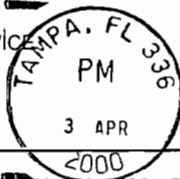
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4: Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR - 5 2000

RECEIVED



Z 210 662 459

US Postal Service
Receipt for Certified Mail

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

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Received by (Please Print Clearly) B. Date of Delivery 2/26</p> |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571176</p> <p>SUNSHINE CLEANERS KWANG IN KIM 4814 E BUSCH BLVD TAMPA FL 33617</p> | <p>C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>2. Article Number (Copy from service label) Z 210 662 459</p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p> | |

Z 333 612 983

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID 0571176

Y.S. CORPORATION
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

PS Form 3800, April 1995

| | \$ |
|---|-----------|
| 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 | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571176

Y.S. CORPORATION
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

4a. Article Number

2333 612 983

4b. Service Type

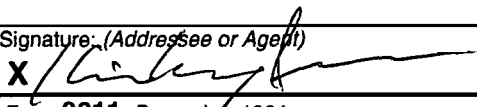
- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 512

US Postal Service
Receipt for Certified Mail

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

Fold at line over top of envelope to

SENDER: COMPLETE

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

1. Article Addressed to:

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

AIRS ID # 0571176

P 174 052 512

2. Article Number (Copy from service label)

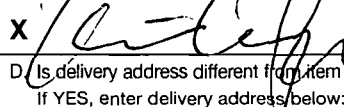
RECIPIENT SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2-14-00

C. Signature

X 

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

P 174 052 653

1999

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

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

AIRS ID # 0571176

4a. Article Number

P 174 052 653

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2/27

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 667 012

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0571176

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUNSHINE CLEANERS
KWANG IN KIM
4814 E BUSCH BLVD
TAMPA FL 33617

AIRS ID # 0571176

4a. Article Number

Z 333 667 012

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4-3-89

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kwang In Kim*

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

Thank you for using Return Receipt Service.

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

7000 1670 0013 3108 7219

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

Receipt 02

10 AIRS ID # 0571176001AG
 S: KWANG IN KIM
 S: SUNSHINE CLEANERS
 C: 4814 E BUSCH BLVD
 C: TAMPA FL
 PS: 33617

PS: See reverse for instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

10 AIRS ID # 0571176001AG
 KWANG IN KIM
 SUNSHINE CLEANERS
 4814 E BUSCH BLVD
 TAMPA FL
 33617

2 Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|--|
| A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery <i>7/29</i> |
| C. Signature <i>[Signature]</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

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

UNITED STATES POSTAL SERVICE



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

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

DAR/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 CLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
AUG 08 2006

Bureau of Air Monitoring
& Mobile Sources

