



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 2, 1998

Mr. Jeoung Gyu Shin
Magic Cleaners
2400 Southeast First Avenue
Ocala, Florida 34471

Re: Facility No.: 0830129

Dear Mr. Shin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 4, 1998.

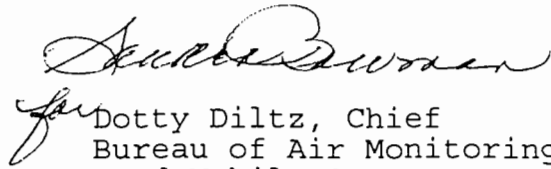
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

0830129

p 14

(b) Should not be marked. Mark out
and initial.

(c) Should be marked

p 15

4. Existing large area source R.C.
should not be marked. Mark out
and initial.

(f) Required. Should be marked.

p 16

Responsible Official sign and date
for changes

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>JEOUNG G. SHIN / Magic Dry Cleaners.</i>
2. Site Name (For example, plant name or number): <i>SAME</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>2400 S.E. 1st AVE</i> City: <i>OCALA</i> County: <i>MARION</i> Zip Code: <i>34471</i>
5. Facility Identification Number (DEP Use): <i>DB3D129</i>

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Responsible Official

FEB 4 1998

6. Name and Title of Responsible Official: <i>JEOUNG GYU SHIN / owner</i>	Bureau of Air Monitoring & Mobile Sources
7. Responsible Official Mailing Address: <i>2400 S.E. 1st AVE</i> Organization/Firm: <i>Magic Cleaners</i> Street Address: <i>2400 S.E. 1st AVE</i> City: <i>OCALA</i> County: <i>MARION</i> Zip Code: <i>34471</i>	
8. Responsible Official Telephone Number: Telephone: <i>(352) 732-4549</i> Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>JEOUNG GYU SHIN / owner</i>
10. Facility Contact Address: Street Address: <i>2400 S.E. 1st AVE</i> City: <i>OCALA</i> County: <i>MARION</i> Zip Code: <i>34471</i>
11. Facility Contact Telephone Number: Telephone: <i>(352) 732 732 4549</i> Fax: () -

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<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 Jan -85								
(1) w/ ref. condenser		0							
(2) w/ carbon adsorber		7							
(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
30

(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.

[Handwritten Signature]
Signature _____

12-27-97
Date _____

0830129

p 14

(b) Should not be marked. Mark out and initial.

(c) Should be marked

p 15

4. Existing large area source R.C. should not be marked. Mark out and initial.

(F) Required. Should be marked.

p 16

Responsible Official sign and date for changes

471

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998

Monitoring sources

34471

1. Facility Owner	JEON
2. Site Name	SAM
3. Hazardous	
4. Facility Street Address City:	
5. Facility	
6. Name	JEON
7. Responsible Organization Street Address City:	
8. Res Tel	

9. Name and Title of Facility Contact (For example, plant manager):

JEOUNG GYU SHIN / owner

10. Facility Contact Address:

Street Address: 2400 S.E. 15E. AVE. County: MARION Zip Code: 34471
City: Ocala

11. Facility Contact Telephone Number:

Telephone: (352) ~~732~~ 732 4549 Fax: ()

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MAR 05 1998

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JEOUNG G. SHIN / Magic Dry Cleaners.

2. Site Name (For example, plant name or number):
SAME

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address: 2400 S.E. 1st AVE
City: Ocala County: MARION Zip Code: 34471

5. Facility Identification Number (DEP Use):
0830129

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Responsible Official

FEB 4 1998

6. Name and Title of Responsible Official:
JEOUNG GYU SHIN / owner
Bureau of Air Monitoring & Mobile Sources

7. Responsible Official Mailing Address: 2400 S.E. 1st AVE
Organization/Firm: Magic Cleaners
Street Address: 2400 S.E. 1st AVE
City: Ocala County: MARION Zip Code: 34471

8. Responsible Official Telephone Number:
Telephone: (352) 732-4549 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
JEOUNG GYU SHIN / owner

10. Facility Contact Address:
Street Address: 2400 S.E. 1st AVE
City: Ocala County: MARION Zip Code: 34471

11. Facility Contact Telephone Number:
Telephone: (352) ~~732~~ 732 4549 Fax: () -

RECEIVED

MAR 05 1998

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed						
<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 Jan -85													
(1) w/ ref. condenser		0													
(2) w/ carbon adsorber		7													
(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
30

(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.

[Handwritten Signature]
Signature _____

12-27-97
Date _____

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JEOUNG G. SHIN / Magic Dry Cleaners.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	2400 S.E. 1st AVE	County:	MARION
City:	OCALA	Zip Code:	34471
5. Facility Identification Number (DEP Use):	0830129		

Responsible Official

6. Name and Title of Responsible Official:	JEOUNG GYU SHIN / owner		
7. Responsible Official Mailing Address:	2400 S.E. 1st AVE		
Organization/Firm:	Magic Cleaners		
Street Address:	2400 S.E. 1st AVE	County:	MARION
City:	OCALA	Zip Code:	34471
8. Responsible Official Telephone Number:			
Telephone:	(352) 732-4549	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JEOUNG GYU SHIN / owner		
10. Facility Contact Address:			
Street Address:	2400 S.E. 1st AVE	County:	MARION
City:	OCALA	Zip Code:	34471
11. Facility Contact Telephone Number:			
Telephone:	(352) 732 732-4549	Fax:	() -

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MAR 05 1998

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<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 Jan -85							
(1) w/ ref. condenser	1	Jan '95	Jan '95						
(2) w/ carbon adsorber									
(3) w/ no controls		7							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(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									

Sne

(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?

~~6080~~ gallons *30* *Don't expect to exceed 30 gallons per year.*

(b) If less than 12 months, how many? *2* 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:

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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 *see*
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan *see*

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

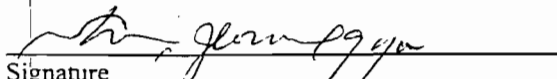
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Responsible Official Certification

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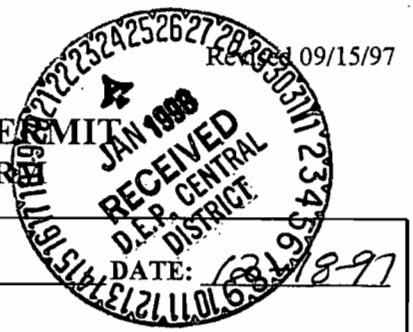
I will promptly notify the Department of any changes to the information contained in this notification.


Signature

12-27-97
Date 3-3-98

AIRS ID#: 2830129

acc ✓



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

FACILITY NAME: Magic Dry Cleaners
FACILITY LOCATION: 2400 SE. 1st AVE
Ocala, FL 34474

Annual Reporting Period: _____ 19____ TO _____ 19____

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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Bureau of Air Monitoring
& Mobile Sources

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

RESPONSIBLE OFFICIAL: *[Signature]* SHIN, JEOUNG Gyu 12-27-97
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.

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 TIME OUT: 11:50 AIRS ID#: ~~None~~ 0830129

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Magic Cleaners DATE: 3/3/98

FACILITY LOCATION: 2400 SE 1st Av.
Ocala FL 34471

RESPONSIBLE OFFICIAL: Jeangshun PHONE NUMBER: 352-732-4549

- 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

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 APR 7 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Used previous owners method of compliance, condenser added by ^{me} in 1995 - old machine
 gave calendar as option ^{mat}

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

DATE OF NEXT INSPECTION: 3/99 (Approximate)

INSPECTION CONDUCTED BY: Sandra Suresh (Please Print)

INSPECTOR'S SIGNATURE: *[Signature]* PHONE NUMBER: 407-893-3333

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

APR 7 1998
Bureau of Air Monitoring
& Mobile Sources

RECEIVED

~~100257B~~

AIRS ID#: 0830129 ~~NO ID YET~~ DATE: 3/3/98 TIME IN: 11:00 TIME OUT: 12:50
FACILITY NAME: Magic Cleaners
FACILITY LOCATION: 2400 SE 1st Av.
Ocala, FL 34471
RESPONSIBLE OFFICIAL: Jeeunga Shin PHONE: 352-732-4548
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ 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
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
(new owner)

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 30 gallons.
(doesn't buy perc often more than 30 gal/year)

1985 machine

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)

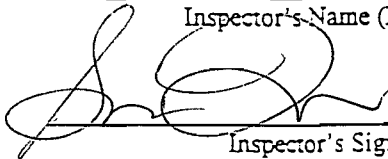
1. Maintained receipts for perc purchased? *No purchase yet* Y N N/A
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

SAADIA Pureshi

Inspector's Name (Please Print)



Inspector's Signature

3/4/98

Date of Inspection

3/11

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

VIC 1050

1985 ⇒ Condenser placed 1995

pan for machine + hazardous waste

MCF →

Old owner doing paperwork,

he taught new owner

In Compliance.

~~ordered~~ manual

TBD00873

(1)

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0830129 DATE: 12/20/96 TIME IN: 11:40 TIME OUT: 12:05 ^{TWO VISITS}
FACILITY NAME: MAGIC DRY CLEANERS ^{2:25} 2:30
FACILITY LOCATION: 2400 SE 3RD AVE
OCALA FL. 32674

PART I: NOTIFICATION

- (check appropriate box)
- 1. Existing facility notified DARM by 9/1/96 OWNER NOT IN ON 1ST VISIT
HAS TO RETURN
 - 2. New facility notified DARM 30 days prior to startup SENT APPLICATION TO
DEP, ACCORDING TO OWNER
 - 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- MACHINE MFD. IN 1988
- A.
- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91)
 - 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification Y N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Soo HANCHA

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

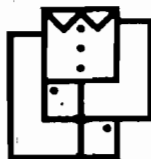
12/20/96

Date of Inspection

Louis A. Nichols

Inspector's Signature

Approximate Date of Next Inspection



Magic Dry Cleaners

2400 S.E. 3rd Avenue
 Ocala, Florida 32674
 Tel: 732-4549
 Exp. 12-31-89

**DRY CLEAN
 ADVANTAGE**

MEMBERSHIP

ADDITIONAL SITE INFORMATION:

- OWNER SOO HANCHA NOT IN. TALKED TO HIS WIFE, YOUNG CHA. PURCHASED BUSINESS 6 MONTHS AGO. NOT FLUENT IN ENGLISH.
- VIC 1050 50 LB MACH.
NO CONTAINMENT PAN - ON ORDER
- KLEEN RITE VAPOR CONDENSER
COLLECTING PERC AND WATER IN BOTTLES ON THE FLOOR
WHEN FULL, PERC BOTTLE EMPTIED INTO MACHINE.
- MECHANIC FROM GAINESVILLE FOR PROBLEMS
- STRONG PERC ODOR IN SHOP.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARM UPDATED
DATE 8-2-01
BY RE

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0830129 DATE: _____ TIME IN: _____ TIME OUT: _____
 FACILITY NAME: Magic Cleaners
 FACILITY LOCATION: 2400 SE 1st Ave (K-9,10)
Ocala, FL 34471
 RESPONSIBLE OFFICIAL: Jeuung Shin PHONE: 352-732-4545
 CONTACT NAME: _____ PHONE: _____

RECEIVED
Office 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.

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 _____ 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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

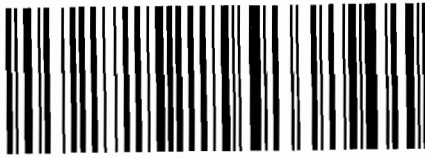
ADDITIONAL SITE INFORMATION:

[Empty rectangular box for site information]

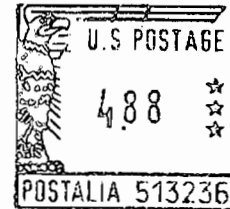
BEST AVAILABLE COPY

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9372 7350



5510

5521

RECEIVED
DEC 16 2002
Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 0830129001AG
JEOUNG GYU SHIN
MAGIC DRY CLEANERS
2400 SE 1ST AVENUE
OCALA FL 34471

MNF
NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER

462

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

7000 0520 0020 9372 7350

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

Receipt
 Postmark
 (Here)

Total Postage 10 AIRS ID # 0830129001AG

Recipient's JEOUNG GYU SHIN
Street, Apt. No. MAGIC DRY CLEANERS
 2400 SE 1ST AVENUE
City, State, Zip OCALA FL 34471

PS Form 3800, February 2000 See Reverse for Instructions

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

- 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 # 0830129001AG
 JEOUNG GYU SHIN
 MAGIC DRY CLEANERS
 2400 SE 1ST AVENUE
 OCALA FL 34471

2. Article Number (Copy from service label)
 7000 0520 0020 9372 7350

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	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? (Extra Fee) Yes

P 174 052 624

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

1799

Sent to

AIRS ID # 0830129

MAGIC DRY CLEANERS
JEOUNG GYU SHIN
2400 SE 1ST AVENUE
OCALA FL 34471

PS Form 3800 April 1995

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 the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for return address.
- 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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MAGIC DRY CLEANERS
JEOUNG GYU SHIN
2400 SE 1ST AVENUE
OCALA FL 34471

AIRS ID # 0830129

4a. Article Number

P 174 052 624

4b. Service Type

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

7. Date of Delivery

3/1/99

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.

Z 333 613 420

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0830129

MAGIC DRY CLEANERS
JEOUNG GYU SHIN
2400 SE 1ST AVENUE
OCALA FL 34471

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):

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

Consult postmaster for fee.

3. Article Addressed to:

P G CLEANERS
LENNY GREEN
1900 S. BABCOCK STREET
MELBOURNE FL 32901

AIRS ID # 0090166

4a. Article Number

Z333613422

4b. Service Type

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

7. Date of Delivery

2-13-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Jeoung Gyu Shin*

PS Form 3811, December 1994

102595-97-B-0179

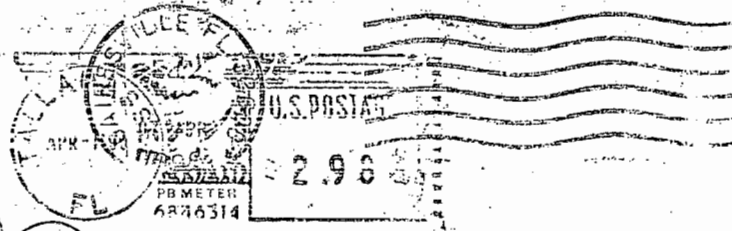
Domestic Return Receipt

Thank you for using Return Receipt Service.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

P 174 052 117



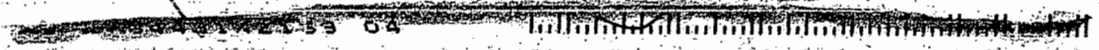
37550301000
2529 1R MS#5S10
BAMMS
JOEY ROBERTS

REASON FOR RETURN
Unclaimed Delivered
Attempted-Not known
Insufficient Address
No such street number
No such office in state
Do not reinsert in this envelope
AIRS ID #0830129

MAGIC DRY CLEANERS
JEONG GYU SHIN
2400 SE 1ST AVENUE
OCALA FL 34471

NO LONGER
HERE

AMS
CIV



BEST AVAILABLE COPY

Return Receipt for Certified Mail
PS Form 3811, December 1994

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:

MAGIC DRY CLEANERS
JEOUNG GYU SHIN
2400 SE 1ST AVENUE
OCALA FL 34471

Bureau of Air Monitoring & Mobile Sources

APR - 3 1999

RECEIVED

4a. Article Number
P174 052 117

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

10259-97-B-0179

Domestic Return Receipt

P 174 052 117

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided

1999

AIRS ID # 0830129

MAGIC DRY CLEANERS
 JEOUNG GYU SHIN
 2400 SE 1ST AVENUE
 OCALA FL 34471

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

PS Form 3800, April 1995