1170067



## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Young Sig Hwang President 436 Cleaners 1034 East Semoran Boulevard Casselberry, Florida 32707

Dear Mr. Hwang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Mr. Louis Nichols, Central District cc:

"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):							
	H. N. Y INC.							
2.	Site Name (For example, plant name or number):							
	436 Cleaners							
3.	Hazardous Waste Generator Identification Number:							
4.	Facility Location:							
	Street Address: 1034 E. Semotan Blvd							
	City: Casselberry County: Seminole Zip Code: 32707							
5.	Facility Identification Number (DEP Use): 1140067							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Young Sig Hwang president  Responsible Official Mailing Address:							
7.	Responsible Official Mailing Address:  Organization/Firm: 436 c/eanerS  Street Address: 1034 & Semoran BlVd  City: Casselberry County: Seminole Zip Code: 32707							
8.								
	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: ( ) -							
-	RECFIVE							

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Bureau of Air Monitoring & Mobile Sources

# #1170067

436 Cleaners	
p.14 1.(a) add date control device installed	
	-
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	_

#### **Facility Information**

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

			Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Mach	ina	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example	iiiic	#1		12-NOV-93	#2	08-DEC-91	Instanco	#3	02-MAR-92	
Dry-to-Dry U	nit									
(1) w/ ref	. condenser		04448-95			_		<u> </u>		
(2) w/ car	rbon adsorber		776070							
(3) w/ no	controls	<u> </u>								
Washer Unit						L				
(4) w/ ref	condenser									
(5) w/ car	bon adsorber									
(6) w/ no	controls									
Dryer Unit								<u> </u>		
(7) w/ ref	. condenser			I						
(8) w/ car	bon adsorber									
(9) w/ no	controls									
Reclaimer Un	it			<u> </u>	·			l		<u> </u>
(10) w/ re	ef. condenser									
	rbon adsorber			_					T	
	o controls									
(c) No co  2.(a) What v  (b) If less	ntrol devices are ntrol devices was the total quantitation of the following than 12 months why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	perc)	purchased in				
(Indicate v	e facility's sonwith an "X". String small are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions found nall area sour	ce [🗶	ŕ	Part II?	
->/\tag{1}				2 1 -		6 Ju Juli		1		

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<ol> <li>What control technology is required on (Indicate with an "X".)</li> </ol>	machines pursuant to se	ction (5) of Part II of this notification form?
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 to Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units ex	l steam and hot water ger	be eligible to use the general permit pursuant nerating units on-site meet the following
All steam and hot water generating units of boiler HP or less), and (2) are fired excluduring which propane or fuel oil containing	sively by natural gas exce	
All steam and hot water generating units of No such units on-site	exempt []	natural gas
Equipment Mo	onitoring and Recordke	eping Information
Check all logs which are required to be ke	ept on-site in accordance	with the requirements of this general permit:
(a) Purchase receipts and solvent purchase	es	[ <b>X</b> ]
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature m	onitoring	[_ <b>X</b> _]
(d) Carbon adsorber exhaust perc concent	ration monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		[ <b>_k</b> _]

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#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.

#### **Responsible Official Certification**

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.

&ignature Signature

Date

26- Aug- 96

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## Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 2001

Mr. Young Sig Hwang 436 Cleaners 1034 East Semoran Boulevard Casselberry, Florida 32707

Dear Mr. Hwang:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that 436 Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1170067). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

#1170067 . 436 Cleaners p.14 1.(a) add date control device installed 2. 3. 4. 6. de: 32707 8.

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

AUG 26 1996

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

#. N. Y INC.  2. Site Name (For example, plant name or number):  436 Cleanet-S  3. Hazardous Waste Generator Identification Number:  4. Facility Location: Street Address: 1034 E. Semoran Blvd City: Casselberry  County: Seminole  Zip Code: 3-707  5. Facility Identification Number (DEP Use):  Responsible Official						
2. Site Name (For example, plant name or number):  4. Hazardous Waste Generator Identification Number:  4. Facility Location: Street Address: 1034 E. Semoran Blvd City: Casselberry  County: Seminole  Zip Code: 3-707  5. Facility Identification Number (DEP Use):						
3. Hazardous Waste Generator Identification Number:  4. Facility Location: Street Address: 1034 E. Semuran Blvd City: Casselberry County: Seminule  5. Facility Identification Number (DEP Use):						
4. Facility Location: Street Address: 1034 E. S'emoran Blvd City: Casselberry  County: Seminole  Zip Code: 3-707  5. Facility Identification Number (DEP Use):						
Street Address: 1034 E. S'emoran Blvd City: Casselberry County: Seminole  Zip Code: 3-707  5. Facility Identification Number (DEP Use):						
Street Address: 1034 E. S'emoran Blvd City: Casselberry County: Seminole  Zip Code: 3-707  5. Facility Identification Number (DEP Use):						
City: Casselberry County: Seminole Zip Code: 32707  5: Facility Identification Number (DEP Use):  1170067						
5: Pacility Identification Number (DEP Use):						
1170067						
The second students of						
Responsible Official						
<u> </u>						
6. Name and Title of Responsible Official:						
Young sig Hwang president						
7. Responsible Official Mailing Address:						
Organization/Firm: 436 c/eaners Street Address: 1034 E. Semoran Blvd City:  Tin Code: 5						
City: Casselberry County: Seminole Zip Code: 32707						
8. Responsible Official Telephone Number:						
Telephone: (407) 331 - 4879 Fax: ( ) -						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
·						
10. Facility Contact Address:						
Street Address:						
City: County: Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: ( ) - Fax: ( ) -						

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Bureau of Air Monitoring & Mobile Sources

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#### **Facility Information**

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

]		Date	Date	J	Date	Date		Date	Date
•.		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93		08-DEC-91		#3	02-MAR-92	02-MAR-92
D . D . V .	-		1.0	W. 15.	. 96				
Dry-to-Dry Unit			lw/		1		1	T	,
(1) w/ ref. condenser		0444395	04-FEB-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						_	<b>,</b>	_	
(4) w/ ref. condenser									
(5) w/ carbon adsorber							<u> </u>		
(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?  [									
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) No	ew sn	nitions foun nall area sou	rce [ 🗶		Part II?	
2			• • • • • • • • • • • • • • • • • • • •		5- a		_		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of F	Part II of this notification form?			
Existing large area source  Carbon adsorber []	Refrigerated condenser				
New small area source Refrigerated condenser  [X]					
New large area source Refrigerated condenser []		·			
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating unit				
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	[X] natura	l gas			
Equipment Monitoring a	and Recordkeeping Inform	nation			
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:			
(a) Purchase receipts and solvent purchases		[ <b>X</b> ]			
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring		_ <b>X</b> _]			
(d) Carbon adsorber exhaust perc concentration mon	itoring				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan		[ <b>X</b> ]			

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#### 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)								
[ <b>-</b> K]	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 26 - 196 Date									
Young sig Hwang									
2	24/14								
	NOV 15 1996								

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#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	COVERY
	RE-INSPECTIO	и п	
AIRS 1D#:	, ,	TIME IN: /2:20 TIME	ле оит: <u>//05</u>
facility name: <u>436</u>			
FACILITY LOCATION: <u>103</u> <u>Cas</u>	14 EAST SEA	10 RAN BLVD.	
Cas	SELORANI	F 31707	
<u> </u>	successey	/ [	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARI	M by 9/1/96		×
2. New facility notified DARM 3	0 days prior to stai	tup	<b>'</b> o
3. Facility failed to notify DARM	to use general per	mit	۵
PART II: CLASSIFICATION			
Facility indicated on notification	n form that it is:		
(check appropriate box)			
<b>A.</b>	•		
1. Existing small area source	e . 🗆	2. New small area source	*
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	<b>,</b> ` `
both types, x<140 gal/yr		both types, x<140 gal/yr	
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
3. Existing large area source	e 🗆	4. New large area source	
dry-to-dry only, 140 <x<2, 100<="" td=""><td>gal/yr</td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	gal/yr	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 ga<br="">both types, 140<x<1,800 gal="" td="" y<=""><td>•</td><td>transfer only, 200<x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800></td></x<1,800></x<1,800>	•	transfer only, 200 <x<1,800 140<x<1,800="" both="" gal="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91)	1	(constructed on or after 12/9/91)	,
This is a correct facility classifica	ation	<b>¼</b> Y □N	
If no, please check the appropriate	te classification:	•	
Facilies and life a	. for a gamem! ==	mit og number shave	
	I for a general per above limits and is	mit as number above s not eligible for a general permit	
D. Who 4441 are 12 C = 11	411	tddabin abodin = 10	tahashia da alaasiaa
facility was <u>100</u> gallons.	beingiene (perc) pi	archased within the preceding 12 mont	ns by this dry clearting

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? (MUCK)	XX □N				
2. Examining the containers for leakage?	MA □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?	XA □N				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN XIN/A				
* DOESN'T STOAK PERC. MUCK FROM STILL IN SEALAD DROM W/C	ONTAINMENT.				
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?	MAN □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	YY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	YY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>M</b> Y □N				

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON .
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
TART V. RECORDREEFING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MA ON
Has the responsible official: (check appropriate boxes)	MA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	MA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	AA ON AA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	X <sub>X</sub> DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	AA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AA ON AAA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	MY ON ON/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	AY ON AY ON OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	AY ON  AY ON  OY ON  OY ON  OY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?  No LAAKS	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?  No LAAKS	

2. Which method of detection is used by	the respon	nsible offici	al?		
Visual examination (condensed	solvent or	exterior su	urfaces)	×	
Physical detection (airflow felt the	nrough ga	skets)	•	×	
Odor (noticeable perc odor)	Odor (noticeable perc odor)				
Use of direct-reading instrument	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
If using direct-reading instrum	entation,	is the equi	pment:		
a. Capable of detecting	perc vap	or concentra	ations in a range of 0-500 ppm?	$\Box Y$	□N
b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	ΠY	□и
c. Inspected for leaks a	nd obviou	ıs signs of v	vear on a weekly basis?	$\Box Y$	N□
d. Kept in a clean and	secure are	a when not	in use?	$\Box Y$	□N
e. Verified for accuracy	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□N
3. Has the facility maintained a leak log?				$\Box Y$	□N
4. Does the responsible official check the	followin	g areas for	eaks?		
Hose connections, fittings, couplings, and valves	$\not\!$	□N	Muck cookers	XY.	ПN
Door gaskets and seating	<b>%</b> Y	□N	Stills	¥ ¥ ¥ ¥ ¥	□N
Filter gaskets and seating	<b>X</b> Y	□N	Exhaust dampers	XY.	□N
Pumps	XYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	□N	Diverter valves	Y	□N
Solvent tanks and containers	$\not\!$	□N	Cartridge filter housings	Y	ПN
Water separators	$\not \models_{\rm Y}$	□N			
Name of Responsible Office	ial				

Inspector's Signature

Approximate Date of Next Inspection

All Types of Dry Cleaning Shoe Repair - Alterations - Shirt Service

> 436 **CLEANERS**

Goodings Plaza 1034 E. Semoran Blvd. Casselberry, FL 32707

(407) 331-4879

#### ADDITIONAL SITE INFORMATION:

- . 15 GAL PERC PUTIN MACHINE WHEN PILTERS ARE CHANGED - TWICE /YR. 10 GAL MAKEUP 1/2 - 2 MONTHS.

  MULTIMATIC MERCURY F 35,000 INSTALLATION.
- · CONTAINMENT PAN INSTALLED WITH MACHINE.
- · FILTERS DRAINED IN HOUSING , THEN PUT IN SEALED WASTE PICKED UP MONTHLY.
- · AUTOMATIC W/MANUAL ONERIDE, CLOSED LOOP

QC V

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170067

H.N.Y. INC
YOUNG SIG HWANG
1034 E SEMORAN BLVD
CASSELBERRY FL 32707

Bureau of Air Monitoring

FFR 2 7 (SOM

#### Do NOT Remove Label

	Do NOT Remove	Label		04
Annual Reporting Period: Jan 1	st 19 <u>47</u>	то	= 31st	19_ <i>57</i> _
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			-	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been in continuous	compliance during t	he reporting pe	eriod 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	t that has not been in continuous of	compliance during t	he reporting pe	eriod 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, has	ed on information and helief forme	d after reasonable in	uiry that the st	atements made in this

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: Young Sig Hwang g J / L Teb/3
Name (Please Print)

Signature

Date

<sup>\*</sup>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.

IN ARIUS.

facility was 100 gallons.

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: 117067 DA	• •	_ TIME IN	1: <u>                                    </u>	11:50
FACILITY NAME: 4.36				
FACILITY LOCATION:				
	poodings 1	Data	Casselberry F	2, 3270
RESPONSIBLE OFFICIAL :	Young Hw	ang	PHONE: (407)331-48	779
CONTACT NAME:	Sano		PHONE: Same	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30	days prior to startup	•	•	
2. Facility failed to notify DARM t	o use general permit			ο.
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of business/pe	etroleum
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)	dry-te trans both	fer only, $x < types$ , $x < 1$	x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	O gal/yr dry-t gal/yr trans /yr both	fer only, 20 types, 140 <	rea source $\square$ 140 $\le$ x $\le$ 2,100 gal/yr $0 \le$ x $\le$ 1,800 gal/yr $\le$ x $\le$ 1,800 gal/yr or after 12/9/91)	·
5. This is a correct facility class	rification 😾	□и	□Can not determine	
	micadon	GIV.	Can not determine	

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

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) אם עם צ 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN ENVA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MOVA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XX ON ON/A condenser upon opening the door?

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

ON ON/A

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ЦY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩИ	□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?	ΠY	ΠИ	□N/A
ļ	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ΩИ	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Πи	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	AN ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SKIA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ANIA
6. Maintained startup/shutdown/malfunction plan?	MD XX
7. Maintained deviation reports?	DY ON MINA
Problem corrected?	OY ON XVIA
8. Maintained compliance plan, if applicable?	אואס אם אם

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DNA DY DN DN/A Muck cookers couplings, and valves DY ON ON/A Door gaskets and seating Stills ΦY ON ON/A DY DN DN/A DN DN/A Exhaust dampers Filter gaskets and seating DY ON ONA Diverter valves DY DN DN/A Pumps DY ON ONA Cartridge filter housings DY DN DN/A Solvent tanks and containers DY DN DN/A Water separators 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 QN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use UY UN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? UA UN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Signature

Approximate Date of Next Inspection

١		SITE INFORMATION
ı	LAMMUTTONAL	SILL INCLIDIO A LILLIN
t	IADDILIONAL	JULE INFORMATION

multimatic mercing

Muck 15 gal/mth

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

1/	

Revised 10/96

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11.15 = TIME OUT: 11.50	AIRS ID#: /170067
TYPE OF FACILITY: Dey Chaning	
FACILITY NAME: 436 Clearers	DATE:
FACILITY LOCATION: 1034 E. Semoran	Blud:
Lusselhemy EL. D27	0+
RESPONSIBLE OFFICIAL: Young Hwang	PHONE NUMBER: 407 - 331 -4879
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	,
COMMENTS: Coul récord keeping	
The Annual Compliance Certification form has been properly certification.  DATE OF NEXT INSPECTION: (Ap. (Ap. (Ap. (Ap. (Ap. (Ap. (Ap. (Ap.	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: SARRA (	VILLESHY ease Print)
INSPECTOR'S SIGNATURE	PHONE NUMBER: 47-331, 4879.

Page\_\_\_of\_\_\_.

AIRS ID#:		
,	1100067	

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	436 cleo	mers Semoran	10.1	DATE:	19/20/98
FACILITY LOCATION:	1034 E.	Semoran	Blud		
Ca	sselberry	FL 32	707		
Annual Reporting Period:	Nou.	1997	то(	<u>р</u> ст. 2	LO 1999
Based on each term or condition	of the Title V genera	ıl air permit, my facilit,	has remained in comp	pliance with DE	P Rule
62-213.300, Florida Administrati	ive Code (F.A.C.), di	uring the period covered	i by this statement. 🛭 🎗	YES	ОиП
If NO, complete the following:	. •				
#1. Term or condition of the gen	neral permit that has	not been in continuous	compliance during the	reporting perio	d stated above:
					P
Exact period of non-compliance:	from		to .		R
Exact period of non-compnance.				- BL L	
Action(s) taken to achieve compl	liance:	· · · · · · · · · · · · · · · · · · ·		4 6 0	
Method used to demonstrate com	npliance:			NO P	N
#2. Term or condition of the gen	neral permit that has	not been in continuous	compliance during the	e reporting the	od stated above:
Exact period of non-compliance	: from		to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate con	npliance:	<del></del> .			
As the responsible official, I her made in this notification are tru upon purchase receipts, does no combination facilities.	e, accurate and com ot exceed 2,100 gallo	plete. Further, my anni ns per year for dry-to d	ual consumption of per	rchloroe!hylene	solvent, based
RESPONSIBLE OFFICIAL:	Young Name (Plea	se 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.

Page .	of		_
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#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	SI ECTION C	HECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	'
II '	•		in: <u>                                     </u>	
FACILITY NAME:	436 CIC	aners		
			nole BWd.	
	Casselber	ry FL.	32707	
RESPONSIBLE OFFICIAL	: Young Hw	ana	_phone: <u>407-3</u> 5	31-4879
CONTACT NAME:			PHONE:	<b>)</b>
				<u>^</u>
PART 1: NOTIFICATION			E. B	<del>C</del>
(check appropriate box)	<del></del>		200	
New facility notified DARM	1 30 days prior to startu	p	Modific O.	6
2. Facility failed to notify DAI	•		Sour	
<del></del>	<del></del>			<del></del>
PART II: CLASSIFICATIO	N		90-	
Facility indicated on notificat	ion form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of business.	/petroleum
A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr d	ransfer only, x oth types, x <	x, x < 140 gal/yr < 200 gal/yr 140 gal/yr	995
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	2,100 gal/yr d 00 gal/yr ti gal/yr b	ransfer only, 2 oth types, 140	area source $y, 140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	
5. This is a correct facility c	lassification C	N PY	□Can not determine	
If no, please check the				

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

facility exceeds above limits and is not eligible for a general permit

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

### PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A cendenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the mackine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	ЦY	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\Box$ Y	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	'QY ON		
2. Maintained rolling monthly total of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A		
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	101Y ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OWA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A		
6. Maintained startup/shutdown/malfunction plan?	12Y ON		
7. Maintained deviation reports?	YOY ON ON/A		
Problem corrected?	OY ON DON/A		
8. Maintained compliance plan, if applicable?	ON ON/A		

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\Box$ Y $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers OY ON ON/A couplings, and valves DY DN DN/A Stills DY DN DN/A Door gaskets and seating DY DN DN/A OY ON ON/A Filter gaskets and seating Exhaust dampers DY DN DN/A Pumps QY QN QN/A Diverter valves Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN/A Water separators DY DN DN/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? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Inspector's Name (Please Print) Date of Inspection Inspector's Signature

#### ADDITIONAL SITE INFORMATION:

- has manual for machine no, no problems

respont whardors thems

not calendar for logs

ver calendar for condensate neces

recyling system for condensate neces

has pure for drums

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:45 TIME OUT: 12:3	O AIRS ID#: 170067
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: 436 CREARERS	DATE: 0/20/98
FACILITY LOCATION: 1034 & SEMOTO	
Casselberry Ir	32707
RESPONSIBLE OFFICIAL: Young thrang	PHONE NUMBER: (407) 331-4879
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	PK
	MOV O 3 1440  Bureau of Air Monitoring & Module Sources
	FOUNCES IN SOURCES
	; ;
COMMENTS: LEEPS good record Keepv	ng IN COMPLIANCE
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/99	pproximate)
INSPECTION CONDUCTED BY: SAADIA	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>893-3333</u>
Page	of Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	ויבבייותטקט
DATE	10-14-99
	OP
BY	RC
D 1	

TVPE	UL	TNCDE	CTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1170067 DATE: 10-14-99	имер: 4195 же очт: 4146
FACILITY NAME: 436 C/Caners	Mobilety Box
FACILITY LOCATION: 1034 East Semoran	8/vd, Soly 7/10
Cassel Serry, FL	32707 7
RESPONSIBLE OFFICIAL: Young Huang	
CONTACT NAME:	PHONE:

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 < 1'40 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification	✓Y □N □Can not determine	
, ,	cation: neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	archased within the preceding 12 months by this dry cleaning	

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ANA DY ON DINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AVAC NO Y least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **X**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) AZY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ANO NO A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated AY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the EY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם צ**בי** verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	Pr □N		
2. Maintained rolling monthly averages of perc consumption?	ØY □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	A'NO NO YA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON EX/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BOXVA		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>A</b> N/A		
6. Maintained startup/shutdown/malfunction plan?	<b>A</b> Y □N		
7. Maintained deviation reports?	- <b>P</b> Y □N □N/A		
Problem corrected?	OY ON ₺NA		
S. Maintained compliance plan, if applicable?	DY DN DX/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?		ØY □N	
2.	2. Has the facility maintained a leak log?		р <del>у</del> ои	
3.	3. Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves	Muck cookers	אירם עם אל	
	Door gaskets and seating XY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	Exhaust dampers	ØTY □N □N/A	
	Pumps SY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers AY ON ON/A	Cartridge filter housings	אוחם אם צאל	
	Water separators PY ON ON/A	·		
4.	4. Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces	)	<b>*</b> 5	
Physical detection (airflow felt through gaskets)			X	
	Odor (noticeable perc odor)		<b>À</b> E	
	Use of direct-reading instrumentation (FID/PID/calorimetric	c tubes)	ם ַ	
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipr	nent:	□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>			מם עם	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY DN	
d. Kept in a clean and secure area when not in use?			DY DN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
	·			

Inspector's Name (Please Print)	10-
Inspector's Name (Please Print)	
Paul Col	10-
Inspector's Signature	Арргох

14 -99 Date of Inspection

- 2000 ximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
•		
	•	
	·	
· · · · · · · · · · · · · · · · · · ·		
·	•	

AIRS ID#:	 11	00	62	

Revised 09/15/97

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

FACILITY NAME: 436 Cleaners		DAT	TE: 16-14-99
FACILITY LOCATION: 1034 E, Sem	ioran Blud,		
Lass elberry F	2. 32707		
Annual Reporting Period: October	19 <u><b>44</b></u> TO	October	19 <u>94</u>
Based on each term or condition of the Title V general ai 62-213.300, Florida Administrative Code (F.A.C.), durin		<u></u>	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not	been in continuous complia	ance during the reporting p	eriod 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	t been in continuous compli	ance during the reporting p	eriod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u> </u>
Method used to demonstrate compliance:		·	
As the responsible official, I hereby certify, based on infinade in this notification are true, accurate and complete upon purchase receipts, does not exceed 2,100 gallons promotion facilities.  RESPONSIBLE OFFICIAL:  Name (Please P.	ne. Further, my annual cons	sumption of perchloroethyle	ene solvent, based

Page \_\_\_\_ of \_\_\_\_.

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9!16	TIME OUT: 9:45		0067
TYPE OF FACILITY: $\rho_{f}$		<del> </del>	
	Cleaners	DA	TE:
	034 & E. Semoran Bl.		
	asselberry, FL 3270		
RESPONSIBLE OFFICIAL:_	Young Hwang	PHONE NUMBER:_ <u>/4/</u> 0	7) 331-4819
<b>y_</b> `	of the compliance requirements evaluate Rule 62-213.300, Florida Administr	ated during this inspection, the facility is ative Code (F.A.C.).	found to be in
Based on the results of discrepancies were no	•	ated during this inspection, the following	g compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTION	REQUIRED
·			
	·		
		,	
COMMENTS:			
In Com	pliance		
The Annual Compliance Certif	fication form has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	10 2000	•	
INSPECTION CONDUCTE	DBY: Randall C	proximate) UNNINGHAM	
INSPECTOR'S SIGNATUR	. h /1/1/	ease Print) PHONE NUMBER: 4	<u>'07) 893-333</u>
	Page	_of	Revised 10/96

RO	CHLOROETHYLEN	NE D	RY CLEANERS	ARMS	S UPDATE
	TITLE V GENERA COMPLIANCE INSPECT			DATE	10-9-06
:	ANNUAL (INS1, INS2)	M	COMPLAINT/DISCOVERY	8Y   (€I)=□	RE

<b>,</b>	ISI, INS2) COMPLAINT/DISCOVERY (@I)
FACILITY NAME: 436 Clean	
· Lasselberr	+ Semoran Blvd. (S.R. 436) Y, FL 32707 Yang PHONE: 407-331-4879
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to st  2. Facility failed to notify DARM to use general p	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source  dry-to-dry only, x < 140 gal/yr  transfer only, x < 200 gal/yr  both types, x < 140 gal/yr  (constructed on or after 12/9/91)  4. New large area source  dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )

If no, please check the appropriate classification:

5. This is a correct facility classification

facility qualified for a general permit as number \_\_\_\_\_ above 

facility exceeds above limits and is not eligible for a general permit

☐Can not determine

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was **5%.** 5 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □Y □N **54**N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at TY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ANIA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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) MY ON. 1. Equipped all machines with the appropriate vent controls? AL ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **МО. М** verifying that the coolant had been completely charged?

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ 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?	ΟY	ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	DИ	□N/A.

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	deny on
2. Maintained rolling monthly total of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ZÍN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZÍN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZIN/A
6. Maintained startup/shutdown/malfunction plan?	<b>DPY</b> ON
7. Maintained deviation reports?	OY ON ZON/A
Problem corrected?	OY ON ZÍN/A
8. Maintained compliance plan, if applicable?	OY ON ZÍN/A

_				
PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	a weekly (for small source	es, bi-weekly) leak detection	and repair
	inspection?			EY ON
2.	Has the facility maintained a leak log?	•		dy on
3.	Does the responsible official check the	e following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	Y ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	S DY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	es)	<u>A</u>
	Physical detection (airflow felt the	hrough gaskets)		<b>∕</b> □ .
	Odor (noticeable perc odor)	•		<i>y</i>
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	´o
	Halogen leak detector			
	If using direct-reading instr	rumentation, is the equip	oment:	N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a : (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	· 🗆 Y - 🗆 N
	d. Kept in a clean and s	secure area when not in us	e?	OY ON

Inspector's Signature

Date of Inspection

W-2001

Approximate Date of Next Inspection

 $\Box$ Y  $\Box$ N

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

AIR'S ID#: 170067



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 436 C/CUNTIS		DATE:	10-9-00
FACILITY LOCATION: 1034 E Semal	an Blud.		
Casselberry, Fu			
<u> </u>			
Annual Reporting Period:		October	20 <u>00</u>
Based on each term or condition of the Title V general air permit,	my facility has remained	I in compliance with DEP	Rule
62-213.300, Florida Administrative Code (F.A.C.), during the per	iod covered by this stater	nent. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in c	ontinuous compliance du	aring the reporting period	stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		<del> </del>	
#2. Term or condition of the general permit that has not been in c	antinuaus samplianse du	wing the weaportine meried	totod above:
#2. Term of condition of the general permit that has not been in c	ontinuous compitance du	ining the reporting period	stated above.
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:	•		
		,	2012
As the responsible official, I hereby certify, based on information in this notification are true, accurate and complete. Further, my apurchase receipts, does not exceed 2,100 gallons per year for dry combination facilities.	annual consumption of pe	erchloroethylene solvent, l	based upon
RESPONSIBLE OFFICIAL: YOUNG S. HW. Name (Please Print)	ang 3	gnature Date	x 9 2m

<sup>\*</sup>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 Z	COM	IPLAINT/DI	SCOVERY [	] RE	-INSPECTION	
TIME IN:	TIME OUT:	1:30		AIRS ID#:	11700	67	
TYPE OF FACILITY: Dry	Clean	·					
FACILITY NAME: 436	Cleaners			<del></del>	DATE	10-9-00	<u>/</u>
FACILITY LOCATION: 10,	34 E, Semo	Kan Bl	vd.				
	ssel berry, F	L3270	7				
RESPONSIBLE OFFICIAL:	Young Hwa	ng		PHONE NUM	BER:_ <i>(41</i> 7	) 331-4	879
Based on the results of compliance with DEP R					e facility is fo	und to be in	
Based on the results of the discrepancies were note		ements evalua	ted during th	nis inspection, th	e following co	ompliance	
COMPLIANCE REQU	JIREMENT/PRO	OBLEM	FOI	LOW-UP A	CTION RE	QUIRED	
							· · · · · · · · · · · · · · · · · · ·
						· -	
-							
:							
·					•		
			<del></del>				
COMMENTS:							
		7					
-4nC	onp	lian	10				
The Annual Compliance Certification	ation form has been p	roperly certifi	ed and subm	itted to the inspe	ector. Y	ES NO	7
DATE OF NEXT INSPECTION	1	es 1					•
INSPECTION CONDUCTED	P	Aull Aull	conimate)	Mash	un -		<del></del> -
INSPECTOR'S SIGNATURE:	MAD	ll (Ple	ase Print)	PHONE NUME	BER: 40	7-693	- 3333
	U -,U	Page /	of /			Revise	d 10/96

SENDE	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	C. Signature  Agent  Address  D. Is delivery address different from item 1?
10 AIRS ID # 117006700 IAG YOUNG SIG HWANG 436 CLEANERS 1034 E SEMORAN BLVD	If YES, enter delivery address below:
CASSELBERRY FL 32707	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Re	tun Bushi
Domestic He	102595-99-M-178
· · · · · · · · · · · · · · · · · · ·	
Z 570 PP9	2 916
US Postal Service  Receipt for Certific No Insurance Coverage Prov	ed Mail vided.
10 AIRS ID # 1 YOUNG SIG HWANG 436 CLEANERS 1034 E SEMORAN BLVD CASSELBERRY FL 32707	170067001AG
Postage \$	

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

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Ratum Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	1. Addressee's Addres  2. Restricted Delivery		
RN ADDRESS completed of	AIRS ID 1170067  H.N.Y. JINC YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707	4b. Service 7 Registere Express I Retum Re	Type ad Mail peipt for Merchandise elivery  (44,47)	Con lusing Return of wow
Is your RETUE	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressed and fee is	o's Address (Only paid)  Domestic Ret	Thai

### Z 333 613 285 US'Postal Service Receipt for Certified Mail AIRS ID 1170067 H.N.Y. INC YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707 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 PS Form **3800**, TOTAL Postage & Fees Postmark or Date

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259375

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

RECEIVED MAIL ROOM

JAN 30 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 1170067

H.N.Y. INC YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302939

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** 

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FEB 18 98

Do NOT Remove Label

AIRS ID#1170067

H.N.Y. INC YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273 0

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359129

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

RECEIVED 1AIL ROOM FEB - 2 99

**TOTAL AMOUNT DUE: \$50.00** 

AIRS ID # 1170067

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436 CLEANERS YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391457

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 1170067

436 CLEANERS YOUNG SIG HWANG 1034 E SEMORAN BLVD CASSELBERRY FL 32707 RECEIVED MAIL ROOM JAN 25 00

FOR GOVERNMENT USE ONLY

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

Obj.: 002273