

Department of Environmental Protection

0112220

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

Virginia B. Wetherell Secretary

September 9, 1996

Mr. Kin Moy Vice President Coral Springs Dry Cleaners 9215 West Sample Road Coral Springs, Florida 33065

Dear Mr. Moy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

cc: Mr. Robert Wong, Broward County

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

Printed on recycled paper.



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 July 9, 2001

David B. Struhs Secretary

Mr. Kin Moy Coral Springs Dry Cleaners 9215 West Sample Road Coral Springs, Florida 33065

Dear Mr. Moy:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 5.

In reviewing your submittal, it was noted that Coral Springs Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0112220). 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 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

CORAL SPRINGS DRY CLEANERS

*Front page needs Organization/Firm
name in #7,

#1(c) - remove check

#3 - should be classified as a "new small" source.

#5(f) - need to maintain SSM plan ->

I spoke to Kin Moy on 8/22/96 f

he said he has the manufacturers

manual on-site. He said he

has a "generation" 4" machine.

Erm Prehand

#1(a) - no control device installation date given because machine was purchased with them already installed.

DISTRICT ROUTING SLIP

TO:_		DATE:	
	·		C.C.
	PENSACOLA	Northwest District	
	PANAMA CITY	Northwest District Branch Office	
	TALLAHASSEE	Northwest District Branch Office	
	TAMPA	Southwest District	
	ORLANDO	Central Florida District	
	MELBOURNE	Central Florida District Branch Office	
	JACKSONVILLE	Northeast District	
	GAINESVILLE	Northeast District Branch Office	
	FORT MYERS	South Florida District	
	PUNTA GORDA	South Florida District Branch Office	
	MARATHON	South Florida District Branch Office	
	WEST PALM BEACH	Southeast Florida District	
-	PORT ST. LUCIE	Southeast Florida District Branch Office	
	aly Optional But Due:	Reply Required	
CON	MMENTS:	· .	
	•		
		·	
	<u> </u>		
FRO) M .	TFI ·	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Moy + Co. INC.
2.	Site Name (For example, plant name or number):
	CORAL SPRINGS DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982 168 437
4.	Facility Location:
	Street Address: 9215 W. SAMPLE ROAD City: CORAL SPRINGS County: BROWARD Zip Code: 33065
	Coral Springs County, Browner Zip cour. 3 7003
5.	Facility Identification Number (DEP Use): $01/2220$
	Responsible Official
6.	Name and Title of Responsible Official:
	KIN MOY VICE PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 3575 BROKEN WOODS DR. 4901
	City: CORAL SPRINGS County: BROWARD Zip Code: 33065
8.	Responsible Official Telephone Number:
	Telephone: (954) 75-2 - 5780 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
	Street Address: City: County: Zip Code:
	Sign South
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 1 9 1996

Facility Information

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

Initially Device Initially Device Initially Device Initially Device Initially Device Installed ID Purchased ID Purcha			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Purchased ID P			Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92			Initially	Device		Initially	Device		Initially	Device
Dry-to-Dry Unit R=FeigeRATE> H=AT POMP C L 03E3 Loop (1) w' ref. condenser V 26-h-16-9.95 (2) w' carbon adsorber V (3) w' no controls (4) w' ref. condenser (5) w' carbon adsorber (6) w' no controls (7) w' ref. condenser (8) w' carbon adsorber (9) w' no controls (10) w' ref. condenser (11) w' ref. condenser (12) w' no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (a) W hat was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
(1) w/ ref. condenser 26-ft 5-9f	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (15)	Dry-to-Dry Unit	Rē	FRIGERATI	ED HEAT P	um P	CLOSED	Loop		ē.	
(2) w/ carbon adsorber (2)	(1) w/ ref. condenser	1	26-AUG-95	1						
Washer Unit (4) w/ rcf. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ rcf. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ rcf. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ rcf. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ controls (14) w/ carbon adsorber (15) w/ no controls (15) w/ no controls (16) w/ rcf. condenser (17) w/ carbon adsorber (18) w/ controls (19) w/ control devices are required, but not yet installed	1, ,	V		ł						
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit										
S) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls Dryer Unit (10) w/ ref. condenser (12) w/ no controls Dryer Unit Dryer Un	Washer Unit		_				_ ·			
Column C										
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (12) w/ no controls (15) w/ no controls (16) Control devices are required, but not yet installed	(5) w/ carbon adsorber									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (10) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (15) w/ carbon adsorber (12) w/ carbon adsorber (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber	(6) w/ no controls									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit	Dryer Unit									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber (10) w/c										
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	I' '	l.	T							
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no control devices are required, but not yet installed	(9) w/ no controls									
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed			A TOTAL							
(b) Control devices are required, but not yet installed										
(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? [94.4] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)										
(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? [(12) w/ no controls									
(Indicate with an "X". Select one classification only.)	(c) No control devices are required to be installed [X] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [94.4] gallons									
Existing small area source New small area source Salarian New small area source New small area source	(Indicate with an "X". Existing small ar	Selec ea so	et one classifi	cation only.) Ne	ew sm	nall area sou	rce [3) of 	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ines pursuant to section (3) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser [\(\frac{\frac{1}{2}}{2} \)	
New large area source Refrigerated condenser []	
	÷ .
5. A facility which contains non-exempt emissi	ons units shall not be eligible to use the general permit pursuant
	and hot water generating units on-site meet the following
	(1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitori	ng 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 monitori	ng [X]
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
,	

BEST AVAILABLE COPY

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN AL 📆 COM	IPLAINT/DISCOV: RE-INSPECTION
TIME IN: 3:00 TIME OUT: 4:00 TYPE OF FACILITY: Pry Cleaners / Laune FACILITY NAME: Core! Springs Dry FACILITY LOCATION: 9215 W. Sample	AIRS 1D#: 01/2220
TYPE OF FACILITY: Pry Cleaners / Launa	dry
ACILITY NAME: Corel Springs Dry	Cleaners DATE: 3-25-97
FACILITY LOCATION: 9215 W. Sample	Cood Corol Springs FL -3 7065
RESPONSIBLE OFFICIAL: owners wife	PHON'E NUMBER: 752 - 5780
Based on the results of the compliance requirements evaluate	
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
1 0 1 · · · · · · · · · · · · · · · · ·	
Secondary Containment	Spesk to Owner
•	
The Secondary Containment is Proper	and approved
,	
	_
	·
·	
COMMENTS:	
	•
•	
The Annual Compliance Certification form has been properly certif	Tied and submitted to the inspector. YES NO
OATE OF NEXT INSPECTION: TBA	pproximate)
NSPECTION CONDUCTED BY: Bob Thomas	·
(D)	lease Print)
(r)	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT - COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUARE-INS	AL PECTION		COMPLAINT/DISCO	VERY	
AIRS ID#: Oll2220 DATE: S FACILITY NAME: Cors S FACILITY LOCATION: 9215	1/25/97 Springs W S	_ TIME: Dry mple	N: 3:00 TIMI Cleaners Road Coral	5ρ,λης	:00 ; Fl:
				33	0 65
PART I: NOTIFICATION	 				
(check appropriate box)					
1. Existing facility notified DARM by 9/1	/96				\not
2. New facility notified DARM 30 days pr	rior to startup				.' 2
3. Facility failed to notify DARM to use g	eneral permit				
PART II: CLASSIFICATION Facility indicated on notification form t	hat it is:				
(check appropriate box)	-				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dı tr bo	ry-to-dry onl ansfer only, oth types, x<	area source y, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>d tı b</td><td>ry-to-dry on ransfer only, oth types, 14</td><td>e area source ly, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	d tı b	ry-to-dry on ransfer only, oth types, 14	e area source ly, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	C	אם עב			
If no, please check the appropriate classi	fication:				
facility qualified for a g					
B. The total quantity of perchloroethyler facility was 944 gallons.	ne (perc) purc	chased withi	n the preceding 12 mont	hs by this d	ry 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? ■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? PY DN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN MN/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 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? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated @Y ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? MA DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? й Х 🗆 И

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258550

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# 0112220

KIN MOY 3575 BROKEN WOODS DRIVE # 901 CORAL SPRINGS FL 33065 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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?	□Ү □И
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	□Ү □И
5. Equipped transfer machines (drycrs, 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
DADT II. DECODDEEDING DECIMPENTE	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	2 Y □N
Has the responsible official: (check appropriate boxes)	ÐY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
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:	₽ Y □N
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	ØY 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?	ØY 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)	<pre>DY ON DY ON DY ON NY ON ON/A</pre>
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?	<pre>DY ON DY ON DY ON ON/A DY ON</pre>
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?	<pre>DY ON MY ON MY ON ON/A MY ON MY ON MY ON</pre>
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?	OY ON OY ON OY 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? **Gor 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? 8. Maintained compliance plan, if applicable?	PY ON PY ON PY ON ON/A PY ON PY ON PY ON PY ON PY 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? Problem corrected?	PY ON PY ON PY ON ON/A PY ON PY ON PY ON PY ON PY ON

Which method of detection is used by the responsible official?								
Visual examination (conclused solvent on exterior surfaces)								
Physical de								
Odor (notic								
Use of direc	2							
If using dir	If using direct-reading instrumentation, is the equipment:							
a.	Capable of detecting pe	erc vapor	concentrations in	a range of 0-500 ppm?	DY D	N		
b.	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
c.	Inspected for leaks and	obvious	signs of wear on a	a weekly basis?		И		
d.	Kept in a clean and sec	сиге агеа	when not in use?		OY ON			
e.	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							
3. Has the facility r	naintained a leak log?				OY O	N		
4. Does the respons	sible official check the f	ollowing	areas for leaks?					
	ections, fittings, s, and valves	@ Y	ИП	Muck cookers	ĐΥ	ПИ		
Door gask	ets and seating	₩Y	□и	Stills	≅ Y	ПИ		
Filter gask	Filter gaskets and seating				2 Y	□И		
Pumps	Pumps					ПΝ		
Solvent ta	nks and containers	₽ Y	ПИ	Cartridge filter housings	a Y	□И		
Water sep	arators	■Y	ПИ					
Wai Ling	Moy							

Wai Ling Moy	
Name of Responsible Official	· .
Bob Romas	3-25-97
Inspector's Name (Please Print)	Date of Inspection
- Bonn	TBA_
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORM * TION:			· <u></u>	
		4		
			•	
	·			
•				
,				
·				
·		·		
			•	
	•			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MOY & CO INC
KIN MOY
3575 BROKEN WOODS DRIVE
CORAL SPRINGS FL 33065

Do NOT Remove Label

Annual Reporting Period:	19_98 то	19 <u>99</u>
	general air permit, my facility has remained in complian a.C.), during the period covered by this statement.	_
If NO, complete the following:		
#1. Term or condition of the general permit th	nat has not been in continuous compliance during the repo	orting period stated above:
	RECEIVED	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	JAN 2 2 1998	CEP 120
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources	(ED) 0014 93
#2. Term or condition of the general permit th	nat has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	-	· ·
Method used to demonstrate compliance:		
	· .	
notification are true, accurate and complete. Furt	on information and belief formed after reasonable inquiry, the ther, my annual consumption of perchloroethylene solvent, be try facilities or 1,800 gallons per year for transfer or combina	ased upon purchase receipts,
RESPONSIBLE OFFICIAL: Name	Please Print) Signature	1/17/98 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.

Revised 10/10/96

BEST AVAILABLE COPY DRY CLE. VER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

01/2220

FACILITY NAME: <u>Cord</u>	West Sump	le Rosd Co	rul Syrings	33065
Annual Reporting Period:	Much	1996 то	March	1997
Based on each term or condition of the S2-213.300, Florida Administrative (
f NO, complete the following:				
1. Term or condition of the general	permit that has not been	in continuous compliar	nce during the repor	ting period stated above:
Exact period of non-compliance: from	m		to	
				,
•				
Action(s) taken to achieve complianc	e:			
Action(s) taken to achieve compliance Method used to demonstrate compliance. 2. Term or condition of the general	nce: permit that has not been	in continuous complia	nce during the repor	ting period stated above:
Action(s) taken to achieve complianc	permit that has not been	in continuous complia	nce during the repor	
Action(s) taken to achieve compliance Method used to demonstrate compliance #2. Term or condition of the general Exact period of non-compliance: fro	permit that has not been m ee:	in continuous complia	nce during the reporto	CEIVED
Action(s) taken to achieve compliance Method used to demonstrate compliance: #2. Term or condition of the general Exact period of non-compliance: fro Action(s) taken to achieve compliance	permit that has not been m ce: certify, based on informat curate and complete. Fur ceipts, does not exceed 2,	in continuous compliant	REC Bureau & N after reasonable inquaption of perchloro	of Air Monitoring Mobile Sources wiry, that the statements ethylene solvent, based

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 ____.

BEST AVAILABLE COPY

0112220 Della

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cory) S,	Prings - Dry	Cleaners	n	ATE: 3-10-98
FACILITY LOCATION: 9215	West Son	ple Road	T <u>P</u>	, C
Cors/ Sp	0,1-95 f	7 3306	S & BE	PR C
	·		O F	0 4
Annual Reporting Period:	<u> </u>	19 <u>9</u> 7 то _	March	8 9 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.			~~	rith BEP Rule
If NO, complete the following:	ï			
#1. Term or condition of the general permit	that has not been in	continuous complian	ce during the reportin	g 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 complian	ce during the reportin	g period stated above:
Exact period of non-compliance: from)	. 1
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities.	nd complete. Furth 10 gallons per year ,	er, my annual consun	uption of perchloroeth	iylene solvent, based
RESPONSIBLE OFFICIAL: LIN	Moy le (Please Print)	Cin	Signature of	3/10/78 Date
	·			

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Corel Springs Pry Cledaels FACILITY LOCATION: 9215 W. Sample Road (820) Annual Reporting Period: March 25 1996 TO Mar Based on each term or condition of the Title V general air permit, my facility has remained in cor 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.		3-25-97 33065
Annual Reporting Period: Morch 25 1996 TO Morch Based on each term or condition of the Title V general air permit, my facility has remained in conditions.		
Annual Reporting Period: Morch 25 1996 TO Morch Based on each term or condition of the Title V general air permit, my facility has remained in condition		
Based on each term or condition of the Title V general air permit, my facility has remained in condition	L 25	19 78
Based on each term or condition of the Title V general air permit, my facility has remained in con	L 25	19 <i>78</i>
- · · · · · · · · · · · · · · · · · · ·		
	<u>م</u>	P Rule
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuous compliance during the	he reporting perio	od stated above:
		•
Exact period of non-compliance: from		السمع .
Action(s) taken to achieve compliance:	ICT 2 6 1997	
Method used to demonstrate compliance:	au of Air Monito	ring
	Mobile Cources	
#2. Term or condition of the general permit that has not been in continuous compliance during to	he reporting perio	od stated above:
Exact period of non-compliance: from to		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and belief formed after reasons made in this notification are true, accurate and complete. Further, my annual consumption of pupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities.	erchloroethylene y facilities or 1,8	solvent, based
RESPONSIBLE OFFICIAL: Name (Please Print) Nignatur	War Dang	Date
		· () (/ ())
*This form is made available to you as an aid in order to meet your annual compliance certificati	ion requirements.	It is at the

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FO

CORAL SPRINGS FL 33065

MOY & CO INC
KIN MOY
3575 BROKEN WOODS DRIVE

Do NOT Remove Label

Annual Reporting Period:	7	19.97	то	JAU	19.98
Based on each term or condition of the 62-213.300, Florida Administrative Co	•	• • •		<u> </u>	vith DEP Rule
If NO, complete the following:					
#1. Term or condition of the general pe	ermit that has	not been in continuous c	ompliance during	the reportin	g period stated above:
		RECEIV	F D		
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:	<u> </u>	JAN 2 2 1998		& real	₹ 0
Method used to demonstrate complianc		Bureau of Air Monito & Mobile Source	<u> </u>	Mobile	8 9
#2. Term or condition of the general pe	ermit that has	not been in continuous c	ompliance during	the reporting	generiod stated above:
Exact period of non-compliance: from			to	٠	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance	e:				
As the responsible official, I hereby certify notification are true, accurate and comple does not exceed 2,100 gallons per year for	te. Further, m	y annual consumption of p	oerchloroethylene s	olvent, based	upon purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please	M C Y e Print)	Signatu	May tre	1/17/98 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.

COM!	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:00 TIME OUT: 2:00	AIRS ID#: 0//2220
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Coral Springs Dry Cles.	DATE: 3-10-98
FACILITY LOCATION: 9215 West - STaple	Rosd
Coral Springs 33065	
RESPONSIBLE OFFICIAL: Kin Moy	PHOME NUMBER: (954) 752-5780
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	C
	FART OF THE STATE
	Oliver to the
	Sources ding
	is all
	•
COMMENTS:	
•	
	·
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YEST NO
DATE OF NEXT INSPECTION: March 1999	
	proximate)
INSPECTION CONDUCTED BY: B Thomas	
	ease Print)
INSPECTOR'S SIGNATURE: Byhome	PHONE NUMBER: (954) 519-1459
Page	of . Revised 10/96
. ag	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY PROPERTY P
RESPONSIBLE OFFICIAL: Kin Moy CONTACT NAME: Wai Ling Moy	PHONE: 752-5780 PHONE: 752-5780
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to star	nun
2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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
facility exceeds above lim B.) The total quantity of perchloroethylene (perc) pu	ation: neral permit as number above nits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning
facility was 3 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? BY ON ON/A Y ON ON/A Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? RY ON 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 OY ON TWA 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) NO YE 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AND NO YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAD AD Y condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated Y ON 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? BY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

MO Y

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a-weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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,		
1	if machines are equipped with a carbon adsorber?	OY ON	UN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□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?	OY ON	
	or expansion, and do miss said from no other finer.		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AD AD	□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 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:	TAND ND YES
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?	a Y □N
7. Maintained deviation reports?	AVAD ND Y
Problem corrected?	■Y □N □N/A
8. Maintained compliance plan, if applicable?	■Y □N □N/A

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?			₽ Y □N
2. Has the facility-maintained a leak log?	·	•	™ Y □N
3. Does the responsible official check the f	following areas for leaks	?	
Hose connections, fittings,			
· couplings, and valves	■Y □N □N/A	Muck cookers	TY ON ON/A
Door gaskets and seating	A/ND ND Y	Stills	a y □n □n/a
Filter gaskets and seating	■Y ON ON/A	Exhaust dampers	TY ON ON/A
Pumps	TY ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	■Y □N □N/A	Cartridge filter housings	A/ND ND Y
Water separators	av □n □n/a		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surface	es)	ū
Physical detection (airflow felt thr	ough gaskets)		
Odor (noticeable perc odor)	-		
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	a
Halogen leak detector			
If using direct-reading instr	umentation, is the equip	pment:	■N/A
a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PLD/FID only)?	tandard gas prior to and	after each use	אס עם
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
d. Keptsin a clean and se			OY ON
l ·	by use of duplicate samp		OY ON
	o, see or auproduce camp	(00000000000000000000000000000000000000	
Inspector's Name (Please Prin		$\frac{3-10\cdot 98}{\text{Date of Inspe}}$	
/ Inspector's Name (Please Prin	nt)	Date of Inspe	ection
A Thurs		March 199	9
Inspector's Signature		Approximate Date of	Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Corel Spri	ings Dry Cleune	DATE: 3-25-97
FACILITY LOCATION: 9215	N. Sample Ros	DATE: 3-25-97 d (8 Rd 15 pr m.) S 33065
Annual Reporting Period: March	25 19 96 7	ro Morch 25 1998
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous co	mpliance during the reporting period stated above:
		and to be to been beened
Exact period of non-compliance: from		RECEIVED
Action(s) taken to achieve compliance:		OCT 2 6 1997
Method used to demonstrate compliance:		Duragu of Air Monitoring
realise used to demonstrate compliance.	_	C Mobile Sources
#2. Term or condition of the general permit	that has not been in continuous co	mpliance during the reporting period stated above:

Exact period of non-compliance: from	·	to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	•	
		-
made in this notification are true, accurate a	nd complete. Further, my annual	rmed after reasonable inquiry, that the statements consumption of perchloroethylene solvent, based year for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: Nam	NA) LING I	Signature Date Date
	.	6/17/8/

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



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cors) Springs Dry Cleaners	DATE: 3-10-98
FACILITY LOCATION: 9215 West Sumple Road	
Cors/ Springs Fl 33065	
Annual Reporting Period: March 1997 TO March	1998
Based on each term or condition of the Title V general air permit, my facility has remained in complete 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	reporting period stated above:
Exact period of non-compliance: from	S YAM A
Action(s) taken to achieve compliance:	OF THE STATE OF TH
Method used to demonstrate compliance:	Se
#2. Term or condition of the general permit that has not been in continuous compliance during the	reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchapon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gal combination facilities.	nloroethylene solvent, based
RESPONSIBLE OFFICIAL: KIN Moy Cm Missing Signature	3/10/98 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.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION RE	NO C
/ ^) '7 /	
AIRS ID#: <u>0 // 2220</u> DATE: <u>3 - 10 -</u>	-98 time in: time out:
FACILITY NAME: Moy & Co Inc	. Corel Springs Dry Clasuers
•	5.5
•	PHONE: 752-5780
CONTACT NAME: Wai Ling Moy	PHONE: 752-5780
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	ırtup
2. Facility failed to notify DARM to use general pe	ermit
· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum 2. New small area source
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 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 $12/9/91$)
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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	Drop store/out of business/petroleum 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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	Drop store/out of business/petroleum 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 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 $12/9/91$)	Drop store/out of business/petroleum 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, $140 \le x \le 2,100$ 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 $12/9/91$) \square Y \square N \square Can not determine
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	Drop store/out of business/petroleum 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine cation: eneral permit as number above
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	Drop store/out of business/petroleum 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	Drop store/out of business/petroleum 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine cation: eneral permit as number above

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?	ÆY □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?	OY □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 refrience (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	■ Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	TY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	BY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	SY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Œ Y □N

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased? ■Y □N 2. Maintained rolling monthly total of perc consumption? Y ON 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; TY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days ■Y □N □N/A and parts installed w/in 5 days of receipt? AYAO NO YE 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? □N □N/A $\square N$ 6. Maintained startup/shutdown/malfunction plan? Y ON ON/A 7. Maintained deviation reports? PY ON ON/A Problem corrected? TY ON ON/A 8. Maintained compliance plan, if applicable?

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	□и
2.	. Has the facility maintained a leak log?			ΦY	ПΝ
3.	Does the responsible official check the fo	llowing areas for leaks?	,		
	Hose connections, fittings, couplings, and valves	∰Y □N □N/A	Muck cookers	≅ Y	□N □N/A
	Door gaskets and seating	■Y □N □N/A	Stills	Y	□N □N/A
	Filter gaskets and seating	■Y □N □N/A	Exhaust dampers	■ Y	□N □N/A
	Pumps	MY ON ON/A	Diverter valves	S Y	ON ON/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	T Y	ON ON/A
	Water separators	■Y □N □N/A			
4.	. Which method of detection is used by the	responsible official?			
	Visual examination (condensed solv	vent on exterior surface	s)		
	Physical detection (airflow felt thro	ugh gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation	on (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading instrur	mentation, is the equip	ment:	● N/.	A
	a. Capable of detecting pe	rc vapor concentrations	in a range of 0-500 ppm?	\Box Y	□и
	b. Calibrated against a sta (PID/FID only)?	indard gas prior to and a	after each use	ΩY	ח□
	c. Inspected for leaks and	obvious signs of wear o	n a weekly basis?	\Box Y	□N
	d. Kept in a clean and sec	ure area when not in us	e?	ΠY	ПN
	e. Verified for accuracy by	y use of duplicate sampl	es (calorimetric only)?	Y	ПΝ
L		<u> </u>			

Inspector's Name (Please Print)

3-10.98

Date of Inspection

March 1999

Inspector's Signature

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	(COMPLAINT/DISCO	VERY 🗆
	RE-INSPECTION	1 . 0		
				<u> </u>
ATDS TD# 0112220	DATE: 2 10 00	THAT :	N 3.30 Calor	OVER 2:00
AIRS ID#: 0112220			IN: 2:20 FTIME	001: <u>3.00</u>
facility name: <u>C</u> C	DRAL SPRING	s DRI	LEAVERS , O	- attoring
FACILITY LOCATION:	9215 W. S	ample R	D. CORAL SPR	il Morroes
			Bureau Mot	iile
			0, 8,	· ·
RESPONSIBLE OFFICIAL	: KIN MOY	· · · · · · · · · · · · · · · · · · ·	_ phone: <u>_ 752- 5</u>	780
CONTACT NAME:			PHONE:	
			<u> </u>	-
PART I: NOTIFICATION				
(check appropriate box)				ا م
1. New facility notified DARM	1 30 days prior to start	ир		¥
2. Facility failed to notify DAF	RM to use general pern	nit		0
PART II: CLASSIFICATIO	NT .			
THAT H. CDINSON TOILING	<u> </u>			
Facility indicated on notificat			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form☐ Drop store/out of bus	
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	2. New small	☐ Drop store/out of bus	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal	rce //yr		☐ Drop store/out of bus area source , x < 140 gal/yr	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce //yr	dry-to-dry only transfer only, x	☐ Drop store/out of bus area source , x < 140 gal/yr < < 200 gal/yr	
Facility indicated on notificat (check appropriate box) 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	rce //yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of bus area source , x < 140 gal/yr = < 200 gal/yr 140 gal/yr	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce //yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of bus area source , x < 140 gal/yr < < 200 gal/yr	
Facility indicated on notificat (check appropriate box) 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	rce //yr r	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of business area source , x < 140 gal/yr c < 200 gal/yr 140 gal/yr n or after 12/9/91)	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 < x < 2	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only	Drop store/out of business area source , $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr 140 gal/yr 1 or after 12/9/91) area source , $x < 140 \le x \le 2,100$ gal/yr	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2	Drop store/out of business area source , x < 140 gal/yr <p> $< 200 \text{ gal/yr}$ 140 gal/yr or after 12/9/91) area source , 140 \leq x \leq 2,100 gal/yr $< 00 \leq$ x \leq 1,800 gal/yr</p>	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of business area source , $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or	Drop store/out of business area source , x < 140 gal/yr <p> $< 200 \text{ gal/yr}$ 140 gal/yr or after 12/9/91) area source , 140 \leq x \leq 2,100 gal/yr $< 00 \leq$ x \leq 1,800 gal/yr</p>	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of business area source , $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or	Drop store/out of business area source , $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr for after 12/9/91) area source , $x < 140 \le x \le 2,100$ gal/yr $x < 1,800$ gal/yr $x < 1,800$ gal/yr for after 12/9/91)	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the property o	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \times N \times N \times tion:	Drop store/out of business area source , x < 140 gal/yr 140 gal/yr 140 gal/yr 1 or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after 12/9/91) Can not determine umber above	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the following please check the facility of facility of the facility of the facility of the facility of facility of the facility of facili	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \times N \times N \times tion:	Drop store/out of business area source , x < 140 gal/yr 140 gal/yr 140 gal/yr 1 or after 12/9/91) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) Can not determine	siness/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the following please check the facility of facility of the facility of the facility of the facility of facility of the facility of facili	rce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \square \text{N} \square \square \text{N} \square \square \text{N} \square \text{N} \text{N} \text{tion:} transfer only, 2 both types, 140 (constructed or \square \text{N} \square \text{N} \text{N} \text{tion:} transfer only, 2 both types, 140 (constructed or \text{N} \text{N} \text{N} \text{Tion:} transfer only, 2 both types, 140 (constructed or \text{N} \text{N} \text{N} \text{Tion:} transfer only, x < \text{N} \text{N} \text{Tion:} The square of the	Drop store/out of business area source , $x < 140$ gal/yr 140 gal/yr 140 gal/yr for after $12/9/91$) area source , $140 \le x \le 2,100$ gal/yr $140 \le x \le 1,800$ gal/yr	siness/petroleum

(check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DOY DN 4. Draining cartridge filters in their housing or in sealed containers for at ØY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DYY □N 1. Equipped all machines with the appropriate vent controls? DAY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DYY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY ΩN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON WN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	OY ON	□n/a
	Is the perc concentration equal to or less than 100 ppm?	$\square Y^{'} \square N$	□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?		□N/A
			_,,,,
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A -
6.	Routed airflow to the carbon adsorber (if used) at all times?	NO YO	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ɗy □n			
2. Maintained rolling monthly total of perc consumption?	ØŶ □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?	s of on on/a			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WN/A			
6. Maintained startup/shutdown/malfunction plan?	מם אַפ			
7. Maintained deviation reports?	□Y □N ØÑ/A			
Problem corrected?	DY DN EM/A			
8. Maintained compliance plan, if applicable?	אואצט אם צם			

P	ART VI: LEAK DETECTION AND I	CLPAIKS		
1.	Does the responsible official conduct a	weekly (for small sou	rces, bi-weekly) leak detection ar	nd repair
	inspection?			r on r
2.	Has the facility maintained a leak log?			ofy □n
3.	Does the responsible official check the	following areas for le	aks?	
	Hose connections, fittings, couplings, and valves	ofy □n □n/a	Muck cookers	ØY □N □N/A
	Door gaskets and seating	TY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	OTY ON ON/A	Exhaust dampers	OY ON ON/A
	Pumps	OY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	MY ON ON/A
	Water separators	ØY □N □N/A	The second	
4.	Which method of detection is used by the	he responsible official	?	
	Visual examination (condensed so	olvent on exterior surf	faces)	☑ ··· ·
	Physical detection (airflow felt the	rough gaskets)		_ ا
	Odor (noticeable perc odor)			a
	Use of direct-reading instrumenta	tion (FID/PID/calorir	netric tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the eq	quipment:	Œ∕N/A
	a. Capable of detecting I	erc vapor concentrat	ions in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to a	and after each use	חם אם
	c. Inspected for leaks an	d obvious signs of we	ar on a weekly basis?	□Y □N
	d. Kept in a clean and se	ecure area when not in	n use?	OY ON
	e. Verified for accuracy	by use of duplicate sa	mples (calorimetric only)?	OY ON
				:
	Λ Ω			
_	ART FOUNSTOA		3-10-99	-4:
	Inspector's Name (Please Prin	nt)	Date of Inspe	cuon
	Let Kliste		MAR 2000	
	Inspector's Signature		Approximate Date of I	Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMITBEST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM

	27111111	DRY CLEAN	<u> </u>	D	ATE: 3-16-99
FACILITY LOCATION: 921	5 W. SAI	MPLE RO.	CORAL S	PRINGS.	1
					MR 1 5 1999
				•	
Annual Reporting Period:	MARIO		.9 <u>98</u> то _	Mar 10	19 <u>99</u>
Based on each term or condition of the 62-213,300, Florida Administrative (•	_/	ith DEP Rule
≠1. Term or condition of the general	l-permit that has	not been in cont	inuous compliand	e during the reporting	g period stated above:
Exact period of non-compliance: fro	om			0	
Action(s) taken to achieve compliance	ce:				· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate complia	ince:				
≠2. Term or condition of the general	l permit that has i	not been in cont	inuous compliand	e during the reportin	g period stated above:
					
Exact period of non-compliance: fro	om		to		
		-	to		
Exact period of non-compliance: fro Action(s) taken to achieve compliance. Method used to demonstrate complia	ce:		to		

*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 ____.

ENCLINOROUGHLE DE L'EURITER.

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0112220	DATE: 8/4/2000		<u> </u>
FACILITY NAME:C	PRAL SPRINGS	DRY CLEANERS	
FACILITY LOCATION:	3575 BROKEN	Woods DR #90	
		CORAL SPRINGS FL.	
RESPONSIBLE OFFICIAL	: KIN MOY	phone: <u>(954)752-5780</u>	
CONTACT NAME:	SAME	PHONE:	

PART I: NOTIFICATION	7
(check appropriate box)	B C
1. New facility notified DARM 30 days prior to sta	
2. Facility failed to notify DARM to use general per	rmit 30 0
	S 2 2 2
PART II: CLASSIFICATION	on is
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 	 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	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
If no, please check the appropriate classific.	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months by this dry cleaning

(check appropriate boxes) CAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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) MA UN 1. Equipped all machines with the appropriate vent controls? MY 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN MYA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	מס אם
2. Maintained rolling monthly total of perc consumption?	er on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	ØY □N □N/A
4. Maintained calibration data? for applicable direct reading instruments)	OY ON OM/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PON/A
6. Maintained startup/shutdown/malfunction plan?	ory on
7. Maintained deviation reports?	OY ON CHR/A
Problem corrected?	OY ON MAN/A
8. Maintained compliance plan, if applicable?	OY ON LAN/A

PART VI: L	EAK DETECTION AND R	EPAIRS		
1. Does the r	esponsible official conduct a v	veekly (for small	sources, bi-weekly) leak detection	and repair
inspection	?			ogy on
2. Has the fa	cility maintained a leak log?			DAY ON
3. Does the r	esponsible official check the f	ollowing areas fo	r leaks?	
	e connections, fittings, plings, and valves	GY ON ON/	A Muck cookers	OY ON ON/A
Door	r gaskets and seating	QA ON ON	A Stills	OY ON ON/A
Filte	r gaskets and seating	מארם אם אוא	A Exhaust dampers	ØY ON ON/A
Pum	ps	שארם אם אוא	A Diverter valves	UY ON ON/A
Solve	ent tanks and containers	MY ON ON/A		S DY ON ON/A
Wate	er separators	MY ON ON!	A	
4. Which met	thod of detection is used by the	responsible offi	cial?	
Visua	al examination (condensed sol	vent on exterior	surfaces)	a
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
I	fusing direct-reading instru	nentation, is the	equipment:	₽Ñ/A
	a. Capable of detecting pe	rc vapor concent	rations in a range of 0-500 ppm?	OY ON
	b. Calibrated against a state (PID/FID only)?	ndard gas prior t	o and after each use	OY ON
	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?			OY ON	
	e. Verified for accuracy by	use of duplicate	samples (calorimetric only)?	OY ON
- A	RT PENNETOA Ispector's Name (Please Print)		2/4/2000 Date of Inspe	
	11.12			
	titlut			001
	Inspector's Signature		Approximate Date of	Next Inspection

ANNUAL COMPLIANCE CERTIFICATION FORM FACILITY LOCATION: 3575 BROKELL WOODS DEPARTMENT OF DPEP AIR QUALITY DIVISION 2000 Annual Reporting Period: _____ MAR 10 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 UNO If NO, complete the following: \$1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: KIN MÜY

Name (Please Print) *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 ____.

DRY CLEANER AIR QUALITY GENERAL PERMIT

CERAL SPRINGS DRY CLEANERS 9215 W. SAMPLE RD CORAL SPRINGS FL 33065

BEST AVAILABLE COPY

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400662

Amillalandlatarismillimiyaddandi

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 # 0112220

CORAL SPRINGS DRY CLEANERS KIN MOY 3575 BROKEN WOODS DRIVE

CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355001

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

 α

TOTAL AMOUNT DI

Do NOT Remove Label

AIRS ID # 0112220

CORAL SPRINGS DRY CLEANERS

KIN MOY

3575 BROKEN WOODS DRIVE

CORAL SPRINGS FL 33065

Bureau of Ar Monitoffile & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO; B1

Fund: 20-2-035001

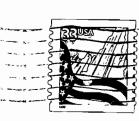
Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADPRE	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery Signature X Agent Addressee D. Is traively address interprint from item 12 Yes If YES, enter delively address below:
10 AIRS ID # 0112220001AG KIN MOY CORAL SPRINGS DRY CLEANERS 3575 BROKEN WOODS DRIVE CORAL SPRINGS FL 33065	JUN 1 1 200) Rureau of Air Monitoring 3. Service Type Mobil Sourcessail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 129 96	3/
PS Form 3811, July 1999 Domestic Re	sturn Receipt 102595-99-M-1789

		Service MAIL REC		led)
9b31				
E.	Postage	\$		
412	Certified Fee		Postmark	
<u> </u>	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
	Total Postora * Econ	c		
0090	Recipi 10	AIRS ID # 01122	220001AG	
ļ	Street, CORAL SPRINGS DRY CLEANERS			
7000	City S 3575 BROKI	INGS DRY CLEAR EN WOODS DRIVI INGS FL 33065	NEKS E	1
	PS Foi			instructions

CORAL SPRINGS CLEANERS GUIT W. SAMPLE RD CORAL SPRINGS JL 33065





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

1,,11,,,1,1,,11,,,,11,1,1,,1,,1,,1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390003

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 # 0112220 CORAL SPRINGS DRY CLEANERS KIN MOY 3575 BROKEN WOODS DRIVE

CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONL

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112220

MOY & CO INC KIN MOY 3575 BROKEN WOODS DRIVE CORAL SPRINGS FL 33065

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

	•
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 12 Yes If YES, enter delivery address below:
AIRS ID # 0112220 CORAL SPRINGS DRY CLEANERS KIN MOY 3575 BROKEN WOODS DRIVE CORAL SPRINGS FL 33065	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2333 667 218	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domes	stic Return Receipt 102595-99-M-1789

	Z 333 L US Postal Service Receipt for Ceri No Insurance Coverage I	67	518	O
ı	JS Postal Service		\wedge	LOU
- 1	Receipt for Ceri	ified	i Mail ′∕	
!	No Insurance Coverage I	Provide A	rs ID # 01	12220
	RAL SPRINGS DRY	CLEA	NERS	
	N MOY 75 BROKEN WOODS	DRIV	/E	
CC	ORAL SPRINGS FL 33	3065 -		
				1
ı	90	\$		
	Certified Fee			
	Special Delivery Fee			
10	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
PS Form 3800 , April 1995	TOTAL Postage & Fees	\$		
Ř	Postmark or Date			
For				
S				
_				