

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Sang Joon Park President Official Hillcrest, Inc. 4306 North Federal Highway Fort Lauderdale, Florida 33308

Facility I.D. No. 0112297

Dear Mr. Park:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

# #0112297

| Nu-Look 1 Hr. Cleaners #52   |
|--|
|  |
| -spoke with Un Hee Park (wife)<br>10/3/96 + 9/30/96                |
| P.14 1.1a) add date control device<br>installed                    |
| 1.(c) mark out "X" and initial 3. Should be new small area         |
| Source Some small area   |
| Source<br>p.15 4 Should be new small area<br>source W/refrig. con. |
| p./le-certify and date-see<br>fax-never sent original              |
| Jux-never sent original  |
|  |
|  |
| •  |

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

| 1.  | ,  |            |  |  |  |  |
|-----|--|------------|--|--|--|--|
|     | OFFICIAL HILLOREST INC   |            |  |  |  |  |
| 2.  | Site Name (For example, plant name or number):   |            |  |  |  |  |
|     | Ju-Look 1 Hn cheavens #52  |            |  |  |  |  |
| 3.  | Hazardous Waste Generator Identification Number:   |            |  |  |  |  |
|     | FILD 98216184  |            |  |  |  |  |
| 4.  | Facility Location: 4306 N. FEDERAL HWY  Street Address:  |            |  |  |  |  |
|     | City: FORT LAWNENDALE County: BROWARD Zip Code: 33308  |            |  |  |  |  |
| 5.  | Facility Identification Number (DEP Use):  | 2 ;<br>2*, |  |  |  |  |
|     | 50950300g  | 37.4       |  |  |  |  |
|     | Responsible Official   |            |  |  |  |  |
| 6.  | Name and Title of Responsible Official:  |            |  |  |  |  |
|     | SANG JOOK PARK (PRES)  |            |  |  |  |  |
| 7.  | Responsible Official Mailing Address: Organization/Firm: OFFI CIAL HILLIEST INC  | ٦          |  |  |  |  |
|     | Street Address: 4306 N: FEDERAL HWY  |            |  |  |  |  |
|     | Organization/Firm: OFFI CIAL HILLUIEST INC<br>Street Address: 4306 N. FEDERAL HWY<br>City: FORT LAUNERNALE County: BROWAM) Zip Code: 33308 |            |  |  |  |  |
| 8.  | Responsible Official Telephone Number:   | ٦          |  |  |  |  |
|     | Telephone: 954776-3666 Fax: (954) 776-9927   |            |  |  |  |  |
|     | Facility Contact (If different from Responsible Official)  |            |  |  |  |  |
| 9.  | Name and Title of Facility Contact (For example, plant manager):   |            |  |  |  |  |
|     | SAME AS ABOVE  |            |  |  |  |  |
| 10. | Facility Contact Address:  |            |  |  |  |  |
|     | Street Address:  |            |  |  |  |  |
|     | City: County: Zip Code:  |            |  |  |  |  |
| 11. | Facility Contact Telephone Number:   | ᅦ          |  |  |  |  |
|     | Fax: ( ) -   |            |  |  |  |  |
|     |  | ٢          |  |  |  |  |
|     |  |            |  |  |  |  |

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

| Type of Machine   | ID   | Date<br>Machine<br>Initially<br>Purchased   | Date Control Device Installed                              | ID         | Date<br>Machine<br>Initially<br>Purchased | Date Control Device Installed | ID    | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed |
|---|--|---|--|------------|---|-------------------------------|-------|---|--|
| Example   | #1   | 03-OCT-93   | 12-NOV-93  | #2         | 08-DEC-91                                 |                               | #3    | 02-MAR-92                                 | 02-MA                                  |
| Dry-to-Dry Unit   |  |   | 37 3   | _          |   | · ·                           |       |   |  |
| (1) w/ ref. condenser   |  | Jun. 94   |  |            |   |                               |       |   |  |
| (2) w/ carbon adsorber  |  | 1   | _  |            |   |                               |       |   |  |
| (3) w/ no controls  |  |   | _  |            |   |                               |       |   |  |
| Washer Unit   |  |   |  | •          |   |                               |       |   |  |
| (4) w/ ref. condenser   |  |   |  |            |   |                               |       |   |  |
| (5) w/ carbon adsorber  |  |   |  |            |   |                               |       |   |  |
| (6) w/ no controls  |  |   |  |            |   |                               |       |   |  |
| Dryer Unit  | . 1  | Projektaje ir jedanje |  |            |   |                               |       | 14  |  |
| (7) w/ ref. condenser   |  |   |  |            |   |                               |       |   |  |
| (8) w/ carbon adsorber  |  |   | -  |            |   |                               |       |   |  |
| (9) w/ no controls  |  |   | -  |            |   |                               |       |   |  |
| Reclaimer Unit  |  | 7 - 70  | • • •  |            |   | 11.                           |       | 41  |  |
|   |  |   |  |            |   |                               |       |   |  |
| (10) w/ ref. condenser  |  |   |  |            |   |                               |       |   |  |
| (10) w/ ref. condenser<br>(11) w/carbon adsorber  |  |   |  |            |   |                               |       |   |  |
|   |  |   |  |            |   |                               |       |   |  |
| (11) w/carbon adsorber  | are re<br>quant<br>galle   | equired to be<br>ity of perchlons<br>ons  | installed [_<br>proethylene (                              | y<br>perc) | purchased in                              |                               |       |   |  |
| (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol devices | are required and the second se | equired to be<br>ity of perchlo<br>ins<br>ow many? [_<br>12 months:   | oroethylene ( months New owner: based on the cation only.) | perc)      | purchased in                              | : [] Did                      | not k | eep records:                              |  |

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| (Indicate with an "X".) What control technology is required on machines pursuant to section (5) of Part II of this notification form?   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Existing large area source  Carbon adsorber [] Refrigerated condenser []  |  |  |  |  |  |  |
| New small area source Refrigerated condenser []   |  |  |  |  |  |  |
| New large area source Refrigerated condenser []   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:                                 |  |  |  |  |  |  |
| All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. |  |  |  |  |  |  |
| All steam and hot water generating units exempt No such units on-site   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Equipment Monitoring and Recordkeeping Information  |  |  |  |  |  |  |
| Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:  |  |  |  |  |  |  |
| (a) Purchase receipts and solvent purchases   |  |  |  |  |  |  |
| (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair   |  |  |  |  |  |  |
| (c) Refrigerated condenser temperature monitoring   |  |  |  |  |  |  |
| (d) Carbon adsorber exhaust perc concentration monitoring   |  |  |  |  |  |  |
| (e) Instrument calibration  |  |  |  |  |  |  |
| (f) Start-up, shutdown, malfunction plan  |  |  |  |  |  |  |

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

| t!  I, the undersi  | No air permits currently exist for the operation of the facility indicated in his notification form.  Responsible Official Certification  |  |  |  |
|---|---|--|--|--|
|   | ·<br>   |  |  |  |
|   |   |  |  |  |
| statements maintain the   | igned, am the responsible official, as defined in Part II of this form, of the facility addressed it ion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ade in this notification are true, accurate and complete. Further, I agree to operate and air pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form. |  |  |  |
| I will promptly notify the Department of any changes to the information contained in this notification. |   |  |  |  |

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: : .

#### **BEST AVAILABLE COPY**

#### 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)  No air permits currently exist for the operation of the facility indicated in this notification form. |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  |   |  |  |  |  |  |
| this hotif.<br>statemen<br>maintain  | larvigned, am the responsible official, as defined in Part II of this form, of the facility wideessed in<br>leation. Thereby wertify, based on information and belief formed after reasonable inquiry, that the<br>is made in this notification are true, accurate and complete. Further, I agree to aperate and<br>the air pollutant emissions units and air pollution control equipment described above so as to<br>gith all terms and conditions of this general permit as set forth in Part II of this notification form. |  |  |  |  |  |
| 4 жій рус  | nigtly noutly the Esepartment of any changes to the information contained in this notification,   |  |  |  |  |  |
|  | Sand Lie Mic 101/196  |  |  |  |  |  |

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

| FACILITY NAME: NU-LOOK I H   |                        |                       |                              |                 |
|--|------------------------|-----------------------|------------------------------|-----------------|
| FACILITY LOCATION: 4306 N.   | rederal Hu             | 19. Fr. LAUD, 1       | - <u>L 3330°</u>             |                 |
|  |                        |                       |                              |                 |
| nnual Reporting Period: OC   | r 17                   | 19 <u>96</u> TO       | XT 17                        | 19 <u>97</u>    |
| ased on each term or condition of the Title 2-213.300, Florida Administrative Code (F.   |                        |                       | <u> </u>                     | PRule<br>NO     |
| NO, complete the following:  |                        |                       |                              | •               |
| 1. Term or condition of the general permit   | that has not been in c | continuous compliance | during the reporting period  | I stated above: |
|  | •                      |                       |                              |                 |
| xact period of non-compliance: from  |                        | to                    |                              |                 |
| ction(s) taken to achieve compliance:  |                        |                       |                              |                 |
| sethod used to demonstrate compliance:   |                        |                       |                              |                 |
| 72. Term or condition of the general permit  |                        |                       |                              |                 |
| xact period of non-compliance: from  |                        | to                    |                              |                 |
| Action(s) taken to achieve compliance:   |                        |                       |                              |                 |
| Method used to demonstrate compliance:   | <del></del>            |                       |                              |                 |
| As the responsible official, I hereby certify, leade in this notification are true, accurate a upon rolling averages of purchase receipts, a vear for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name | and complete. Furthe   | er, my annual consump | tion of perchloroethylene s  | olvent, based   |
| *This form is made available to you as an aid  | d in order to meet you | ur appual compliance  | restification require Refs ( | Triffi heV E    |

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



AIRS ID#0112297

OFFICIAL HILLCREST INC SANG JOON PRK 4306 N FEDERAL HWY FT LAUDERDALE FL 33308

Do NOT Remove Label

| Annual Reporting Period:   | 19 TO   | 19                   |
|--|---|----------------------|
| Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit condition of the Title V general air permit for the following the permit condition of the Title V general air permit for the following the following the following the following the following the following the permit following the |   | DEP Rule             |
| If NO, complete the following:   |   |                      |
| #1. Term or condition of the general permit that has not been in   | continuous compliance during the reporting per    | riod stated above:   |
| Exact period of non-compliance: from   | to  | <del>-</del> :       |
| Action(s) taken to achieve compliance:   |   | <u> </u>             |
| Method used to demonstrate compliance:   |   | RO01<br>R001<br>20 9 |
| #2. Term or condition of the general permit that has not been in o   | continuous compliance during the reporting per    | iod stated above:    |
| Exact period of non-compliance: from   | 'JAN 2 to 2 1998                                  |                      |
| Action(s) taken to achieve compliance:   |   |                      |
| Method used to demonstrate compliance:   | Bureau of Air Monitoring<br>& Mobile Sources      |                      |
| As the responsible official, I hereby certify, based on information and notification are true, accurate and complete. Further, my annual condoes not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 RESPONSIBLE OFFICIAL:  Sang Opn Pay  | sumption of perchloroethylene solvent, based upon | purchase receipts,   |

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



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



AIRS ID#0112297

OFFICIAL HILLCREST INC SANG JOON PRK 4306 N FEDERAL HWY FT LAUDERDALE FL 33308

Do NOT Remove Label

| Annual Reporting Period:   | JAN 16                   | 1997                 | то                              | JU USE             | 19 <b><u>8</u>8</b>    |
|--|--------------------------|----------------------|---------------------------------|--------------------|------------------------|
| Based on each term or condition of 62-213.300, Florida Administrative  | •                        |                      |                                 | \ <del>-</del> -X  | th DEP Rule            |
| If NO, complete the following:   |                          |                      |                                 | ,                  |                        |
| #1. Term or condition of the gener   | al permit that has not t | been in continuous c | ompliance duri                  | ng the reporting   | period stated above:   |
| Exact period of non-compliance: f  | rom                      |                      | to                              | Burga              | C                      |
| Action(s) taken to achieve complia   | nce:                     | <u> </u>             |                                 | NO.                | 3/2                    |
| Method used to demonstrate compl   | iance:                   |                      |                                 | le Sour            | <b>3 6 9</b>           |
| #2. Term or condition of the gener   | al permit that has not t |                      | ompliance duri                  |                    | period stated above:   |
| Exact period of non-compliance: fi   | rom                      | <del></del>          | AN 2 2 1998                     |                    |                        |
| Action(s) taken to achieve complian  | nce:                     |                      | _                               |                    | · .                    |
| Method used to demonstrate compl   | iance:                   | & l                  | u of Air Monit<br>Mobile Source | oring<br>es        |                        |
|  |                          |                      |                                 |                    |                        |
| As the responsible official, I hereby contification are true, accurate and condoes not exceed 2,100 gallons per year | mplete. Further, my ann  | ual consumption of p | erchloroethylen                 | e solvent, based u | pon purchase receipts, |
| RESPONSIBLE OFFICIAL:  | Name (Please Pri         | Park _               | Smy                             | ferraff            | 0 (1/16/95)<br>Date    |

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

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:   | ANNUAL RE-INSPECTION   |  | COMPLAINT/DISCOV  | ERY 🗆    |
|---|--|--|---|----------|
| AIRS ID#: <u>O112297</u> DA<br>FACILITY NAME: <u>NU-LO</u><br>FACILITY LOCATION: <u>43</u>  | OK 1 HR CLE  | EANERS   | ₩ 52  |          |
| RESPONSIBLE OFFICIAL : CONTACT NAME:  |  |  | phone: <u>(954)</u> 776<br>phone:   | 0-3ibbb  |
| PART I: NOTIFICATION  |  |  |   |          |
| (check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM  |  |  |   | <b>a</b> |
|   |  |  |   |          |
| PART II: CLASSIFICATION   |  |  |   |          |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr   | <ul><li>2.</li></ul>   | New small a<br>y-to-dry only,  | □ No notification form □ Drop store/out of busi  rea source □ x < 140 gal/yr  | -        |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area source   | 2.<br>dry<br>trai<br>bot   | y-to-dry only,<br>$ns(cr only, x \cdot th types, x < 1$  | □ Drop store/out of busi  rea source □ x < 140 gal/yr < 200 gal/yr  | -        |
| Facility indicated on notification (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  | 2. dry train both (con 4. 0 gal/yr dry gal/yr train /yr both   | y-to-dry only, x on types, x < 1 on structed on one with types, x < 1 on structed on one with types, 20 only, ansfer only, 20 th types, 140 only,  | ☐ Drop store/out of busine rea source ☐ x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)   | -        |
| Facility indicated on notification (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 ≤ 2.10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class of the property of th | 2. dry train both (con the control of the control o | y-to-dry only, ansfer only, ansfer only, and the types, and types, | Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$ )  The contraction of the source $= 12/9/91$ or after $= 12/9/91$ .  The contraction of the source $= 12/9/91$ or after $= 12/9/91$ . | -        |

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MYA 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) DAY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the PY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NU NE verifying that the coolant had been completely charged?

|    | <u> </u>  |          |    |                |
|----|---|----------|----|----------------|
| 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?   | ⊠Ý       | ПN |                |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΠY       | ПN | <b>≅</b> √√A   |
|    | Is the temperature differential equal to or greater than 20° F?   | $\Box Y$ | ПN |                |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | □Y       | ПN |                |
|    | Is the perc concentration equal to or less than 100 ppm?  | ΠŸ       | ΠN |                |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΠY       | ПN | <b>B</b> ANA   |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΠY       | ПИ | <b>□</b> 1//   |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΠY       | ПΝ | <b>12</b> 11/4 |
| _  |   |          |    |                |
| PA | ART V: RECORDKEEPING REQUIREMENTS   |          |    |                |
| l  | as the responsible official:  |          |    |                |

| PART V: RECORDKEEPING REQUIREMENTS  |            |  |  |  |  |
|---|------------|--|--|--|--|
| Has the responsible official: (check appropriate boxes)   |            |  |  |  |  |
| 1. Maintained receipts for perc purchased?  |            |  |  |  |  |
| 2. Maintained rolling monthly averages of perc consumption?   | DY ON      |  |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:   |            |  |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;   | DY ON ON/A |  |  |  |  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | AND NO PE  |  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | DY ON PANA |  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY ON DWA  |  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?  | DY ON      |  |  |  |  |
| 7. Maintained deviation reports?  | OY ON ON/A |  |  |  |  |
| Problem corrected?  | ON ON/A    |  |  |  |  |
| 8. Maintained compliance plan, if applicable?   | OY ON BANA |  |  |  |  |

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair  $\square N$ inspection? ov.  $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DN DN/A Muck cookers MY ON ON/A couplings, and valves BY ON ON/A DY ON ON/A Stills Door gaskets and seating MY ON ON/A MY ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A MY ON ON/A Pumps Diverter valves MY ON ON/A Cartridge filter housings TY ON ON/A Solvent tanks and containers DY ON DN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) 19 Physical detection (airflow felt through gaskets) 19 Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector M/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON NO YO d. Kept in a clean and secure area when not in use?  $\Box$ Y  $\Box$ N e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection Inspector's Signature

4 of 5

| TIPE OF INSPECTION: ANNUAL   | СОМ               | PLAINT/DISCOVERY                  | RE-INSPECTION             |
|--|-------------------|-----------------------------------|---------------------------|
| TIME IN: 9:30 TIME OUT   | 10:10             | AIRS ID#:                         | 0112297                   |
| TYPE OF FACILITY: DRY CLEANER  |                   |                                   |                           |
| FACILITY NAME: NU-LOOK INR CL  | EANERS            | <del>+ 52</del>                   | DATE: 10(17/97            |
| FACILITY LOCATION: 4306 N. FEDER   | EAL HWY.          | FT. LAUD., FR 33                  | \$0E                      |
| RESPONSIBLE OFFICIAL: SANG JOOK  | PARK              | PHONE NUMBE                       | R: (954) 776-3666         |
| Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor |                   | • ,                               | acility is found to be in |
| Based on the results of the compliance required discrepancies were noted:                | rements evaluat   | ed during this inspection, the fo | ollowing compliance       |
| COMPLIANCE REQUIREMENT/PRO   | OBLEM             | FOLLOW-UP ACT                     | TION REQUIRED             |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   | _                         |
|  |                   | -                                 |                           |
|  |                   |                                   |                           |
| ·  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
|  |                   |                                   |                           |
| COMMENTS:  |                   |                                   |                           |
|  |                   |                                   |                           |
| •  |                   |                                   |                           |
| The Annual Compliance Certification form has been  | properly certific | ed and submitted to the inspecto  | or. YES NO                |
| DATE OF NEXT INSPECTION:   |                   | 7 1998                            |                           |
| INSPECTION CONDUCTED BY:   | (API              | Pauleton                          |                           |
| 0  |                   | ase Print)                        |                           |
| INSPECTOR'S SIGNATURE:   | Kentla            | PHONE NUMBER                      | R: <u>954-519-1428</u>    |
|  | Page              | _of                               | Revised 10/96             |

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

| FACILITY NAME: No 10  FACILITY LOCATION: 4306  Ft. La  RESPONSIBLE OFFICIAL: Santa Tool  | 198 TIME IN: 11:15 TIME OUT: 12:00 OK 1 HR Cleaners  W. Feberal Huy.  Mark PHONE: 776-3666  PARK PHONE: 776-3666   |
|--|--|
|  |  |
| PART I: NOTIFICATION   |  |
| (check appropriate box)  |  |
| 1. New facility notified DARM 30 days prior to sta   | пир  |
| 2. Facility failed to notify DARM to use general pe  | · ·  |
| ,  |  |
|  |  |
| 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)   | No notification form  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 $12/9/91$ ) |
| <ul> <li>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)</li> <li>5. This is a correct facility classification</li> </ul>   | 4. New large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr. Show transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$ )                   |
| <ul> <li>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)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classific facility qualified for a ge facility exceeds above line</li> </ul> | dry-to-dry only, $140 \le x \le 2.100$ gal/yr. The transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$ )   |

Since Monch as New Machine Regulates were transforment Lines

All cleaning done

Revised 9/15/97

AT 1000 So Pruge June

300 346

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#0112297

OFFICIAL HILLCREST INC SANG JOON PRK 4306 N FEDERAL HWY FT LAUDERDALE FL 33308 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at $\square N \square N/A$ least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AND ND 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAC NC YE 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 ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

| 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?   | <u> 9</u> 9 | _<br>'חח |              |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΩY          | ЫN       | <b>PN</b> /A |
|    | Is the temperature differential equal to or greater than 20° F?   | QΥ          | ПN       | <b>GN</b> /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? | ΠV          | □N       | <b> D</b> ₩A |
|    |   | _ `         |          | DAVA DAVA    |
|    | Is the perc concentration equal to or less than 100 ppm?  | <u> </u>    | <u> </u> | <b>G</b> IVA |
| 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?   | QΥ          | אם       | TN/A         |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY          | ЫN       | ZN/A         |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | □Y          | ПN       | ON/A         |

| PART V: RECORDKEEPING REQUIREMENTS  |             |  |  |  |
|---|-------------|--|--|--|
| Has the responsible official: (check appropriate boxes)   | ,           |  |  |  |
| Maintained receipts for perc purchased?   | DYON        |  |  |  |
| 2. Maintained rolling monthly total of perc consumption?  | ON ON       |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:   |             |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;   | AINO NO YO  |  |  |  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | DY ON ONIA  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | NOY ON DAVA |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY DN BAVA  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?  | og on       |  |  |  |
| 7. Maintained deviation reports?  | AND NO YED  |  |  |  |
| Problem corrected?  | אומם אם אים |  |  |  |
| 8. Maintained compliance plan, if applicable?   | אואפן אם אם |  |  |  |

#### PART VI: LEAK DETECTION AND REPAIRS

| 1.  | . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |                 |                 |                           |       |        |
|---|---|-----------------|-----------------|---------------------------|-------|--------|
|   | inspection?   |                 |                 |                           | QY.   | ΩИ     |
| 2.  | Has the facility maintained a leak log?   |                 |                 |                           | OY (  | ПN     |
| 3.  | Does the responsible official check the f   | following area  | s for leaks?    |                           |       |        |
|   | Hose connections, fittings, couplings, and valves   | ON O            | IN/A            | .Muck cookers             | 94 O  | AINO N |
|   | Door gaskets and seating  | DY ON O         | IN/A            | Stills                    |       | N □N/A |
|   | Filter gaskets and seating  | ON ON O         | IN/A            | Exhaust dampers           | 0 7E  | N □N/A |
|   | Pumps   | ם אם אם         | IN/A            | Diverter valves           | 2 O   | N □N/A |
|   | Solvent tanks and containers  | ON O            | IN/A            | Cartridge filter housings | वर व  | A/ND N |
|   | Water separators  | ם אם אם         | IN/A            |                           |       |        |
| 4.  | Which method of detection is used by the  | ne responsible  | official?       |                           | _     |        |
| Visual examination (condensed solvent on exterior surfaces)         |   |                 |                 |                           | B     |        |
| Physical detection (airflow felt through gaskets)                   |   |                 |                 |                           | 9     |        |
|   | Odor (noticeable perc odor)   |                 |                 |                           | 9     |        |
|   | Use of direct-reading instrumenta   | tion (FID/PID/  | /calorimetric t | tubes)                    |       |        |
|   | Halogen leak detector   |                 |                 |                           | ٥     |        |
|   | If using direct-reading instr-  | umentation, is  | s the equipme   | ent:                      | DX/A  |        |
|   | a. Capable of detecting p   | erc vapor con   | centrations in  | a range of 0-500 ppm?     | OY O  | N      |
|   | <ul><li>b. Calibrated against a s<br/>(PID/FID only)?</li></ul>   | tandard gas pr  | ior to and afte | er each use               | 0 Y 0 | И      |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? |   |                 |                 |                           | □Y □  | И      |
|   | d. Kept in a clean and secure area when not in use?   |                 |                 |                           |       | N      |
|   | e. Verified for accuracy  | by use of dupli | icate samples   | (calorimetric only)?      | OY O  | N      |
|   |   |                 |                 |                           |       |        |

Inspector's Name (Please Pfint)

Inspector's Signature

1 100

Approximate Date of Next Inspection

BEST AVAILABLE COPY TYPE OF INSPECTION: ANNUAL I COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: Cleaner TYPE OF FACILITY: Cleaners FACILITY NAME: FACILITY LOCATION: PHONE NUMBER: (95 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:

Page\_\_\_of\_\_

Revised 10/96

INSPECTOR'S SIGNATURE:

| TITLE V  | TYLENE DRY CLEANERS RECEIVED  COMPLAINT/DISCOVERY  COMPLAINT/DISCOVERY  COMPLAINT/DISCOVERY   |
|--|---|
| TYPE OF INSPECTION: ANNUAL RE-INSPECTION   | $o_{N}$ . $u_{res}$ 1990  |
| AIRS ID#: 0118897 DATE: 5699   | TIME IN: 10 30 Am TIME OUT:   |
| FACILITY NAME: NU-LOOK   Ho  | 3   |
| FACILITY LOCATION: 4306 N. F   | ederal Huy.   |
| Foet Lauder  | dale, Fi  |
| RESPONSIBLE OFFICIAL: Sang Too   | Park PHONE:   |
| CONTACT NAME: Sang Joon Park   | PHONE:  |
|  |   |
| PART I: NOTIFICATION   |   |
| (check appropriate box)  |   |
| 1. New facility notified DARM 30 days prior to sta   | rtup  |
| 2. Facility failed to notify DARM to use general pe  | rmit  |
| D. D. G. CI . SCITIC. TYOU   |   |
| PART II: CLASSIFICATION  |   |
| Facility indicated on notification form that it is: (check appropriate box) A.   | ☐ No notification form ☐ Drop store/out of business/petroleum   |
| 1. Existing small area source  | 2. New small area source  |
| dry-to-dry only, x < 140 gal/yr  | dry-to-dry only, x < 140 gal/yr   |
| transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr   | transfer only, $x \le 200 \text{ gal/yr}$<br>both types, $x \le 140 \text{ gal/yr}$   |
| (constructed before 12/9/91)   | (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 $\Box$ 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   | अर्थ □N □Can not determine  |
|  | cation: neral permit as number above nits and is not eligible for a general permit  |
| B. The total quantity of perchloroethylene (perc) p facility was // O gallons.   | urchased within the preceding 12 months by this dry cleaning  |

Change classification Less perc used

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AND NO YER least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DXXA 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 udsorber 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) i. Equipped all machines with the appropriate vent controls? DY ON ONA 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 DNA 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 באב אם אם condenser exceeded 45° F? 5. Conducted all temperature monitoring after an appropriate cooldown period and after ak ov verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

| 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?   | 84 OV       |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | OY ON ONA   |
|    | is the temperature differential equal to or greater than 20° F?   | אים אם אם   |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?                                     | אַכ אם צם A |
|    | Is the perc concentration equal to or less than 100 ppm?  | OY ON DIVA  |
| 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?   | AIMED NO YO |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | אם אם צם    |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | אים אם צם   |

| PART V: RECORDKEEPING REQUIREMENTS  |             |  |  |  |
|---|-------------|--|--|--|
| Has the responsible official: (check appropriate boxes)   |             |  |  |  |
| 1. Maintained receipts for perc purchased?  | ON ON       |  |  |  |
| 2. Maintained rolling monthly total of perc consumption?  | NEYED       |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:   |             |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;   | ANAC NO YED |  |  |  |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | OY ON ONA   |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | איאם אם אם  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY DN BNA   |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?  | NC JE       |  |  |  |
| 7. Maintained deviation reports?  | AME NO YE   |  |  |  |
| Problem corrected?  | DA DA DA    |  |  |  |
| 3. Maintained compliance plan, if applicable?   | אנים אם צם  |  |  |  |

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY DN DNA DY ON ONA couplings, and valves Muck cookers OY ON ONA Door gaskets and seating Stills OY ON ONA CY ON ONA ON ONA Filter gaskets and seating Exhaust dampers MY ON ON/A ON ONA Diverter valves Pumps MY ON ON/A ON ONA Cartridge filter housings Solvent tanks and containers DY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (nouceable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? MO AU b. Calibrated against a standard gas prior to and after each use (PID/FID only)? MD AD c. Inspected for leaks and obvious signs of wear on a weekly basis? ND YE d. Kept in a clean and secure area when not in use? MD AD OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME:  | Look                  |                              |                      | DATE:               | 5/6/99          |
|---|-----------------------|------------------------------|----------------------|---------------------|-----------------|
| FACILITY LOCATION:  | 4306                  | N.                           | Feleral              | Huy.                |                 |
|   | Fort Laude            | dale,                        | FL                   | V                   |                 |
| · · · · · · · · · · · · · · · · · · ·   |                       |                              |                      |                     |                 |
| Annual Reporting Period:  | <del>}</del>          | 19 <u>98</u>                 | то                   | May                 | 19 99           |
| Based on each term or condition of the Title V 62-213,300, Florida Administrative Code (F.A   | •                     |                              |                      | ~/                  | P Rule<br>□:NO  |
| if NO, complete the following:  |                       |                              |                      |                     |                 |
| #1. Term or condition of the general permit the   | nat has not been in o | continuous o                 | ompliance during th  | ne reporting period | f stated above: |
| Exact period of non-compliance: from  |                       |                              |                      |                     |                 |
| Action(s) taken to achieve compliance:  | <del></del>           |                              |                      |                     |                 |
| Method used to demonstrate compliance:  |                       |                              |                      |                     |                 |
| #2. Term or condition of the general permit the   | nat has not been in ( | continuous (                 | compliance during th | ne reporting period | d stated above: |
| Exact period of non-compliance: from  |                       |                              | (0                   |                     |                 |
| 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 an upon purchase receipts, does not exceed 2,10 combination facilities.  RESPONSIBLE OFFICIAL: | nd complete. Furthe   | er, my annuc<br>or dry-to dr | al consumption of pe | erchloroethyiene s  | olvent tisei    |
|   | e (Please Print)      |                              | Signature            | - juni              | 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

Acc

| FACILITY NAME:                | Nu-Look<br>4306 N  | 1 HR                                  | Cleaners                                 | DATE: 9/29/                | 198    |
|-------------------------------|--|---------------------------------------|--|----------------------------|--------|
| FACILITY LOCATION:            | 4306 N   | . Felinan                             | Huy F                                    | x. Loudenday               | é,     |
| 33308                         |  | , , , , , , , , , , , , , , , , , , , | — بـ |                            |        |
|                               |  |                                       |  |                            |        |
| Annual Reporting Period: _    | 9/29   | 19 <mark>9.7</mark> TO                | 2/2                                      | <b>5</b> 19                | 98     |
|                               | ition of the Title V general air peistrative Code (F.A.C.), during th                                      |                                       | _  |                            |        |
| If NO, complete the following | ng:  |                                       |  |                            |        |
| #1. Term or condition of th   | e general permit that has not bee  | en in continuous comp                 | liance during the rep                    | orting period stated above | e:     |
| Exact period of non-complia   | ance: from   |                                       | to                                       |                            |        |
| Action(s) taken to achieve c  | ompliance:   |                                       |  |                            |        |
| Method used to demonstrate    | compliance:  |                                       |  | ·                          |        |
|                               |  |                                       |  |                            |        |
| #2. Term or condition of th   | e general permit that has not bee  | en in continuous comp                 | liance during the rep                    | orting period stated above | e;     |
| Exact period of non-complia   | unce: from   |                                       |  |                            |        |
| Action(s) taken to achieve c  | ompliance:   |                                       |  |                            |        |
| Method used to demonstrate    | compliance:  |                                       |  |                            |        |
|                               |  |                                       |  |                            |        |
| made in this notification are | I hereby certify, based on inform<br>e true, accurate and complete. I<br>es not exceed 3,100 gallons per y | further, my annual co.                | nsumption of perchlo                     | roethylene solvent, based  | i<br>r |
| RESPONSIBLE OFFICE            | IL: Un Hee F<br>Name (Please Print   | Park _ c                              | Signature                                | Date Date                  |        |
| <del></del>                   | -  |                                       |  |                            |        |

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

#### LENCHLONGE HITLENE DKY CLEANERS

BEST AVAILABLE COPY COMI INCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:  | ANNUAL  |                                 | COMPLAINT/DI  | SCOVERY           |          |
|--|---|---------------------------------|---|-------------------|----------|
|  | RE-INSPECTIO                                      | и 🗆                             |   | Burco<br>Burco    |          |
| AIRS ID#: 0/12297  | DATE: of iste                                     | /<br>Do TIME 1                  | IN: <u>/ } 조건</u> T                                     | IME OUT:          | > 400    |
| FACILITY NAME:   | Nu - Co   |                                 | Tour Clen   | SS NO             |          |
| FACILITY LOCATION:   | 4306 A  | 1. Feder                        | Al Hory   | orite             |          |
|  | Ft. Como  | lendoria,                       | F1 (954)  | <del>)</del>      |          |
| RESPONSIBLE OFFICIAL   | : SANG JOON                                       | Port                            | PHONE: 7  | 76-366            | 56       |
| CONTACT NAME:  | Sing Joon   | Poak                            | PHONE:  | 76-36             | 66       |
|  |   |                                 |   |                   |          |
| PART I: NOTIFICATION   |   |                                 |   |                   |          |
| (check appropriate box)  |   |                                 |   |                   |          |
| 1. New facility notified DARM  | I 30 days prior to start                          | lup                             |   |                   | <b>Q</b> |
| 2. Facility failed to notify DAR   | lM to use general peri                            | mit                             |   |                   |          |
|  |   |                                 | ——————————————————————————————————————                  |                   |          |
| PART II: CLASSIFICATION  |   |                                 |   |                   |          |
| Facility indicated on notificati<br>(check appropriate box)                          | ion form that it is:                              |                                 | ☐ No notification☐ Drop store/out (                     |                   | oleum    |
| A.   |   |                                 | -   |                   |          |
| 1. Existing small area sour<br>dry-to-dry only, x < 140 gal/                         |   | 2. New small a dry-to-dry only, |   | G                 |          |
| transfer only, x < 200 gal/yr  |   | transfer only, x                |   |                   |          |
| both types, x < 140 gal/yr   |   | both types, $x < 1$             | l40 gal/yr  |                   |          |
| (constructed before 12/9/91)   |   | (constructed on                 | or after 12/9/91)                                       |                   |          |
| 3. Existing large area sour  | rce 🖸   | 4. New large as                 | rea source  | <b>a</b> .        |          |
| dry-to-dry only, $140 \le x \le 2$ ,   | ,100 gal/yr                                       | dry-to-dry only,                | $140 \le x \le 2,100 \text{ gal}$                       |                   |          |
| transfer only, $200 \le x \le 1,80$  |   |                                 | $0 \le x \le 1,800 \text{ gal/yr}$                      | -                 |          |
| both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )                    |   | (constructed on constructed)    | $\leq x \leq 1,800 \text{ gal/yr}$ or after $12/9/91$ ) |                   |          |
| ,  |   | `                               |   |                   |          |
| 5. This is a correct facility cl   | assilication                                      | ØÝ ON                           | □Can not determi  | ne                |          |
| If no, please check the  |   |                                 |   |                   |          |
|  | ty qualified for a gene<br>ty exceeds above limit |                                 |   | · · -             |          |
| B. The total quantity of perchlo facility was \( \frac{1}{2} \mathcal{O} \) gallons. |   | chased within the               | e preceding 12 mon                                      | ths by this dry c | lcaning  |

| PART III: GENERAL CONTROL QUIREMENTS  |                  |            |
|---|------------------|------------|
| Is the responsible official of the dry cleaning facility:<br>(check appropriate boxes)                                    |                  |            |
| 1. Storing perchloroethylene in tightly sealed and impervious contai  | ners?            | DY ON ON/A |
| 2. Examining the containers for leakage?  |                  | DY ON ON/A |
| 3. Closing and securing machine doors except during loading/unload  |                  | DYON       |
| 4. Draining cartridge filters in their housing or in sealed containers least 24 hours prior to disposal?                  | for at CARSON be | ØY ON ON/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbo beds according to the manufacturer's specifications? | on adsorber      | ØY ON ON/A |

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

|    | A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)               |            |  |  |
|----|---|------------|--|--|
| 1. | Equipped all machines with the appropriate vent controls?   | DY ON      |  |  |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system?   | DY ON ON/A |  |  |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?     | OY ON ON/A |  |  |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | מם אים     |  |  |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?               | OY ON ON/A |  |  |
| 6. | Conducted all temperature monitoring after an appropriate cooldown period and after   | ®Ý □N      |  |  |

| B. | Has the responsible official of an existing large or new large area source also:  |        |      |
|----|---|--------|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?         | opý on |      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | OY ON  | ØN/A |
|    | Is the temperature differential equal to or greater than 20° F?   | "OY ON | ØN/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?  | DY ON  |      |
|    | Is the perc concentration equal to or less than 100 ppm?  | ØÝ 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?                                 | DY ON  | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ØY □N  | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | DY ON  | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS   |              |  |  |
|--|--------------|--|--|
| Has the responsible official: (check appropriate boxes)  |              |  |  |
| 1. Maintained receipts for perc purchased?   | DY ON        |  |  |
| 2. Maintained rolling monthly total of perc consumption?   | OY ON        |  |  |
| 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 | OY ON ON/A   |  |  |
| and parts installed w/in 5 days of receipt?  | OY ON ON/A   |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | OY ON OMÁ    |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | OY ON ON/A   |  |  |
| 6. Maintained startup/shutdown/malfunction plan?   | DY ON        |  |  |
| 7. Maintained deviation reports?   | OY ON PM/A   |  |  |
| Problem corrected?   | OY ON DAN/A  |  |  |
| 8. Maintained compliance plan, if applicable?  | אלים אם צם A |  |  |

| P  | PART VI: LEAK DETECTION AND PEPAIRS  |                          |                            |                 |  |  |
|--|--|--------------------------|----------------------------|-----------------|--|--|
| 1.   | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |                          |                            |                 |  |  |
|  | inspection?  |                          |                            | OY ON           |  |  |
| 2.   | Has the facility maintained a leak log?  |                          |                            | DY ON           |  |  |
| 3.   | Does the responsible official check the  | following areas for leak | s?                         |                 |  |  |
|  | Hose connections, fittings, couplings, and valves  | ØÝ □N □N/A               | Muck cookers               | OY ON ON/A      |  |  |
| ļ.   | Door gaskets and seating   | ⊡Ý □N □N/A               | Stills                     | OY ON ON/A      |  |  |
|  | Filter gaskets and seating   | DY ON ON/A               | Exhaust dampers            | DY ON ON/A      |  |  |
|  | Pumps  | QÝ □N □N/A               | Diverter valves            | DY ON ON/A      |  |  |
|  | Solvent tanks and containers   | DY ON ON/A               | Cartridge filter housings  | OY ON ON/A      |  |  |
|  | Water separators   | QY ON ON/A               |                            |                 |  |  |
| 4.   | Which method of detection is used by the   | ne responsible official? |                            | /               |  |  |
|  | Visual examination (condensed so   | lvent on exterior surfac | es)                        | ල්              |  |  |
|  | Physical detection (airflow felt thr   | ough gaskets)            |                            | <b>a</b>        |  |  |
| Odor (noticeable perc odor)                                |  |                          | <b>D</b> /                 |                 |  |  |
|  | Use of direct-reading instrumentat   | ion (FID/PID/calorimet   | ric tubes)                 | ロルル             |  |  |
|  | Halogen leak detector  |                          |                            |                 |  |  |
| If using direct-reading instrumentation, is the equipment: |  |                          |                            | □N/A            |  |  |
|  | a. Capable of detecting p  | erc vapor concentration  | s in a range of 0-500 ppm? | אם צם           |  |  |
|  | b. Calibrated against a st (PID/FID only)?   | andard gas prior to and  | after each use             | מם צם           |  |  |
|  | c. Inspected for leaks and   | l obvious signs of wear  | on a weekly basis?         | מם צם           |  |  |
|  | d. Kept in a clean and sec   | cure area when not in u  | se?                        | DY DN           |  |  |
|  | e. Verified for accuracy b   | y use of duplicate samp  | les (calorimetric only)?   | OY ON           |  |  |
|  | <u></u>  | _                        |                            |                 |  |  |
|  |  |                          |                            |                 |  |  |
| <del>-</del>   | Inspector's Name (Please Print   | o/ <u>i</u> ?            | Date of Inspec             | <i>D</i> ction  |  |  |
|  | (Pap la  |                          | 2/01                       |                 |  |  |
|  | Inspector's Signature  |                          | Approximate Date of N      | lext Inspection |  |  |

AIRS ID#: 0//2297

ACK

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

| FACILITY NAME: Nu   | -Look                                    | 1 /           | Hour            | Clean          | veas DA         | ге: <u>а/(</u> | 100             |
|---|--|---------------|-----------------|----------------|-----------------|----------------|-----------------|
| FACILITY LOCATION:  | 4306                                     |               | Eden A          | . /            |                 |                |                 |
|   | Et la                                    | Sardst        | )<br><b>e</b> . | <b>~</b>       |                 |                |                 |
|   |  |               |                 |                | -               |                |                 |
| Annual Reporting Period: Fe   | b  |               | 19 <u>99</u> TO |                | j-eb            |                | _19 <i>_0 0</i> |
| Based on each term or condition of the 62-213.300, Florida Administrative C   | •  | •             | •               |                | <u> </u>        | DEP Rule       |                 |
| If NO, complete the following:  | •  |               |                 |                |                 |                |                 |
| #1. Term or condition of the general j  | permit that has no                       | t been in cor | itinuous com    | pliance during | the reporting p | period stated  | l above:        |
| Exact period of non-compliance: fron  | i  |               |                 | to             |                 |                |                 |
| Action(s) taken to achieve compliance   | <b>:</b>                                 |               |                 |                |                 |                |                 |
| Method used to demonstrate complian   | ce:                                      |               |                 |                | ·               |                |                 |
| #2. Term or condition of the general j  | permit that has no                       | t been in cor | itinuous com    | pliance during | the reporting p | period stated  | l above:        |
| Exact period of non-compliance: from  | ·  |               |                 | to             |                 |                |                 |
| Action(s) taken to achieve compliance   | <u></u>                                  | •             |                 |                |                 |                |                 |
| Method used to demonstrate complian   | ce:                                      |               | •               |                |                 |                |                 |
| As the responsible official, I hereby ce<br>made in this notification are true, acc<br>upon rolling averages of purchase rec<br>year for transfer or combination facili | irate and complet<br>eipts, does not exc | e. Further,   | my annual co    | nsumption of p | perchloroethyle | ene solvent,   | based           |
| responsible official:   | n Hee<br>Name (Please P                  | Par           | ·K c            | Signatu        | - pur           | <u>~ 3</u>     | ale             |
|   |  |               | _               |                |                 |                |                 |

| P | age | of | • |
|---|-----|----|---|
|   |     |    |   |

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FOR COVERNMENT USE ONLY
Org.: 27850101000 EO: A1
Fund: 2672-035001

70

Obj.: 002273

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|      | City, State FT LAUD                            | DERDALE, FL 33308  |               |
|      | FS Form 2300, Purper200                        | 2 Seelleverseator Instruc  | uons          |

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| FT LAUDERDALE, FL 33308  | 3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.   |
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Fund: 20-2-035001

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Obj.: 002273