

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Chun Byong Park Cobblestone Cleaners 3033-1 Monument Road Jacksonville, Florida 32225

Re: Facility I.D. No. 0310386

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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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



Department of Environmental Protection

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

David B. Struhs Secretary

February 18, 2000

Mr. Chun Byong Park Cobblestone Cleaners 3033-1 Monument Road Jacksonville, Florida 32225

Dear Mr. Park:

Thank you for your note informing the Department that Cobblestone Cleaners is no longer operating. The Department received your note on February 17 and has recorded the information in our database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states that an annual operation fee in the amount of \$50.00 is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirement of the Title V general permit. Our records indicate that Cobblestone Cleaners was in operation in 1999. Therefore, the annual operation fee is now due.

We will be sending out final reminder notices along with invoices to facilities not yet paying the 1999 annual operation fee. For your convenience, a reminder notice and invoice will be mailed to Cobblestone Cleaners. If you have any questions concerning the fee or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

MAR - 2 1999

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

. ANNUAL

Bureau of Air Monitoring
COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: 03/0386 DATE: 2/19/99 TIME IN: 845 TIME OUT: 915
FACILITY NAME: Cobble Stone Cleaners
FACILITY LOCATION: 3033-1 Monument Rd.
Jacksonville, FL 32225
RESPONSIBLE OFFICIAL: Chun BYONG Pack PHONE: 904-641-1124
CONTACT NAME:SamePHONE:Same

PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	×
2. Facility failed to notify DARM to use general permit	ت ا

PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
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	YY ON OCan not determine		
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim			
B. The total quantity of perchloroethylene (perc) pure facility was	urchased within the preceding 12 months by this dry cleaning		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A □N □N/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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/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 AVN 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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□n/a
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A 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 □Y □N **A**N/A and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) OY ON MINA DY DN MANA 5. Maintained exhaust duct monitoring data on perc concentrations? MO YX 6. Maintained startup/shutdown/malfunction plan? OY ON MAN/A 7. Maintained deviation reports? OY ON XXVA Problem corrected? □Y □N XN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			MD AN
2. Has the facility maintained a leak log?			XY □N
3. Does the responsible official check the	following areas for leaks	s?	•
Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	AND NO YA	Stills	X ON ON/A
Filter gaskets and seating	AND NO TA	Exhaust dampers	OY ON XINA
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	AND NO YA	Cartridge filter housings	Y ON ON/A
Water separators	YOY ON ON/A		
4. Which method of detection is used by t	the responsible official?		
Visual examination (condensed s	olvent on exterior surface	es)	×
Physical detection (airflow felt through gaskets)			X X X
Odor (noticeable perc odor)			×
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			★
If using direct-reading instr	umentation, is the equip	oment:	MN/A
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	'UY UN
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	UY UN
•	ecure area when not in us		□Y □N
	by use of duplicate samp		□Y □N
	-, 	· · · · · · · · · · · · · · · · · · ·	

Teff Winder

Inspector's Name (Please Print)

Date of Inspection

Feb. 2000

Approximate Date of Next Inspection

ADDITIONAL SITE I	INFORMATION:	
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		,
		•

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MAR - 2 1999

AIRS ID#: 03/0386

Bureau of Air Monitoring

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>		
FACILITY NAME: Cold	le Stone Cl	leaners	D	ATE: 2/19/99
FACILITY LOCATION: 303	3-1 MONUN	nent Rd.		
Jack	Sonville, F	L 32229	5	
Annual Reporting Period:	nil	_19 <u>98</u> то	Feb. 1	9, 19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-		~	th DEP Rule
If NO, complete the following:	•			
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance (during the reporting	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ntinuous compliance o	during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consumpti	on of perchloroethy.	lene solvent, based
RESPONSIBLE OFFICIAL: Chan Nar	B. PARK (Please Print)	Muss	B Park	2/19/99 Date

/ of /

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 8:45	TIME OUT:	9:15	AIRS ID#:	0310386
TYPE OF FACILITY:	erc. Dry Cke	aner-		
FACILITY NAME:		leaners		date: 2/19/99
FACILITY LOCATION:	3033-1 Moi	nument	Rd.	
	Jacksonvil	12, FC	32225	0.11 11011
RESPONSIBLE OFFICIAL: C	hun 15 young Yo	ark	PHONE NUMBER	2: <u>904-641-1127</u>
	he compliance requirements ule 62-213.300, Florida Ad			facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements	s evaluated during	g this inspection, the f	following compliance
COMPLIANCE REQU	IREMENT/PROBLE	M FO	OLLOW-UP ACT	TION REQUIRED
				·
			•	
			-	
	_			
•				
00) 0 (F) TO			· · · · · · · · · · · · · · · · · · ·	
COMMENTS:				
			•	
The Annual Compliance Certific	otion form has been properl	y certified and su	shmitted to the increase	or VEST NOT
· .		ebruary	200	or. resty NO
DATE OF NEXT INSPECTION	(i:	(Approximate	e)	
INSPECTION CONDUCTED	BY: JU	7 Wind		
INSPECTOR'S SIGNATURE:	John	Please Print) PHONE NUMBEI	a. 904-630-2484
INSPECTOR'S SIGNATURE:	Jy y	1 1	I WOME HOMBE	
	Pag	geof		Revised 10/96

Revis	ed .	10	71	$^{\circ}$	96

AIRS ID#: <u>03/0386</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CO 666	e Stone Cleans	2/5	DATE: 2/6/97
FACILITY LOCATION: 303	3-1 Monument	- Rd.	
Jackson	ville, FL 3	32225	
Annual Reporting Period:Sex	tember 5 199	76 то <u>2/6</u>	19 <u>97</u>
Based on each term or condition of the Title	V general air permit, my fac	ility has remained in complian	100 With DEP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during the period cov	ered by this statement.	es 🗆 no
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continue	ous compliance during the rep	orting 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 continue	ous compliance during the rep	orting period stated above:
Exact period of non-compliance: from		·	
Action(s) taken to achieve compliance:		<u> </u>	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my a does not exceed 2,100 gallon	nnual consumption of perchlo	roethylene solvent, based
ivar 	ne (1 rease † 11111)	Signatuje	Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Cobble stone Cleaners Site Name (For example, plant name or number):
2.	A
	Cobblestone Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 2022 - 1 1/0N/IMENT Rd
	Street Address: 3033-1 MONUMENT Rd City: Jacksonville County: Duval, FL Zip Code: 32225
5.	Facility Identification Number (DEP Use):
	03/0386
2007-06-040	Responsible Official
	responsible Official
63	Name and Title of Responsible Official:
	CHUN BYONG PARK
7.	Responsible Official Mailing Address:
	Street Address: 3033-1 Monument Rd
	Organization/Firm: Cobblestone Cleaners Street Address: 3033-1 Monument Rd City: Jackson VI'lle County: Duval Zip Code: 32225
8.	Responsible Official Telephone Number:
	Telephone: $(904)64/-//24$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

#03/0386

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	Cobblestone Cleaners
	COULDED AUGUS
	-spoke W/ Chun Byong Park- 9/30/96
	Ala-In
	9/30/96
,	
n 12	1 add to 40 - Dullon
<u> </u>	le add title - Owner
,	
2/11	1.(a) add date control device installed 1.(c) mark out "X" and initial 5.(f) required
<u> </u>	1. (a) upo date control device
'	installed
*	1 /2) march out 11V/1 and in story
	1. WINNER ON A WILL CHILLIAN
D./5	5. (+) required
1	
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Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93					02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1		Tan tagair					7	449,046
(1) w/ ref. condenser	#/	1-Aug-94	1						
(2) w/ carbon adsorber		1 110							
(3) w/ no controls									
Washer Unit	· .	Lagarda dagan	TARBETT LITTE		ing at the part		7,1		Tali wale
(4) w/ ref. condenser					ľ				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		and the second	e jerma i	· .					- Hallica
(7) w/ ref. condenser						1		Ī	
(8) w/ carbon adsorber		_							
(9) w/ no controls									
Reclaimer Unit		1		1,575	The paper (170)		- N. () ()		
(10) w/ ref. condenser			2000		I.				
(11) w/carbon adsorber									
(12) w/ no controls		_							
(b) Control devices are required, but not yet installed									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source									
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce []		

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Effective: 6-25-96

(Indicate with an "X".)	lired on machines	pursuant to section (5) of	Part II of this notification form?						
Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser							
New small area source Refrigerated condenser	لــــــــــــــــــــــــــــــــــــ								
New large area source Refrigerated condenser									
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam an	d hot water generating uni							
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by r	natural gas except for perio	ods of natural gas curtailment						
All steam and hot water generating No such units on-site	All steam and hot water generating units exempt No such units on-site								
Equipm	nent Monitoring	and Recordkeeping Infor	mation						
Check all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:						
(a) Purchase receipts and solvent p	ourchases								
(b) Leak detection inspection and	repair		(X_)						
(c) Refrigerated condenser temper	ature monitoring		ĹΧ̈́						
(d) Carbon adsorber exhaust perc	concentration mor	nitoring							
(e) Instrument calibration			, ,						
(f) Start-up, shutdown, malfunction	on plan								
	•								

DEP Form No. 62-213.900(2)

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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)				
(X)	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 ication. 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.				

Date

DEP Form No. 62-213.900(2) Effective: 6-25-96

Signature

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: $9:/5$ TIME OUT: $9:$	40AIRS ID#: 03/0386
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Cobble Stone C	2/eaners DATE: 2/6/97
FACILITY LOCATION: 3033-1 M	onument Rd
Jackson ville, FL	32225
RESPONSIBLE OFFICIAL: Chun Byong Pa	ark PHONE NUMBER: 641-1124
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	cluated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluscrepancies were noted:	duated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly ce	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	2/6/98
INSPECTION CONDUCTED BY:	Approximate) Tey Winter
INSPECTOR'S SIGNATURE: Jeffry Uni	Please Print) PHONE NUMBER: (904) 630-3484
Dog .	Payrised 10/06

F-0310300

	Cobblestone Cleaners	i.i.
1.	-spoke W/ Chun Byong Park- 9/30/96	DEC 2 - 1 AIR & WATER QU DIVISION - CITY JACKSONVILI
2.	p. 13 le add title - Owner	किंग कि
3.	p.14 1.(a) add date control device	
4.	s 1.(c) mark out "X" and initial p.15 5.(f) required	2225
5.	Fa P.75 S.(1) requires	
6.	N _E	
7.	Re Or St Ci	e: 32225
8.	Re Te	
		- ,
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Cobblestone Cleaners
2.	Site Name (For example, plant name or number):
	Cobblestone Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 3033-1 MONUMENT Rd City: Jacksonville County: Duval, FL Zip Code: 32225
٥.	Facility Identification Number (DEP Use):
	03/0386.
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: Cohblestone Cleaners
	Organization/Firm: Cobblestone Cleaners Street Address: 3033-1 Monument Rd City: Jackson VI'/le County: Duva/ Zip Code: 32225
	City: Jackson ville County: Duval Zip Code: 32225
8.	Responsible Official Telephone Number:
	Telephone: $(904)64/-//24$ Fax: () -
	Facility Contact (If different from Demonsible Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			(Miss,	,					
(1) w/ ref. condenser	#1	1-Aug-94	1-Ang-9	/					T
(2) w/ carbon adsorber		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							,
(3) w/ no controls				~					
Washer Unit						•		<u>'</u>	
(4) w/ ref. condenser									-
(5) w/ carbon adsorber									
(6) w/ no controls			•					†	
Dryer Unit		<u> </u>	·	·		•			
(7) w/ ref. condenser					_				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			er eller	- :					
(10) w/ ref. condenser					1.	T			
(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 Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [≠	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)		nitions found	V		Part II?	
Existing large are	ea sou	irce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2) Effective: 6-25-96

(Indicate with an "X".)	ired on machines	pursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	لــــــــــــــــــــــــــــــــــــــ		
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipmo	ent Monitoring a	and Recordkeeping Inform	mation
Check all logs which are required to	o be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent pu	urchases		[X]
(b) Leak detection inspection and re	epair		
(c) Refrigerated condenser tempera	ture monitoring		لكنا
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			[X]C,B,P.
(f) Start-up, shutdown, malfunction	n plan		X Cigir.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	•							
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statement maintain i	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification.								
Signature	Date Date							

Chundyoup Park 2-11-97.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
		IN: 9:15 TIME OUT: Cleaners	
		Monument Rd.	
ll .		ville, FL 3222	
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DARI	M by 9/1/96		11
2. New facility notified DARM 3	0 days prior to sta	rtup	
3. Facility failed to notify DARM	to use general pe	ermit	
PART II: CLASSIFICATION		_	
Facility indicated on notification (check appropriate box)	form that it is:		·
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galboth="" gally="" only,="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr l/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classifica	tion	v Y □N	
If no, please check the appropriat	e classification:		
☐ facility exceeds a	above limits and i	mit as number above s not eligible for a general permit	
B. The total quantity of perchloro facility was gallons.	ethylene (perc) pr	urchased within the preceding 12 months	by this dry cleaning

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- Equipped all machines with the appropriate vent controls?
 Equipped dry-to-dry machines with a closed-loop vapor venting system?
 Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
 Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
 Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
 Has the responsible official of an existing large or new large area source also:
 - 2 of 4

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?

Revised 10/14/96

DY DN

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

PA	ART V: RECORDKEEPING REQUIREMENTS	·					
	Has the responsible official: (check appropriate boxes)						
1.	Maintained receipts for perc purchased?	DY ON					
2.	Maintained rolling monthly averages of perc consumption?	ON DN					
3.	Maintained leak detection inspection and repair reports for the following:						
	a. documentation of leaks repaired w/in 24 hrs? or;	DA DN					
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם צם					
4.	Maintained calibration data? (for direct reading instruments only)	DY ON ON/A					
5 .	Maintained exhaust duct monitoring data on perc concentrations?	DY DAY N/A					
6.	Maintained startup/shutdown/malfunction plan?	CHY ON					
7.	Maintained deviation reports?	□Y ®M					
	Problem corrected?	DY DN N/44					
8.	Maintained compliance plan, if applicable?	OY ON DAYA					

PART VI: LEAK DETECTION AND REPAIRS	<u>_</u>
1. Does the responsible official conduct a weekly leak detection and repair inspection?	EN ON
2. Which method of detection is used by the responsible official?	_
Visual examination (condensed solvent on exterior surfaces)	<u>u</u>
Physical detection (airflow felt through gaskets)	<u>u</u>
Odor (noticeable perc odor)	4
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	9

If using direct-reading instrume	ntation,	is the equipment:	:		
a. Capable of detecting p	erc vapo	or concentrations in	n a range of 0-500 ppm?	DY 0	N
b. Calibrated against a si (PID/FID only)?	tandard g	gas prior to and aft	er each use	ty o	N
c. Inspected for leaks and	d obvious	s signs of wear on	a weekly basis?	BY O	N
d. Kept in a clean and se	cure area	a when not in use?	•	OY O	N
e. Verified for accuracy l	by use of	duplicate samples	(calorimetric only)?		N
3. Has the facility maintained a leak log?				er o	N
4. The following areas should be checked:	for leaks	by the inspector:			
	Leak D	etected?		Leak D	etected?
Hose connections, fittings, couplings, and valves	ΟY	GN	Muck cookers	ΩY	EN
Door gaskets and seating	ΠY	W N	Stills	ΩY	ZX
Filter gaskets and seating	ΠY	AN	Exhaust dampers	ΩY	2 N
Pumps	ΠY	GN	Diverter valves	□Y ,	<u>ON</u>
Solvent tanks and containers	ΠY		Cartridge filter housings	ΟY	PN
Water separators	ΠY	C N			
Charles Con	_				

Name of Responsible Official

2/6/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
			7	
		•		
				.,
	•			

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

COBBLESTONE CLEANERS
CHUN BYONG PARK
3033-1 MONUMENT ROAD
JACKSONVILLE FL 32225

Do NOT Remove Label

Annual Reporting Period:	JAN.		_19 <u>97</u>	то _	Deci	3 /1	19 <u>97</u>
Based on each term or condition of 62-213.300, Florida Administrativ		**			· ·		P Rule
If NO, complete the following:							
#1. Term or condition of the gener	ral permit that	has not been in co	ontinuous c	omplianc	ce during the re	eporting perio	d stated above:
Exact period of non-compliance: f	rom			· t	0		· ten si
Action(s) taken to achieve complia	nce:	:					
Method used to demonstrate comple	liance:	- 19			,		
#2. Term or condition of the gener	ral permit that	has not been in co	ontinuous co	omplianc	e during the re	eporting perio	d stated above:
Exact period of non-compliance: if	rom			. to			
Method used to demonstrate comp	liance:						
		·					
As the responsible official, I hereby of notification are true, accurate and condoes not exceed 2,100 gallons per year.	omolete. Furth	er, my annual cons	umption of p	perchloro	einyiene soiven	t, vasea upon p	urcnuse receipis,
RESPONSIBLE OFFICIAL:	Chun Z Name (I	Please Print)	<i>Q</i>	And	Signature	ih "	2/14/98 Date

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

MAR 0 3 1998

TITLE V AIR QUALITY GENERAL PERMIT (INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1005	TIME OUT:	1030	AIRS ID#:	03/0386
TYPE OF FACILITY:	Dry Ckaner			
FACILITY NAME:	Obble Stone	Cleaner.	5	DATE: 4/1/98
FACILITY LOCATION:	3033-1 /	10nume	ent Rd.	
	Jackson ville	, FL 3	32225	
RESPONSIBLE OFFICIAL:	Chun Byong	Park	PHONE NUMBER	: 904-641-1124
	the compliance requiremen Rule 62-213.300, Florida Ad			acility is found to be in
Based on the results of discrepancies were note	the compliance requiremen	ts evaluated dur	ing this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROBLI	EM :	FOLLOW-UP ACT	TION REQUIRED
.				P
				Surga ADA, KIL
				Modific Solitor Solito
				is the
	•			
00) 0 m mg	_			
COMMENTS:	·			
The Annual Compliance Certific	cation form has been proper	rly certified and	submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTIO)N:	(Approximately	1 1998	· ·
INSPECTION CONDUCTED	BY:	eff Wir	iter	
INSPECTOR'S SIGNATURE	: Jeffry	(Please Pri	PHONE NUMBE	r: <u>904-630-2800</u>
	/ W/ P2	ageof		Revised 10/9

	,					Δ	
					V	K	
PERC	HLOROETH				NERS	C	
	TITLE V COMPLIANCE				illegil .	BA LA	
TYPE OF INSPECTION:	ANNUAL		M	COMPLAIN	T/DISCOVERY	60 1	
	RE-INSPECTIO	N			% ; So	18 18 O	
		,			~		
airs id#: <u>03/0386</u> i		78	TIME I	N: <u>/005</u>	TIME OUT	1030	
FACILITY NAME:	Obble Sto	ne	Clea	ners			
FACILITY LOCATION:	_	Mor	1 u me	nt Rd			
	Jackson	ville	FL	32225	<u>-</u>		
RESPONSIBLE OFFICIAL:			^			124	
CONTACT NAME:	Sam	<u> </u>		PHONE: _	Same		
			:				
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·		<u></u>	м			
(check appropriate box)							
1. New facility notified DARM 3	30 days prior to sta	rtup				×	
2. Facility failed to notify DARN	I to use general pe	rmit				-	
PART II: CLASSIFICATION				_			
Facility indicated on notification	n form that it is:			□ No notific			
(check appropriate box) A.				□ Drop stor	e/out of business/	petroleum	
1. Existing small area sourc				rea source	×		
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	Γ			x < 140 gal/yr	•		
both types, x < 140 gal/yr				< 200 gai/yr 40 gai/yr			
(constructed before 12/9/91)	. '			or after 12/9/9	1)		
3. Existing large area sourc	e 🗆	4. Nev	v large a	rea source			
dry-to-dry only, $140 \le x \le 2,1$		-		$140 \le x \le 2,10$			
transfer only, $200 \le x \le 1,800$				$0 \le x \le 1,800$			
both types, $140 \le x \le 1,800$ ga	ıl/yr			$\le x \le 1,800 \text{ ga}$			
(constructed before 12/9/91)		(COLISIT	ncted on (or after 12/9/9	1)		
5. This is a correct facility cla	ssification	ΠY	ПN	□Can not de	etermine		
If no, please check the a		ation:					
☐ facility							
	qualified for a gen	neral per					
	qualified for a gen exceeds above lim	neral per nits and i	s not elig	ible for a gene	ral permit		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY 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 MA ON ON'Y 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A 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 MANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? XY □N 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? YY ON ON/A Problem corrected? DY DN MN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK D	ETECTION AND R	EPAI	RS					
1. Does the responsi	ble official conduct a v	veekly	(for	small sources, l	bi-weekly) leak detection a	nd rep	раіг	
inspection?						MY		JN
2. Has the facility ma	aintained a leak log?					XY		ЛC
3. Does the responsi	ble official check the fe	ollowi	ng ar	eas for leaks?				
Hose connection couplings,	ctions, fittings, and valves	XX.	ПN	□N/A	Muck cookers	Y	ΠИ	□N/A
Door gaskets	s and seating	Y	ΠN	□N/A	Stills	Y	ΠN	□N/A
Filter gasket	ts and seating	Y	ΠN	□N/A	Exhaust dampers	XY	ПN	□N/A
Pumps		≱ (A	ПΝ	□N/A	Diverter valves	X	ПN	□N/A
Solvent tank	s and containers	XY	ПN	□N/A	Cartridge filter housings	YY	□N	□N/A
Water separa	ators	Y	ΠN	□N/A	,			
4. Which method of	detection is used by th	e resp	onsib	le official?				
Visual exam	nination (condensed so	vent (on ex	terior surfaces)		×		
Physical det	ection (airflow felt thro	ough g	gaske	ts)		M M M M		
Odor (notice	eable perc odor)					×		
Use of direct	t-reading instrumentat	ion (F	ID/P	ID/calorimetric	tubes)	<u> </u>		
Halogen leal	k detector					X		
If using	direct-reading instru	ment	ation	, is the equipm	ent:	□N	/A	
a. (Capable of detecting p	erc va	por c	oncentrations is	n a range of 0-500 ppm?	XY	ΠN	
H .	Calibrated against a st (PID/FID only)?	andar	d gas	prior to and aft	ter each use	ΩY	Ми	
c. 1	Inspected for leaks and	obvio	ous si	gns of wear on	a weekly basis?	XY	□N	
d. 1	Kept in a clean and se	cure a	rea w	hen not in use?	•	XY	□N	
е. `	Verified for accuracy b	y use	of du	plicate samples	(calorimetric only)?	XY	□N	
						·		
•	-							
Je	Af Winter				4/1/9	B		
Inspecto	r's Name (Please Prin	:)			Date of Inspe	ction		
Q	they Winter	<u>'</u>			April	1.,	199	8
Ingo	ector's Signature				Approximate Date of	Next 1	Inspec	tion

ADDITIONAL SITE INFORMATION:	
·	
•	

Hey Rick, just wanted to let you know that Cobblestone Cleaners (AIRS) (ID.#:03:10386) is closed. They removed their machine. Also, Country Day Cleaners (0310416) was listed as Inactive in ARMS. They sent a letter to the State stating they were going to close, but changed their mind. I went ahead and put them back as Active in ARMS. I performed an inspection last week and talked with the owner. He said they were going to move but changed his mind due to the cost.

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The put

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DEPARTMENT OF ENVIRONMENTAL PROTECTION CASH LISTINGS OFFICE

VERIFICATION OF DOCUMENTATION RECEIVED WITH NO CHECK/CASH

DATE: 47/98
DOCUMENTATION RECEIVED FROM Chury 15 VONG TAM
NO CHECK OR CASH WAS RECEIVED IN THE ENVELOPE WITH THE
DOCUMENTATION.
OPENED BY: 904
WITNESSED BY: Levelly Sult

Documentation received by the Mail Rooms that does not contain a check or the appropriate amount of cash will be entered on this form.

ł					
		P 174 DS	52	544	
		US Postal Service Receipt for Ce No Insurance Coverag Do not use for Internat	ia Pr	rovidod	
	30	COBBLESTONE CLEA HUN BYONG PARK 033-1 MONUMENT R ACKSONVILLE FL 32	ANE	AIRS ID # 0310386 ERS	
		Certified Fee		. 1	
		Special Delivery Fee			
	ıo	Restricted Delivery Fee			
	ii 199	Return Receipt Showing to Whorn & Date Delivered			
	, Ap	Return Receipt Showing to Whom, Date, & Addressee's Address			
	8	TOTAL Postage & Fees	\$		
	PS Form 3800, April 1995	Postmark or Date			
	ď				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, arid 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. Article Addressed to: AIRS ID # COBBLESTONE CLEANERS CHUN BYONG PARK 3033-1 MONUMENT ROAD JACKSONVILLE FL 32225 	C. Signature C. Signature X D. Is delivery address different from item 1? If YES, enter delivery address below:
	4. Restricted Delivery? (Extra Fee)
2. Acticle Number (Copy from service Jabel)	
PS Form 3811, July 1999	omestic Return Receipt 10259

	Z .333 j	. 67	300				
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)						
ļ	Sent to	. ,	AIRS ID # 0310	386			
. (COBBLESTONE CLE CHUN BYONG PARK 8033-1 MONUMENT I ACKSONVILLE FL 3	ROAD	S				
Ì	Certified Fee	· •-					
	Special Delivery Fee 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 Postmark or Date	\$					
PS For			,				

.

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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0310386 COBBLESTONE CLEANERS CHUN BYONG PARK 3033-1 MONUMENT ROAD JACKSONVILLE FL 32225	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Ares
2. Article Number (Copyyfrom service label) £ 333 (e) (7 300)	,,
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.					I also wish to receive the following services (for an extra fee):	
	Attach this form to the front of the mailpiece, or on the back if space permit.			ace does not	ce does not 1. Addressee's A		
•	■Write "Return Receipt Red		on the mailpiece below the art		2. Restricted Delivery		
:	The Return Receipt will show to whom the article was delive delivered.			and the date	Consult postmaster for fee.		
) . }	3. Article Addressed to	3. Article Addressed to:		4a. Article N	umber		
			AIRS ID 0310386	Z 33	3 617	2. 930	
•	COBBLESTONE CLE	ANERS		4b. Service	- 4		
	CHUN BYONG PARI		☐ Registere	ed	☑ Certified		
Ì	3033-1 MONUMENT ROAD JACKSONVILLE FL 32225			☐ Express I		Insured	
			•	·		chandise	
				7. Date of De		A (
		•		7. Date of De	""JU ~	15	
,	5. Received By: (Print	Mamal		9 Addrosop	o'o Addropo	(Only if requested	
	5. Neceived by. (Plint	ivailio)		and fee is		(Only ii requested	
:	C. Cianatura (Address	A		-	F)		
	6. Signature: (Address	BB OF AG		·	•		
	X Mm	M27	Yav C				
	PS Form 3811 , Dece	mber 19	94	102595-97-B-0179	Domesti	c Return Receipt	
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			US Postal Service Receipt for Cer COBBLESTONE CLEAR CHUN BYONG PARK	tified Mail AIRS ID 0 NERS	9310386		
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PLACE STICKER ATITOP OF ENVE TO THE RIGHT OF RETURN ADD	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: 10 AIRS ID # 0310386001AG CHUN BYONG PARK COBBLESTONE CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? — Yes If YES, enter delivery address below:		
3033-1 MONUMENT ROAD JACKSONVILLE FL 32225	3. Service Type Certified Mail		
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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Fund: 20-2-035001 Obj.: 002273



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