

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 7, 1998

Mr. Soueng Chung Kings Cleaners of Jacksonville 8101-1 Old Kings Road Jacksonville, Florida 32217

Re: Facility No.: 0310454

Dear Mr. Chung:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 1, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Lori Tilley, Duval County

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

# Perchloroethylene Dry Cleaning Facility Notification

	Perchloroethylene Dry Cleaning Facility Notification  Facility Name and Location  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Kings Cleaners of Jax.					
	Facility Name and Location					
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Kings Cleaners of Jax.					
2.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Kings Cleaners of Jax.  Site Name (For example, plant name or number):  8101-1 old kings Rd  Jax. FL 32217					
3.	Hazardous Waste Generator Identification Number:					
	HYK95A000437 model #: HYDRUMIST					
4.	Facility Location: Kings Cleaners of Jax.  Street Address: 8101-1 old Kings Rd,  City: Jax.  City: Duval  Zip Code: 32217					
5.	Facility Identification Number (DEP Use):  0310454					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Soveng Chung - Owner					
7.	Responsible Official Mailing Address:  Organization/Firm: Kings Cleaners of Jax  Street Address: 8101-1 Old Kings Rd  City: Jax County: DuVal Zip Code: 32217					
8.	Responsible Official Telephone Number: Telephone: (964) 739 - 3498 Fax: ( ) -					
Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):  Source Chung - Manager					
10.	Facility Contact Address:  Kings Cleaners of Jax.  Street Address: 8101-1 old Kings Rd.  City: Jax County: Duval Zip Code: 32217					
11.	Facility Contact Telephone Number: Telephone: (904) 739 - 3 498 Fax: ( ) -					

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### **Facility Information**

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

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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
3 (1) w/ ref. condenser	#1	195	195						
(2) w/ carbon adsorber			, <u> </u>						<u> </u>
(3) w/ no controls									
Washer Unit	†——		<del>'</del>	·	<del></del>	<del></del>			<u> </u>
(4) w/ ref. condenser	_		1.				_		
(5) w/ carbon adsorber		<u> </u>							
(6) w/ no controls		<del>                                     </del>				1			
Dryer Unit		·							<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber			_						<del></del>
(9) w/ no controls		· . · · · · ·							
Reclaimer Unit					1				
(10) w/ ref. condenser				_					
(11) w/carbon adsorber						1		1	
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the least than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [	perc)	_] purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)		nitions found		i) of ]	Part II?	
Existing large are	a sou	ırce [ ]	Ne	w lar	ge area sourc	ce [ ]			

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	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	
· .	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	. [   X

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

### Surrender of Existing Air Permit(s)

HOUSE PARK 1631

Please indic	ate 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)					
نگا	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this noti statemei maintaii	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the note that the notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pr	omptly notify the Department of any changes to the information contained in this notification.					
Signatur	Sovery Chry 6-29-98					

DEP Form No. 62-213.900(2) Effective: 6-25-96 Kings Cleaners of Jax. 2101-1 old Kings Rd. Jax, FL 32217



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

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# RECEIVED

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	TON D	COMPLAINT/DIS	COVERY	
RE-INSPECT	ION L			
AIRS ID#: <u>0310454</u> DATE: <u>8/20</u>		•		430
FACILITY NAME: Kings				
FACILITY LOCATION: 8/0/				
<u> Jack</u>	Son VILL, F	Z 32217	<u> </u>	
responsible official: <u>Soven</u> contact name:	g Chung	PHONE: 904-7	739-39	198
CONTACT NAME:	ne	PHONE:	)ame	
PART I: NOTIFICATION				
(check appropriate box)		•		_
New facility notified DARM 30 days prior to s	_			×
2. Facility failed to notify DARM to use general p	permit		_	
PART II: CLASSIFICATION				
Facility indicated on notification form that it is (check appropriate box)	:	☐ No notification for ☐ Drop store/out of		oleum
A.  1. Existing small area source	2. New small a	rea source	×	
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	dry-to-dry only, transfer only, x south types, x < 1 (constructed on a	< 200 gal/yr .40 gal/yr or after 12/9/91)	, "	,
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < both types, x < 1 (constructed on a dry-to-dry only, transfer only, 20	< 200 gal/yr .40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr or after 12/9/91)	ureau of & Mob	SEP
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	transfer only, x < both types, x < 1 (constructed on a dry-to-dry only, transfer only, 20 both types, 140 <	< 200 gal/yr .40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	ureau of & Mob	SEP
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	transfer only, x < both types, x < 1 (constructed on a dry-to-dry only, transfer only, 20 both types, 140 < (constructed on a dry-to-dry only) (constructed on a dry-to-dr	< 200 gal/yr  .40 gal/yr or after 12/9/91)  rea source $140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr or after 12/9/91)  Can not determine	ureau of Air Monitoring & Mobile Sources	SEP

# 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? □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 XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XXIVA 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVACO NCO YX 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 MY ON ON/A condenser exceeded 45° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after MIN DIN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		٠.	
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?	ПY	□и	
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?	ПY	□и	□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	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	YZYY □N
2. Maintained rolling monthly total of perc consumption?	□Y XV
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ÞÁN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA
6. Maintained startup/shutdown/malfunction plan?	Mo vagy
7. Maintained deviation reports?	oy on \$4n/a
Problem corrected?	DY DN TAINA
8. Maintained compliance plan, if applicable?	OY ON MINA

Б	ART VI: LEAK DETECTION AND	DEDATOS			
=	Does the responsible official conduct a	7-1-1 (484 ) As 11 2 (46 747 May 1186 MAY Analos on the	es, bi-weekly) leak detection a	nd repair	
	inspection?	, (	•,	MY D	N
2.	Has the facility maintained a leak log?	•		DY X	N
3.	Does the responsible official check the	following areas for leaks	?	/	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	AYY ON C	⊐n/A
	Door gaskets and seating	AND NO YA	Stills	MAY DN C	IN/A
	Filter gaskets and seating	AND NO VA	Exhaust dampers	AY ON C	IN/A
	Pumps	XY ON ON/A	Diverter valves	MY ON C	JN/A
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	XY ON C	IN/A
	Water separators	AND NO YA			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)	*	
	Physical detection (airflow felt th	rough gaskets)		N N	
	Odor (noticeable perc odor)		•	)XI	
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	م	
	Halogen leak detector				
	If using direct-reading instr	rumentation, is the equip	ment:	M/A	
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□У □М	
	•	nd obvious signs of wear	on a weekly basis?	пу пу	

Jeff Winter	8/20/98
Inspector's Name (Please Print)	Date of Inspection
Jeffry Winter  Mispector's Signature	AUGUST, 1999
prospector's Signature	Approximate Date of Next Inspection

 $\Box$ Y  $\Box$ N

 $\Box$ Y  $\Box$ N

d. Kept in a clean and secure area when not in use?

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

ADDITIONA	L SITE INFORMA	TION:		
				·

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DI	SCOVERY	RE-INSPEC	TION [
TIME IN: 1400	TIME OUT:	1430	AIRS ID#:	03/045	4
TYPE OF FACILITY: $\mathcal{L}$	ry Cleaner		<del></del>		
FACILITY NAME:	Kings Cleane	rs of J	ax.	DATE: <b>\(\begin{align} \)</b>	20/98
FACILITY LOCATION:	8101-1 OH	Kings K	ZJ.		,
	Jacksonville,	FL 3:	2217		
RESPONSIBLE OFFICIAL:	<u> </u>	ung	PHONE NUMBE	r: <u>904-73</u> 9	7-3498
<b>—</b>	he compliance requirements ule 62-213.300, Florida Adm	_	-	facility is found to b	e in
Based on the results of the discrepancies were noted	he compliance requirements	evaluated during t	his inspection, the	following compliand	æ
COMPLIANCE REQU	JIREMENT/PROBLE	и   гог	LLOW-UP AC	TION REQUIR	<b>ED</b>
O Condenser temp.	NOT recorded.	* P.O	. Will begin	. Using Cal	ender
2 leak check jed	olds Not lecold	2d. # R.	O. Will beg	in Using C	alender
			<del></del>		
			,,,		
	<del></del>				
COMMENTS:	-			-	
	•				
The Assert Compliance Continue	estion form has been proporty	contified and subn	nitted to the increa	tor VEC	NO
The Annual Compliance Certific		certified and subi	1999	tor. YESKY	NO
DATE OF NEXT INSPECTIO	N:	(Approximate)	////	_	
		(Approximate)	tor		
INSPECTION CONDUCTED	BY:	(Please Brint)			
INSPECTOR'S SIGNATURE:	Jeffing h	1 -	PHONE NUMBE	r: 904-630-	-2800
	/ W/	of			Revised 10/96

AIRS ID#: 03/0454

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Kings Cleaners of Jax. DATE: 8/20/9	rg.
FACILITY LOCATION: 8/0/- / Old Kings Rd.	
Jackson ville, FL 32217	
Annual Reporting Period: July 1 1998 to August 20 19	<u>98</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	ve:
Part IV (A) 4 - Condenser temp. NOT recorded	
Exact period of non-compliance: from July 1 1998 to August 20, 1998	P
Action(s) taken to achieve compliance: P.O. Will begin to use Calender	
Method used to demonstrate compliance: Reinspection.	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above.  Fact V1(2)- No leak log kept	ve:
Exact period of non-compliance: from July 1 1998 to August 20, 1998	
Action(s) taken to achieve compliance:  R.O. Will begin USIRS ECELLED	
Method used to demonstrate compliance: Keinskection.	
SEP 2 5 1770	
Bureau of Air Monitoring	
& Mobile Sources As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement	nts
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base	
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons pe	
year for transfer or combination facilities.	
RESPONSIBLE OFFICIAL: S. C. Sauce Muse 8-20.9	8
Name (Please Print) Signature Date	

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLAINT/DISCON COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL **RE-INSPECTION** AIRS ID#: 03/0454 DATE: 5/7 TIME IN: FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: PHONE: **CONTACT NAME:** PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ■ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 1. Existing small area source  $\Box$ 2. New small area source dry-to-dry only, x < 140 gai/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/vr transfer only, x < 200 gal/yrboth types,  $x \le 140 \text{ gal/yr}$ both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification  $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

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

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?	ПY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			<b></b>
	if machines are equipped with a carbon adsorber?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	UY (	□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?	<b>□Y</b> (	ו א⊏	N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (	ות⊏	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ו מב	□N/A

P.	PART V: RECORDKEEPING REQUIREMENTS					
ı	Has the responsible official: (check appropriate boxes)					
1.	Maintained receipts for perc purchased?	XIY □N				
2.	Maintained rolling monthly total of perc consumption?	XY □N				
3.	Maintained leak detection inspection and repair reports for the following:					
	a. documentation of leaks repaired w/in 24 hrs? or:	XV ON ON/A				
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN <b>X</b> N/A				
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN MANA				
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY ON MANA				
6.	Maintained startup/shutdown/malfunction plan?	<b>у≰</b> ұ □и				
7.	Maintained deviation reports?	DY ON MAN/A				
	Problem corrected?	AVA <b>X</b> ND YE				
8.	Maintained compliance plan, if applicable?	□Y □N X(N/A				

P	ART VI: LEAK DETECTION AN	ID REPAIRS	-			
1.	Does the responsible official condu	ct a weekly (for small sources,	bi-weekly) leak detection a	and rep	air	
	inspection?			<b>X</b> Y	□N	
2.	Has the facility maintained a leak le	og?		C□Y	MA	
3.	Does the responsible official check	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	Y UN UN/A	Muck cookers	XX	□N □N/A	
	Door gaskets and seating	YAY ON ON/A	Stills	X	□N □N/A	
•	Filter gaskets and seating	AND NO YES	Exhaust dampers	ПY	□N MN/A	
	Pumps	אוחם חם צבלי	Diverter valves	ΠY	□N ŽÍN/A	
	Solvent tanks and containers	AVA ON ON/A	Cartridge filter housings	X	□N □N/A	
	Water separators	YAY ON ON/A				
4.	Which method of detection is used b	y the responsible official?				
	Visual examination (condense	d solvent on exterior surfaces)		×		
	Physical detection (airflow felt	through gaskets)		X		
	Odor (noticeable perc odor)			N X X		
	Use of direct-reading instrume	ntation (FID/PID/calorimetric	tubes)		_	
	Halogen leak detector					
	If using direct-reading in	strumentation, is the equipm	ent:	) MIN/	A	
	a. Capable of detection	ng perc vapor concentrations in	n a range of 0-500 ppm?	C□Y	□N	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and aft	ter each use	ΟY	□N	
	c. Inspected for leaks	and obvious signs of wear on	a weekly basis?	ΩY	□N	
	d. Kept in a clean and	secure area when not in use?		ΠY	□N	
	e. Verified for accura	cy by use of duplicate samples	(calorimetric only)?	ΠY	□N	
		•				
		•				

Inspector's Name (Please Print)

Inspector's Signature

May 2000
Approximate Date of Next Inspection

Date of Inspection

ADDITIONAL SITE INFORMA	TION:	
·		
		·
	•	
	•	
		•
		,

AIRS ID#: 03/0454

Revised 10/10/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Kings Cleaners Of JAX DATE: 5/7/99
FACILITY LOCATION: 8101-1 OH Kings Rd.
Jacksonville, FL 32217
Annual Reporting Period: May 7, 1998 to May 7, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  5(b) NO leak log kept.
Exact period of non-compliance: from  May 7, 1998 to May 7, 1999  Action(s) taken to achieve compliance:  R.O. Will begin beeling 109
Action(s) taken to achieve compliance: R.O. Will begin keeling 109
Method used to demonstrate compliance: Rein Spection
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  5(c) NO Temp. 109 kept.
Exact period of non-compliance: from May 7, 1998 to May 7, 1999
Action(s) taken to achieve compliance: R.O. Will begin keeping 109
Method used to demonstrate compliance: Quinsfection
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon roiling averages of purchase receipts, does not exceed 2,100 gailons per year for dry-to dry facilities or 1,800 gailons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  SOUENG  CHUNG  Source  Source
Name (Please Print)  Signature  Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	1020 AIRS ID#: 03/0454
TYPE OF FACILITY: Perc. Dry Geo	aner
FACILITY NAME: <u>Ling's Clear</u>	eners of JAX DATE: 5/7/99
FACILITY LOCATION: 8/0/-/	1 Old Kings Rd.
Jackson	ville, FC 32217
RESPONSIBLE OFFICIAL: Soveng	Chung PHONE NUMBER: 904-739-3498
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Ac	ts evaluated during this inspection, the facility is found to be in liministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLI	EM FOLLOW-UP ACTION REQUIRED
1 No leak log	Will Start Keeping log
Q NO Temp. log	Will Start Keeping 109
	·
COMMENTS:	
COMMENTS.	
The Annual Compliance Certification form has been proper	rly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	May, 2000
	(Approximate)
INSPECTION CONDUCTED BY:	eff Winter
1 h	(Please Print)
INSPECTOR'S SIGNATURE:	Winds PHONE NUMBER: 904/630-3484
$/\mathcal{U}/_{n}$	age / of / . Revised 10/96
· · · · · · · · · · · · · · · · · · ·	age of Revised 10/96

### BEST AVAILABLE COPY

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	PE OF INSPECTION:	ANNUAL	7	$\mathbf{x}$	COMPLAINT/DIS	SCOVERY		1141
		RE-INSPECTION	ON [	<u> </u>			No.	<u> ۲</u>
	rs id#: <u>03/0454</u> da					ME OUT:	1120	2
FA	CILITY NAME:	ings Cla	ranks	01	- JAX			
	CILITY LOCATION:							_
		Jacks	onville	L	-L 322	17		
RE	SPONSIBLE OFFICIAL : _	Soveng.	Chung		PHONE: <u>904</u> -	-739-	3492	8
CC	ONTACT NAME:	San	و		PHONE:	Same	<del>-</del>	_
PA	RT I: NOTIFICATION							
(ch	eck appropriate box)							
	New facility notified DARM 30	days prior to star	rtup				X	
	Facility failed to notify DARM	•	-				, 	
PA	RT II: CLASSIFICATION							
Fac	RT II: CLASSIFICATION cility indicated on notification eck appropriate box)	form that it is:			☐ No notification f		etroleum	
Fac	cility indicated on notification eck appropriate box)		2 New st	mall are	☐ Drop store/out o	f business/p	etroleum	
Fac (ch A.	cility indicated on notification	form that it is:	2. New si		☐ Drop store/out o		etroleum	
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		dry-to-dry transfer or	only, x	Drop store/out o  ea source  c < 140 gal/yr  200 gal/yr	f business/p	etroleum	
Fac (ch A.	cility indicated on notification eck appropriate box)  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		dry-to-dry transfer or both types	only, x nly, x < s, x < 14	Drop store/out o  ea source  c < 140 gal/yr  200 gal/yr  f0 gal/yr	f business/p	etroleum	1,1
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		dry-to-dry transfer or both types	only, x nly, x < s, x < 14	Drop store/out o  ea source  c < 140 gal/yr  200 gal/yr	f business/p		- 1
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dry transfer or both types (construct	only, $x < 14$ only, $x < 14$ ed on o	Drop store/out o	f business/p		
Fac (ch A.	cility indicated on notification eck appropriate box)  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	0	dry-to-dry transfer or both types (construct	only, x aly, x < s, x < 14 ed on o	Drop store/out o	f business/p		
Fac (ch	cility indicated on notification eck appropriate box)  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)	□ □ 0 gal/yr	dry-to-dry transfer or both types (construct 4. New la dry-to-dry	only, x < 14, x < 14 ed on our rge are	Drop store/out o	f business/p		
Fac (ch	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/	O gal/yr	dry-to-dry transfer or both types (construct  4. New lad dry-to-dry transfer or both types	only, x only, x only, $x < 14$ , $x < 14$ , ed on one only, 1 only, 200, 140 $\leq$	Drop store/out of the property of the propert	f business/p		
Fac (ch	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g	O gal/yr	dry-to-dry transfer or both types (construct  4. New lad dry-to-dry transfer or both types	only, x only, x only, $x < 14$ , $x < 14$ , ed on one only, 1 only, 200, 140 $\leq$	Drop store/out of the property of the propert	f business/p		
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/both types, $140 \le x \le 1,800$ gal/	O gal/yr	dry-to-dry transfer or both types (construct)  4. New la dry-to-dry transfer or both types (construct)	only, x only, x only, $x < 14$ , $x < 14$ , ed on one only, 1 only, 200, 140 $\leq$	Drop store/out of the property of the propert	Bureau of Air Monitorin د Mobile Sources علام		
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal/(constructed before $12/9/91$ )	0 gal/yr al/yr /yr	dry-to-dry transfer or both types (construct)  4. New lad dry-to-dry transfer or both types (construct)	only, x only, x only, x only, x only, x only, x only, 1 only, 1 only, 200 only, 2 only,	Drop store/out of the property of the propert	Bureau of Air Monitorin د Mobile Sources علام		
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal/(constructed before $12/9/91$ )  5. This is a correct facility class  If no, please check the approximation of the source	0 gal/yr al/yr dification propriate classification	dry-to-dry transfer or both types (construct)  4. New la dry-to-dry transfer or both types (construct)  YY  ation: neral permit	only, x only, x only, x only, x only, x only, x only, 1 only, 200 only, 1 only, 200 only, 1 only, 200 only, 140 $\leq$ only only only only only only only only	Drop store/out of the property of the propert	Bureau of Air Monitoring  c. Mobile Sources  y  y  ee  ye		
Fac (ch A.	cility indicated on notification eck appropriate box)  1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gal/(constructed before $12/9/91$ )  5. This is a correct facility class  If no, please check the approximation of the source	0 gal/yr al/yr dification propriate classification	dry-to-dry transfer or both types (construct)  4. New la dry-to-dry transfer or both types (construct)  YY  ation: neral permit	only, x only, x only, x only, x only, x only, x only, 1 only, 200 only, 1 only, 200 only, 1 only, 200 only, 140 $\leq$ only only only only only only only only	Drop store/out of the property of the propert	Bureau of Air Monitoring  c. Mobile Sources  y  y  ee  ye		

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MAY □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 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? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN TSN/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 SPLY 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?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ΠY	DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□N,	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□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: TAY 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 and parts installed w/in 5 days of receipt? □Y □N XBN/A □Y □N TAN/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N \$\frac{1}{2}N/A 5. Maintained exhaust duct monitoring data on perc concentrations? APA DN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □Y □N \$\forall N/A □Y □N \$\forall N/A Problem corrected? 8. Maintained compliance plan, if applicable? □Y □N \$MIN/A

### PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	Agy □N				
2.	2. Has the facility maintained a leak log?	¶AY □N				
3.	Does the responsible official check the following areas for leaks?	1				
	Hose connections, fittings, couplings, and valves  Y \( \sum N \sum N/A \)  Muck cookers	Y ON ON/A				
	Door gaskets and seating Y N N/A Stills	YY ON ON/A				
	Filter gaskets and seating Y N N/A Exhaust dampers	□Y □N ¥MN/A				
	Pumps Y DN DN/A Diverter valves	□Y □N X N/A				
	Solvent tanks and containers Y N N/A Cartridge filter housings	YY ON ON/A				
	Water separators □N □N/A	,				
4.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	#				
	Physical detection (airflow felt through gaskets)	#				
	Odor (noticeable perc odor)	#				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	MAN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	Y ON				
	□Y □N					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	□Y □N				
	d. Kept in a clean and secure area when not in use?	□Y □N				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□Y □N				

Seff Winter

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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		·

Revised 10/10/96

AIRS 1D#: 03/0454

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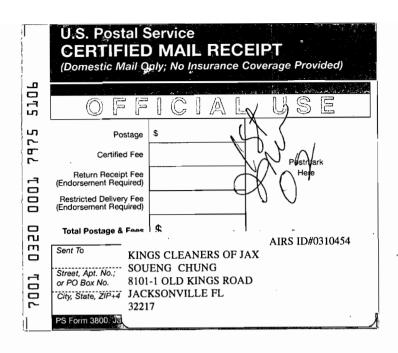
# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Kin	gs Cleaner	s of JAX.	D	ATE: 3/22/2000
facility location: $\int$				·
	ack Sonville	FL 322	17	
Annual Reporting Period:	May 7,	19 <u><i>99</i></u> to	March	22) <b>=</b> 200
Based on each term or condition of t 62-213.300, Florida Administrative	=		<b>~</b>	ith DEP Rule
If NO, complete the following:		,		
#1. Term or condition of the genera	I permit that has not b	een in continuous complianc	e during the reporting	g period stated above:
Exact period of non-compliance: fro	om	t	0	
Action(s) taken to achieve compliance	ce:			
Method used to demonstrate complia	ance:			
#2. Term or condition of the genera	l permit that has not b	een in continuous complianc	e during the reporting	g period stated above:
Exact period of non-compliance: from	om	to		
Action(s) taken to achieve compliance	ce:	•	·	
Method used to demonstrate complia				
As the responsible official, I hereby made in this notification are true, ac upon rolling averages of purchase re year for transfer or combination fact	ccurate and complete. eceipts, does not excee	Further, my annual consum	ption of perchloroethy	vlene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Prin	out)	Signature Signature	3 -27.00 Date

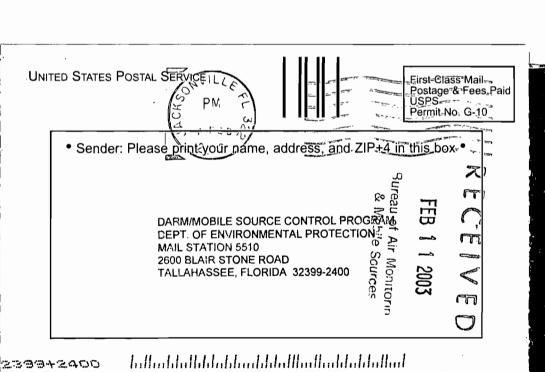
<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/I	DISCOVERY	RE-INSPECTION
TIME IN: ///0	TIME OUT:	1120	AIRS ID#:	03/0454
TYPE OF FACILITY:	erchloro ethyle	ene Dry	Cleaner	
FACILITY NAME:	Kings Cléan	ers of	JAX	DATE: 3/22/2000
FACILITY LOCATION:	8/01-1 0H	tings K	d	
	Jack Sonville	, FL 3.	2217	
RESPONSIBLE OFFICIAL:	Soveng Chi	ing	PHONE NUMBER:	904-739-3498
	the compliance requirements Rule 62-213.300, Florida Adr			cility is found to be in
Based on the results of discrepancies were note	the compliance requirements	evaluated during	g this inspection, the fol	llowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FO	OLLOW-UP ACTI	ON REQUIRED
	•			
	•			
				,
				_
	_			
COMMENTS:				
The Annual Compliance Certifi	cation form has been properly	certified and su	bmitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	ON:	1 arch, o	<u> </u>	
	- Tal	(Approximate	e) 	
INSPECTION CONDUCTED	BY:	(Please Print)	<del></del>	· · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE	: allins L	Justo	 PHONE NUMBER:	904-630-3484
		/ . /	<u> </u>	
	/ Pag	geof		Revised 10/96



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature,  Agent  Addressee  D. Kelivery 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#0310454  KINGS CLEANERS OF JAX SOUENG CHUNG 8101-1 OLD KINGS ROAD		
JACKSONVILLE FL 32217	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

**447009 FEB22**2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 310454 1stC KINGS CLEANERS OF JAX 8101-1 Old Kings Road JACKSONVILLE, FL 32217

Printed on recycled paper.

TEB 23205 F.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273** 

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

413759 FEB 42992

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0310454 KINGS CLEANERS OF JAX SOUENG CHUNG 8101-1 OLD KINGS ROAD JACKSONVILLE FL 32217

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

403358

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 # 0310454

KINGS CLEANERS OF JAX SOUENG CHUNG

8101-1 OLD KINGS ROAD

JACKSONVILLE FL 32217

1-22-01 P2

FOR GOVERNMENT USE ONE

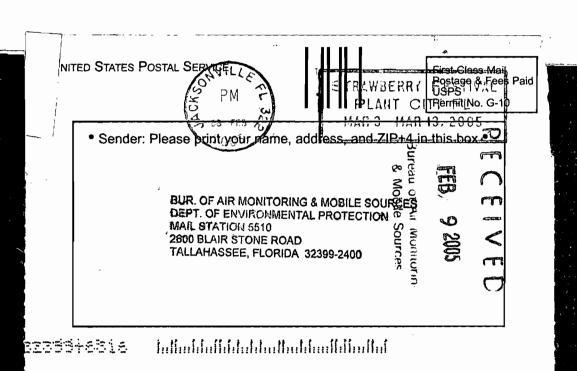
Org.: 37550101000 ECD A1 Fund: 20-2-035001

Obj.: 002273

986 5074	U.S. Postal Service  CERTIFIED MAIL  (Domestic Mail Only; No Insurance Components of the Component of the Co	
510 0004 69	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Postmark Here
32 4002	AIRS ID# STOREDS OF IA	

PENDER: 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	A. Signature  Agent  Addressee	
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.	B. Received by (Printed Name) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from Item 17?	
AIRS ID# 310454 1stC KINGS CLEANERS OF JAX	; ;	
8101-1 Old Kings Road JACKSONVILLE, FL 32217	3. Service Type	
	Certified Mail Registered Return Receipt for Merchandise C.O.D.	Ţ
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
Article Number     (Transfer from service labe)     7004 2510	0004 6986 5074	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	

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į.	Return Reciept Fee (Endorsement Required)
260	Restricted Delivery Fee (Endorsement Required)
LU	Total Post KINGS CLEANERS OF JAX
<u>B</u>	Sent To SOUENG CHUNG
700	Street, Apt. 8101-1 OLD KINGS ROAD JACKSONVILLE, FL 32217
	PS Form 3800) June 2002 Seen Seen Seen Seen Seen Seen Seen See

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  **CHRS ID IT J 104-04*  KINGS CLEANERS OF JAX  SOUENG CHUNG	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. thate of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
8101-1 OLD KINGS ROAD JACKSONVILLE, FL 32217	
LANDOND HOLOUTE	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	260 0003 5650 9127
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

.

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

EUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION CEIVED MAIL STATION 5510 2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

APR 1 9 2004

Bureau of Air Monitoring & Mobile Sources



438167 APR 72004

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

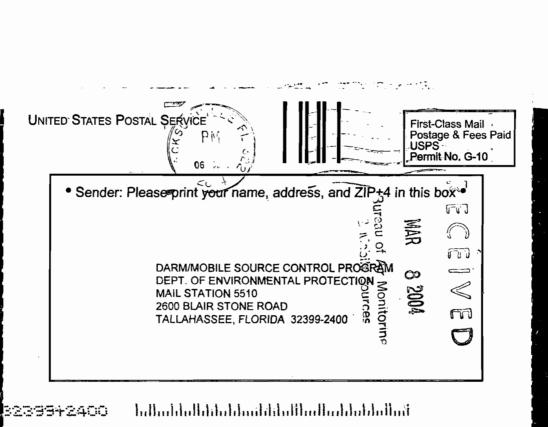
AIRS ID # 310454

SOUENG CHUNG KINGS CLEANERS OF JAK 8101-1-OLD KINGS ROAD JACKSÓNVILLE, FL 32217

FOR GOVERNMENT USE ONES.
Org.: 37550f01000 EO: A1
Fund: 20-2-03500f
Obj.: 002273

9430	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
1	For delivery informa	tion visit our website at	www.usps.com
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4000	Certified Fee		Postmark ()
i	Return Reciept Fee (Endorsement Required)		Here O
500	Restricted Delivery Fee (Endorsement Required)		0
100		AIRS 1D # 310	)454
m	SOUENG CHU	JNG	
7003	[ KINGS CLEAR	NERS OF JAX	
12			
	JACKSONVIL	LE, FL 32217	
	2000 June 20	n2	See Reverse for Instructions
	PS Form 3800, June 20	02	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  ARS 10 # 310454 SOUENG CHUNG	A. Signature  X
KENGS CLEANERS OF JAX 3101-1 OLD KINGS BOAD JACKSONVILLE, FL. 32217	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 0500	0004 0144 9430
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540



1727	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
١-	For delivery information visit our website at www.usps.com®	<b>(</b> 1)
5.1	OFFICIAL JUSE	
<b>2</b> F	Postage \$	_
E 0	Certified Fee	
	Return Reciept Fee (Endorsement Required)	
260	Restricted Delivery Fee (Endorsement Required)	
╏	Total Pos ID# 310454	
m	SOUENG CHUNG	_
7003	Sent To KINGS CLEANERS OF JAX	
72	Street, Apt. 8101-1 OLD KINGS ROAD	·
	or PO Box JACKSONVILLE, FL 32217	
	PS Form 3800, June 2002 See Reverse for Instruction	s

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?
ID# 310454 SOUENG CHUNG KINGS CLEANERS OF JAX 8101-1 OLD KINGS ROAD JACKSONVILLE, FL 32217	3. Service Type  Certified Mail
	☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article N	1 ב727 ב
PS Form 3811, August 2001 Domestic Ref	urn Receipt 102595-02-M-1540

lai<sup>,</sup>

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24000

STATES POSTAL SERVICE
Postage & Fees Paid USPS
Permit No. G-10

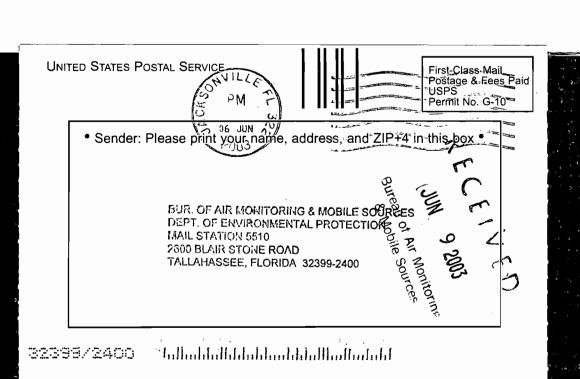
First-Class Mail—Postage & Fees Paid USPS
Permit No. G-10

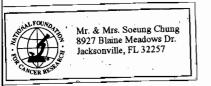
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32399+2400 - հվիահերկերերուներիկականերերիու

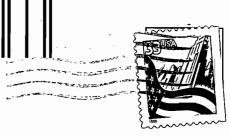
	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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35.0	OFFICIAL U	SE	
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000	Restricted Delivery Fee (Endorsement Required)	0	
딦	10 AIRS ID # 0310454001AG		
0.3	SOUENG CHUNG		
) 	KINGS CLEANERS OF JAX  Sir 8101-1 OLD KINGS ROAD		
	** CHOONIU LE EL 22217		
7001	TOTO JACKSONVILLE PL 32217		
1	PS Form 3800. January 2001 See	Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by Printed Name)  C. Date Delivers  Souch q  Mung	
Article Addressed to:	D. Is delivery address different from item 1? Ses If YES, enter delivery address below:	
10 AIRS ID # 0310454001AG SOUENG CHUNG		
KINGS CLEANERS OF JAX 8101-1 OLD KINGS ROAD JACKSONVILLE FL 32217	3. Service Type  Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2 7001,0320,0001,17976,3552; ;;		
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1540	









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

32315+3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING /

3016**49** 

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 # 0310454 KINGS CLEANERS OF JAX FOR GOVERNMENT USE ONLY SOUENG CHUNG Org.: 37550101000 EO: B1 8101-1 OLD KINGS ROAD Fund: 20-2-035001 JACKSONVILLE FL 32217 Obj.: 002273

422991 FEB142003

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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#0310454

KINGS CLEANERS OF JAX SOUENG CHUNG 8101-1 OLD KINGS ROAD JACKSONVILLE FL 32217

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO. A1

Fund: 20-2-035001 Obj.: 002273