



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 23, 1996

Mr. Jae Oh Kim  
Real Cleaners  
2321 East Hillsborough Avenue  
Tampa, Florida 33610

Re: Facility I.D. No. 0571062

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

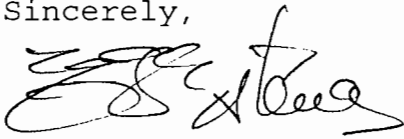
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
for Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

#0571062

Real Cleaners

p.14

1.(a) add date control device  
installed for ID#1

1.(c) mark out "X" and initial

3. should be new small area source

p.15

4. should be new small area source  
w/refrig. con.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	JAE OH, KIM
2. Site Name (For example, plant name or number):	REAL CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982080491
4. Facility Location: Street Address: 2321 E. Hillsborough Ave City: TAMPA County: Hillsborough Zip Code: 33610	
5. Facility Identification Number (DEP Use):	0571062

## Responsible Official

6. Name and Title of Responsible Official:	JAE OH, KIM (OWNER)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2321 E. Hillsborough Ave City: TAMPA County: Hillsborough Zip Code: 33610	
8. Responsible Official Telephone Number: Telephone: (813) 237-2743 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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AUG 30 1996

**Facility Information**

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

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
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>1</i>	<i>13-MAY-92</i>		<i>2</i>	<i>18-DEC-91</i>	<i>30-DEC-94</i>			
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3 What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

*new small*

Existing small area source

New small area source

Existing large area source

New large area source

4) What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Joe Ohlson  
Signature

8-27-96  
Date

RECEIVED

JAN 6 1992-21-96

Dear Sir:

Bureau of Air Monitoring  
& Mobile Sources

Please understand ID #1  
(Dry-to-Dry unit w/ref.  
condensor - Multimatic, 35 LBS.)  
has been installed on May 13,  
1992 for which is not  
required for Control Device.

Existing ID #2 has also  
installed ref. condensor on  
Dec. 30 1994.

I would appreciate your  
understanding on this  
matters.

Jae Oh Kim

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BEST AVAILABLE COPY

JAN 6 1997

Bureau of Air Monitoring  
& Mobile Sources

*Please correct  
the items identified  
and mail to:*

Return completed form to:

Florida Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
Mail Station 5510  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program  
(800) 722-7457

*You must re-sign the form  
on page 16 of 16 and date  
it the day corrections  
were made. If you  
have any question contact:*



Environmental Protection Commission  
of Hillsborough County

**Bruce M. King, QEP**  
Engineer  
Air Management Division

1410 N. 21st Street  
Tampa, Florida 33605

Telephone:  
(813) 272-5530  
Fax: (813) 272-5605



Real Cleaners

p.14 1.(a) add date control device installed for ID#1  
 1.(c) mark out "X" and initial  
 3. should be new small area source  
 p.15 4. should be new small area source w/refrig. con.

1. Facility		
2. Site N		
3. Hazard		
4. Facility Street City:		10
5. Facility		262
6. Name	Hells	
7. Respo Organ Street City:		33610
8. Respo Telep		

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:  
 Street Address:  
 City: County: Zip Code:

11. Facility Contact Telephone Number:  
 Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 30 1996

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JAE OH, KIM
2. Site Name (For example, plant name or number): REAL CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 982080491
4. Facility Location: Street Address: 2321 E. Hillsborough Ave City: TAMPA County: Hillsborough Zip Code: 33610
5. Facility Identification Number (DEP Use): 0571062

## Responsible Official

6. Name and Title of Responsible Official: JAE OH, KIM (OWNER)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2321 E. Hillsborough Ave City: TAMPA County: Hillsborough Zip Code: 33610
8. Responsible Official Telephone Number: Telephone: (813) 237-2743 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

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AUG 30 1996

**Facility Information**

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

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
<i>Example</i>									
	#1	<del>02-MAR-92</del> MAY 13 92		#2	<del>02-MAR-92</del>		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	13-MAY-92		2	12-DEC-91	30-DEC-94			
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification:**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Joe Ohlin  
Signature

8-27-96  
Date

✓

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0930 TIME OUT: 1145 AIRS ID#: 0571062  
 TYPE OF FACILITY: PERC Dry Cleaner  
 FACILITY NAME: Real Cleaners DATE: 6/26/97  
 FACILITY LOCATION: 2321 E Hillsborough Ave  
Tampa, FL 33610  
 RESPONSIBLE OFFICIAL: Joe Oh Kim PHONE NUMBER: (813) 237-2743

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak inspection or RC temperature measurements are being done on machine 2 (Multimatic Shop Star) - see notes.	Begin performing these inspections as they are being performed on machine 1 (Multimatic Solo).
No S/S/M plan on machine 1 (Multimatic Solo)	R.O. ordered operator manual from Multimatic manufacturer during inspection.

COMMENTS: Mr. Kim, the R.O. has a heavy Asian accent in his speaking, therefore it is somewhat difficult to understand and communicate. I feel his not meeting the requirements on machine 2 was a result of his misunderstanding some info being provided from manufacturer.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: ~ 1 year (Approximate)

INSPECTION CONDUCTED BY: Jamer O. Holton (Please Print)

INSPECTOR'S SIGNATURE: Joe O Holt PHONE NUMBER: (813) 272-5530

all  
DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0571062  
JAE OH KIM  
JAE OH KIM  
2321 E HILLSBOUROUGH AVE  
TAMPA FL 33610

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APR 22 1998  
Bureau of Air Monitoring  
& Mobile Sources

Bureau of Air Monitoring  
& Mobile Sources

MAR 02 1998

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Do NOT Remove Label

Annual Reporting Period: 1-01 19 98 TO 12-31 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DDT Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous 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: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JAE OH. KIM Jae Oh Kim 2-22-98  
Name (Please Print) Signature Date

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

AIRS ID#: 0571062

*Acc*

RECEIVED Revised 10/10/96

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

JUL 14 1997

FACILITY NAME: <u>REAL CLEANERS</u>	Bureau of Air Monitoring & Mobile Sources DATE: <u>7/14/97</u>
FACILITY LOCATION: <u>2321 E. Hillsborough Ave</u> <u>TAMPA. FL. 33610</u>	

Annual Reporting Period: OCT -1 1996 TO JUNE -26 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

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:

Record keeping on shop star

Exact period of non-compliance: from OCT -1 -96 to JUNE -26 -97

Action(s) taken to achieve compliance: start keeping record

Method used to demonstrate compliance: Next inspection

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No start up shutdown malfunction plan on Solo

Exact period of non-compliance: from OCT -1 -96 to JUNE -26 -97

Action(s) taken to achieve compliance: ordered manual on June -26 -97

Method used to demonstrate compliance: Next inspection

*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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JAE OH KIM Jae Oh Kim Jun-26-97  
Name (Please Print) Signature Date

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



DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571062
JAE OH KIM JAE OH KIM 2321 E HILLSBOUROUGH AVE TAMPA FL 33610

Bureau of Air Monitoring  
& Mobile Sources

FEB 17 1998

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Do NOT Remove Label

Annual Reporting Period: January 1 1997 TO December 31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous 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: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Jae Oh Kim Jae Oh Kim 1/28/98  
Name (Please Print) Signature Date

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

✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 0571062    DATE: 6/26/97    TIME IN: 0930    TIME OUT: 1145  
 FACILITY NAME: Real Cleaners  
 FACILITY LOCATION: 2321 E Hillsborough Avenue  
    Tampa, FL 33610

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96                        
 2. New facility notified DARM 30 days prior to startup                        
 3. Facility failed to notify DARM to use general permit                     

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

<p>A.</p> <p>1. Existing small area source      <input type="checkbox"/>          dry-to-dry only, <math>x &lt; 140</math> gal/yr          transfer only, <math>x &lt; 200</math> gal/yr          both types, <math>x &lt; 140</math> gal/yr          (constructed before 12/9/91)</p> <p>3. Existing large area source      <input type="checkbox"/>          dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr          transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr          both types, <math>140 &lt; x &lt; 1,800</math> gal/yr          (constructed before 12/9/91)</p>	<p>2. New small area source      <input checked="" type="checkbox"/>          dry-to-dry only, <math>x &lt; 140</math> gal/yr          transfer only, <math>x &lt; 200</math> gal/yr          both types, <math>x &lt; 140</math> gal/yr          (constructed on or after 12/9/91)</p> <p>4. New large area source      <input type="checkbox"/>          dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr          transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr          both types, <math>140 &lt; x &lt; 1,800</math> gal/yr          (constructed on or after 12/9/91)</p>
--	---

This is a correct facility classification       Y       N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 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 10 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

If classification 2 has been checked, the machine should be equipped with a 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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Machine 1 only  
 Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N (N/A)
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Machines 1 only  
 Y  N

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? *Machine 1 only*  
 Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N *N/A*  
Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  
Is the perc concentration equal to or less than 100 ppm?  
 Y  N  N/A  
 Y  N
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?  
 Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  
 Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:  
a. documentation of leaks repaired w/in 24 hrs? or; *No leaks*  Y  N  
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
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N *N/A*
6. Maintained startup/shutdown/malfunction plan? *Machine 2 only*  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N *N/A*
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

*Machine 1 only*

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  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

3. Has the facility maintained a leak log?

*Machine 1 only*  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <i>NIA</i> <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <i>NIA</i> <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

*Joe Oh Kim*

Name of Responsible Official

*James D. Holton*

Inspector's Name (Please Print)

*6/26/97*

Date of Inspection

*James D. Holton*

Inspector's Signature

*~ 1 year*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION: Real Cleaners**

- This facility has two perc dry-to-dry machines. The information on machine 1 is as follows: Multimatic Solo Plus Electric, S/N 06-1085-2350. Capacity is 25#, and unit construction date was October, 1985. The information on machine 2 is as follows: Multimatic Shop Star, Model S/S 300, S/N 44-0192-4720. Capacity is 35#, and unit construction date was January, 1992.
- Good leak inspection records and RC temperature records were being kept for machine 1, however no leak inspection and temperature records were being kept for machine 2. Mr. Kim, the owner and R.O., at some point in time asked the manufacturer about the temperature gauge on machine 2, and in their communication the manufacturer told him the machine was all automatic, including the RC temperature. What Mr. Kim understood from this was that if the RC temperature exceeds 40°F during the cool down period, the machine would shut off. He took that as not needing to worry about the temperature. Mr. Kim wasn't even sure which temperature gauge was the correct one to read.
- Mr. Kim is of Asian descent and communication was somewhat difficult. With this in mind, it was easy to understand how a conversation with him could become a mis-communication. It is his intent to meet the requirements of the rule, as depicted in the record keeping for machine 1. He will begin keeping records for machine 2. I also recommended he find out from the machine supplier which temperature gauge he should be monitoring, and how to read it.
- An operator's manual was on site for machine 2, however there was not one for machine 1. I explained to Mr. Kim the need to have a manual for each machine to satisfy the requirement of having a startup/shutdown/ malfunction plan. Mr. Kim asked if I could speak to the machine supplier to order a manual for machine 1, if he dialed the number. I spoke with Anna at the number he dialed, and ordered the book for him, which will be shipped to his address C.O.D. I agreed to speak with the company for him because of his heavy Asian accent.
- Phenix Supply provides the perc; Safety Kleen picks up the waste.
- Both machines have catch pans under them.
- The store also has a separate perc filter for removing the perc from the water that has drained from the water separator.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

*all*

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0945 TIME OUT: 1020 AIRS ID#: 571062  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: REAL CLEANERS DATE: 1/29/98  
 FACILITY LOCATION: 2321 E. HILLSBOROUGH AVE  
TAMPA, FL 33610  
 RESPONSIBLE OFFICIAL: JAE OH Kim PHONE NUMBER: (813)-237-2743

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Temp Gauge on multimeter 300	Working with owner to find wires to install

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1 yr  
(Approximate)

INSPECTION CONDUCTED BY: LEROY STEVEN / ROGER ZHU  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 813-272-5530



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

*refund*

**TOTAL AMOUNT DUE: \$59.00**

Do NOT Remove Label

AIRS ID 0571062
JAE OH KIM JAE OH KIM 2321 E HILLSBOUROUGH AVE TAMPA FL 33610

Bureau of Air Monitoring  
& Mobile Sources

MAR 02 1998

RECEIVED

303635  
FEB 25 93  
RECEIVED  
MAIL ROOM

FEDERAL GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-135001 Obj.: 002273
--



*all*

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

MAR 02 1998

Bureau of Air Monitoring  
& Mobile Sources

JAE OH KIM JAE OH KIM 2321 E HILLSBOUROUGH AVE TAMPA FL 33610	AIRS ID 0571062
--	-----------------

Do NOT Remove Label

Annual Reporting Period: 1-01 19 98 TO 12-31 19 98

Based on each term or condition of the Title V general air permit, ~~my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.~~  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous 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: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JAE OH. KIM Jae Oh Kim 2-22-98

Name (Please Print) Signature Date

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

*acc*

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571062 DATE: 1/29/98 TIME IN: 0945 TIME OUT: 1020  
FACILITY NAME: REAL CLEANERS  
FACILITY LOCATION: 2321 E. HUSBOROUGH AVE  
TAMPA, FL 33610  
RESPONSIBLE OFFICIAL: JAE OH KIM PHONE: (813)-237-2743  
CONTACT NAME: SAME PHONE: SAME

**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
- N/A*

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
5. This is a correct facility classification   N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 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 30 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                                       |                            |   |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- |  | LEFT MACHINE  | RIGHT  |
|--|---|--|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              | <input checked="" type="checkbox"/> Y                            |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Y                            |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Y                            |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              | <input type="checkbox"/> Y <input type="checkbox"/> N            |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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)  N/A
- Halogen leak detector  N/A

**If using direct-reading instrumentation, is the equipment:**

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  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

LEROY SHELTON / ROGER ZHU

Inspector's Name (Please Print)

*[Handwritten Signature]*

Inspector's Signature

1/29/98

Date of Inspection

1 YR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Real Cleaners			PAGE 1 OF 1		
FACILITY ADDRESS: 2321 E. Hillsborough Ave			CITY: Tampa PHONE: 813-237-2743		
MAILING ADDRESS: 2321 E. Hillsborough Ave		CITY: Tampa	FLA	ZIP: 33610	
INSPECTION DATE: Jan 29, 1998	TIME IN: 0945	TIME OUT: 1020	INSPECTION TYPE: non-CDS	STATUS:	
NEDS NUMBER: 571062					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Jae Oh Kim					

Today's visit was to conduct the annual inspection.

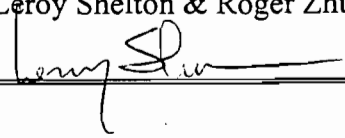
The two dry cleaning machines are the same as reported in the last inspection report. Note: while looking at the machines from the front, the Multimatic Shop Star 300 is the machine on the right.

Both machines were operating during today's visit. No odors or leaks were observed from either machine.

Mr. Kim did have most of the required record keeping. He does have owners manuals for both of the machines now. The machine on the left, the Multimatic Solo Plus has a digital temperature gauge on the front, which Mr. Kim is reading and recording as required. Mr. Kim says he has checked with the manufacturers and they tell him the Multimatic Shop Star 300 is a completely automatic machine which will shut down if the temperatures are not right, and does not require a temperature gauge. Consequently, it does not have a temperature gauge and he has not been recording temperatures for that machine.

Mr. Kim showed us the perc purchase receipts which verified the total consumption of perc for both machines as 30 gallons for the last twelve months.

INSPECTED BY: Leroy Shelton & Roger Zhu	DATE: 1/29/98
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357042

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 # 0571062

REAL CLEANERS  
JAE OH KIM  
2321 E HILLSBOUROUGH AVE  
TAMPA FL 33610

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN 13

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

257956

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

RECEIVED  
MAIL ROOM

JAN 14 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

REAL CLEANERS  
JAE OH KIM  
2321 E HILLSBOUROUGH AVE  
TAMPA FL 33610

AIRS ID# 0571062

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



Fold at line over

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Received by (Please Print Clearly) <span style="float: right;">B. Date of Delivery</span>  <span style="font-size: 1.5em; font-family: cursive;">Kim</span> <span style="float: right;">6-7</span></p> <p>C. Signature  <span style="font-size: 1.5em; font-family: cursive;">X JOE OH KIM</span> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JUN 12 2001</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">10 AIRS ID # 0571062001AG</p> <p>JAE OH KIM          REAL CLEANERS          2321 E HILLSBOUROUGH AVE          TAMPA FL 33610</p>	<p>3. Service Type of Air Monitoring  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)  <span style="font-size: 1.5em; font-family: cursive;">Z 210 663 207</span></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 210 663 207

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

10 AIRS ID # 0571062001AG  
 JAE OH KIM  
 REAL CLEANERS  
 2321 E HILLSBOUROUGH AVE  
 TAMPA FL 33610

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800 April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571062  
 JAE OH KIM  
 JAE OH KIM  
 2321 E HILLSBOUROUGH AVE  
 TAMPA FL 33610

4a. Article Number

2 333-613-604

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2/17/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) *Soon Kim*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 613 604

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0571062

JAE OH KIM  
 JAE OH KIM  
 2321 E HILLSBOUROUGH AVE  
 TAMPA FL 33610

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995