



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

June 30, 1998

Mr. Ki H. Han  
Sun Village Cleaners  
4540 West Village Drive  
Tampa, Florida 33624

Re: Facility No.: 0571201

Dear Mr. Han:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 1998.

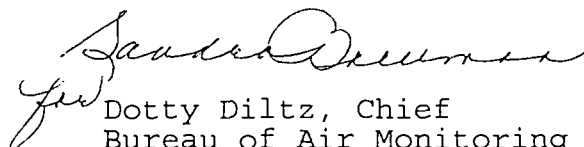
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

bed  
#0511201

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

RECEIVED  
JUN - 8 1998  
Bureau of Air Monitoring  
& Mobile Sources

|  |   |  |  |
|--|---|--|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | KI H. HAN   |  |  |
| 2. Site Name (For example, plant name or number):                                  | SUN VILLAGE CLEANERS  |  |  |
| 3. Hazardous Waste Generator Identification Number:                                | FLD 984239715   |  |  |
| 4. Facility Location:  | Street Address: 4540 W VILLAGE DR<br>City: TAMPA County: HILLSBOROUGH Zip Code: 33624 |  |  |
| 5. Facility Identification Number (DEP Use):                                       | 0511201   |  |  |

#### Responsible Official

|  |  |  |  |
|--|--|--|--|
| 6. Name and Title of Responsible Official: | KI H. HAN  |  |  |
| 7. Responsible Official Mailing Address:   | Organization/Firm: SUN VILLAGE CLEANERS<br>Street Address: 4540 W VILLAGE DR<br>City: TAMPA County: HILLSBOROUGH Zip Code: 33624 |  |  |
| 8. Responsible Official Telephone Number:  | Telephone: (813) 972-7277 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:<br>City: County: Zip Code: |  |  |
| 11. Facility Contact Telephone Number:                              | Telephone: ( ) - Fax: ( ) -                |  |  |

0571201

p13

6. Add Title of Responsible Official

p15

(c) Not required for Existing small  
area source. Mark out and initial.

**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>              |
| Dry-to-Dry Unit        |    | <i>PERMAC M-30</i>               |                               |           |                                  |                               |           |                                  |                               |
| (1) w/ ref. condenser  |    | <i>STILL - 84</i>                |                               |           |                                  |                               |           |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| Washer Unit            |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| Dryer Unit             |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| Reclaimer Unit         |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (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.*

Signature



Date

5-26-1998

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 11:15 AIRS ID#: 571201  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: SUN VILLAGE CLEANERS DATE: 8/4/98  
 FACILITY LOCATION: 4540 WEST VILLAGE DRIVE  
TAMPA, FL 33624  
 RESPONSIBLE OFFICIAL: KI H. HAN PHONE NUMBER: 813-972-7277

- 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   |
|--------------------------------|---|
|                                |   |
|                                | <p><b>RECEIVED</b></p> <p><b>SEP 17 1998</b></p> <p>Bureau of Air Monitoring<br/>&amp; Mobile Sources</p> |
|                                |   |
|                                |   |
|                                |   |
|                                |   |

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

**PERCHLOROETHYLENE DRY CLEANERS**

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

|                       |                                |        |                     |          |             |           |              |
|-----------------------|--------------------------------|--------|---------------------|----------|-------------|-----------|--------------|
| AIRS ID#:             | <u>571201</u>                  | DATE:  | <u>8/4/98</u>       | TIME IN: | <u>9:30</u> | TIME OUT: | <u>11:15</u> |
| FACILITY NAME:        | <u>SUN VILLAGE CLEANERS</u>    |        |                     |          |             |           |              |
| FACILITY LOCATION:    | <u>4540 WEST VILLAGE DRIVE</u> |        |                     |          |             |           |              |
|                       | <u>TAMPA, FL 33624</u>         |        |                     |          |             |           |              |
| RESPONSIBLE OFFICIAL: | <u>KI H. HAN</u>               | PHONE: | <u>813-962-7277</u> |          |             |           |              |
| CONTACT NAME:         | <u>SAME</u>                    | PHONE: | <u>SAME</u>         |          |             |           |              |

|   |                                     |
|---|-------------------------------------|
| <b>PART I: NOTIFICATION</b>                             |                                     |
| (check appropriate box)                                 |                                     |
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/>            |
| 2. Facility failed to notify DARM to use general permit | <u>N/A</u> <input type="checkbox"/> |

|  |  |
|--|--|
| <b>PART II: CLASSIFICATION</b>   |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)   | <input type="checkbox"/> No notification form<br><input type="checkbox"/> Drop store/out of business/petroleum   |
| <b>A.</b>  |  |
| 1. Existing 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 before 12/9/91)                                | 2. New 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 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   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine   |
| If no, please check the appropriate classification:  |  |
| <input type="checkbox"/>   | facility qualified for a general permit as number _____ above  |
| <input type="checkbox"/>   | facility exceeds above limits and is not eligible for a general permit   |
| <b>B.</b> The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>60</u> 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)

- |  |  |
|--|--|
| 1. Equipped all machines with the appropriate vent controls?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- 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

ROGER ZHU

Inspector's Name (Please Print)

8/4/98

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|   |                   |                    |  |            |
|---|-------------------|--------------------|--|------------|
| FACILITY: Sun Village Cleaners          |                   |                    | PAGE 1 OF 1                            |            |
| FACILITY ADDRESS: 4540 W. Village Drive |                   |                    | CITY: Brandon<br>PHONE: (813) 962-7277 |            |
| MAILING ADDRESS: Same                   |                   | CITY: Tampa        | FLA                                    | ZIP: 33624 |
| INSPECTION DATE:<br>May 20, 1998        | TIME IN:<br>13:00 | TIME OUT:<br>14:00 | INSPECTION TYPE:<br>non-CDS            | STATUS:    |
| NEDS NUMBER: 571201                     |                   |                    |  |            |
| SOURCE DESCRIPTION: Perc Dry Cleaner    |                   |                    |  |            |
| CONTACT(S): Ki H. Han                   |                   |                    |  |            |

I called the new owner, Mr. Han, today on whether he has filed the Notification Form ( we brought the form to him on 11/24/97) with the FDEP. Mr. Han seemed to have forgot this matter and could not even locate the form we were discussing. Therefore, I stopped by the facility this afternoon to give Mr. Kim the Form and the Compliance Calendar. Also I explained to him what he shall do to meet the requirement.

Mr. Han said he is going to send out the form to the FDEP next week. I also requested him to send me a copy.

The annual inspection for this facility will be conducted within 2 months.

Follow-up on 7/23/98: The copy of the Notification Form was received on 6/4/98. Today's visit was to conduct the first inspection after the ownership was changed. The machine is the same one as noted in the last inspection for the previous owner. Mr. Han couldn't find a complete leak log for the past 12 months ( missing 3 months records). He said he did record the leak inspection every 2-week (no requirement on the temperature log because of the facility's classification as "Existing small area source") and he will find those logs. So I decided to come back to look those record keeping. The perc log and purchase receipts indicated that total of 60 gallons of perc has been used over the last 12 months.

Follow-up on 8/4/98: Mr. Han showed me the missing part of the leak log today. Furthermore, the facility is kept very clean and the machine apparently has been taken good care of it.

|                         |                    |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Mar 20, 1998 |
|-------------------------|--------------------|

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                                        COMPLAINT/DISCOVERY   
    RE-INSPECTION                                 

**RECEIVED**  
 JUN 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

|                       |  |       |         |              |       |           |       |
|-----------------------|--|-------|---------|--------------|-------|-----------|-------|
| AIRS ID#:             | <del>571066</del> <b>0571207</b>         | DATE: | 5/20/98 | TIME IN:     | 13:00 | TIME OUT: | 14:00 |
| FACILITY NAME:        | SUN VILLAGE CLEANERS                     |       |         |              |       |           |       |
| FACILITY LOCATION:    | 4540 W. VILLAGE DR.<br>BRANDON, FL 33624 |       |         |              |       |           |       |
| RESPONSIBLE OFFICIAL: | HAN KIM                                  |       | PHONE:  | 813-962-7277 |       |           |       |
| CONTACT NAME:         | SAME                                     |       | PHONE:  | SAME         |       |           |       |

|   |                          |
|---|--------------------------|
| <b>PART I: NOTIFICATION</b>                             |                          |
| (check appropriate box)                                 |                          |
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>PART II: CLASSIFICATION</b>  |  |  |  |  |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)  | <input type="checkbox"/> No notification form<br><input type="checkbox"/> Drop store/out of business/petroleum   |  |  |  |  |
| <b>A.</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">                             1. Existing small area source      <input type="checkbox"/><br/>                             dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                             transfer only, <math>x &lt; 200</math> gal/yr<br/>                             both types, <math>x &lt; 140</math> gal/yr<br/>                             (constructed before 12/9/91)                         </td> <td style="width: 50%;">                             2. New small area source      <input type="checkbox"/><br/>                             dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                             transfer only, <math>x &lt; 200</math> gal/yr<br/>                             both types, <math>x &lt; 140</math> gal/yr<br/>                             (constructed on or after 12/9/91)                         </td> </tr> <tr> <td>                             3. Existing large area source      <input type="checkbox"/><br/>                             dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                             (constructed before 12/9/91)                         </td> <td>                             4. New large area source      <input type="checkbox"/><br/>                             dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                             (constructed on or after 12/9/91)                         </td> </tr> </table> |  | 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 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) |
| 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 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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine   |  |  |  |  |  |
| If no, please check the appropriate classification:<br><input type="checkbox"/> facility qualified for a general permit as number _____ above<br><input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit  |  |  |  |  |  |
| <b>B.</b> The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  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/bi-weekly basis?  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?  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?  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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- 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

ROGER ZHU

Inspector's Name (Please Print)

5/20/98

Date of Inspection

*Roger Zhu*

Inspector's Signature

2 MONTHS

Approximate Date of Next Inspection



INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|   |                   |                    |  |            |  |
|---|-------------------|--------------------|--|------------|--|
| FACILITY: Sun Village Cleaners          |                   |                    | PAGE 1 OF 1                            |            |  |
| FACILITY ADDRESS: 4540 W. Village Drive |                   |                    | CITY: Brandon<br>PHONE: (813) 962-7277 |            |  |
| MAILING ADDRESS: Same                   |                   | CITY: Tampa        | FLA                                    | ZIP: 33624 |  |
| INSPECTION DATE:<br>May 20, 1998        | TIME IN:<br>13:00 | TIME OUT:<br>14:00 | INSPECTION TYPE:<br>non-CDS            | STATUS:    |  |
| NEDS NUMBER: 571066 ( previous owner )  |                   |                    |  |            |  |
| SOURCE DESCRIPTION: Perc Dry Cleaner    |                   |                    |  |            |  |
| CONTACT(S): Han Kim                     |                   |                    |  |            |  |

I called the new owner, Mr. Han Kim, today on whether he has filed the Notification Form ( we brought the form to him on 11/24/97) with the FDEP. Mr. Kim seemed to have forgot this matter and could not even locate the form we were discussing. Therefore, I stopped by the facility this afternoon to give Mr. Kim the Form and the Compliance Calendar. Also I explained to him what he shall do to meet the requirement.

Mr. Kim said he is going to send out the form to the FDEP next week. I also requested him to send me a copy.

The annual inspection for this facility will be conducted within 2 months.

**RECEIVED**  
 JUN 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

|                         |                    |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: May 20, 1998 |
|-------------------------|--------------------|

✓  
TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 13:00 TIME OUT: 14:00 AIRS ID#: 571004 (Previous owner)

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SUN VILLAGE CLEANERS DATE: 5/20/98

FACILITY LOCATION: 4540 W VILLAGE DR.  
BRANDON, FL 33624

RESPONSIBLE OFFICIAL: HAN KIM PHONE NUMBER: (813) 962-7727

- 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                          |
|--------------------------------|--|
| CHANGE OWNERSHIP               | SUBMIT A NOTIFICATION PERM TO FDEP WITHIN 30 DAYS. |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

RECEIVED  
JUN 15 1998  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 2 MONTHS  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

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

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 11:00 AIRS ID#: 571201  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: SUN VILLAGE CLEANERS DATE: 7/23/98  
 FACILITY LOCATION: 4540 W. VILLAGE DR.  
TAMPA, FL 33624  
 RESPONSIBLE OFFICIAL: KI H. HAN PHONE NUMBER: 813-972-7277

- 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 |
|---|---------------------------|
| THE R.O. COULDN'T FIND A COMPLETE LOG TODAY | RE-INSPECT NEXT WEEK      |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |

**RECEIVED**  
 AUG 18 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: NEXT WEEK

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

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

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
AUG 18 1998  
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571201 DATE: 7/23/98 TIME IN: 9:00 TIME OUT: 11:00  
 FACILITY NAME: SUN VILLAGE CLEANERS  
 FACILITY LOCATION: 4540 W. VILLAGE DR.  
TAMPA, FL 33624  
 RESPONSIBLE OFFICIAL: KI H. HAN PHONE: 813-972-7277  
 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:  No notification form  
 (check appropriate box)  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  Y  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 \_\_\_\_\_ gallons.

**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

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Sun Village Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 4540 W. Village Drive CITY: Brandon  
PHONE: (813) 962-7277

MAILING ADDRESS: Same CITY: Tampa    FLA    ZIP: 33624

|                                  |                   |                    |                             |         |
|----------------------------------|-------------------|--------------------|-----------------------------|---------|
| INSPECTION DATE:<br>May 20, 1998 | TIME IN:<br>13:00 | TIME OUT:<br>14:00 | INSPECTION TYPE:<br>non-CDS | STATUS: |
|----------------------------------|-------------------|--------------------|-----------------------------|---------|

NEDS NUMBER: 571201

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Ki H. Han

I called the new owner, Mr. Han, today on whether he has filed the Notification Form ( we brought the form to him on 11/24/97) with the FDEP. Mr. Han seemed to have forgot this matter and could not even locate the form we were discussing. Therefore, I stopped by the facility this afternoon to give Mr. Kim the Form and the Compliance Calendar. Also I explained to him what he shall do to meet the requirement.

Mr. Han said he is going to send out the form to the FDEP next week. I also requested him to send me a copy.

The annual inspection for this facility will be conducted within 2 months.

Follow-up on 7/23/98: The copy of the Notification Form was received on 6/4/98. Today's visit was to conduct the first inspection after the ownership was changed. The machine is the same one as noted in the last inspection for the previous owner. Mr. Han couldn't find a complete leak log for the past 12 months ( missing 3 months records). He said he did record the leak inspection every 2-week (no requirement on the temperature log because of the facility's classification as "Existing small area source") and he will find those logs. So I decided to come back to look those record keeping. The perc log and purchase receipts indicated that total of 60 gallons of perc has been used over the last 12 months.

Follow-up on 8/4/98: Mr. Han showed me the missing part of the leak log today. Furthermore, the facility is kept very clean and the machine apparently has been taken good care of it.

**RECEIVED**  
 AUG 18 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

INSPECTED BY: Roger Zhu

DATE: Mar 20, 1998

✓

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

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

TIME IN: 14:00 TIME OUT: 16:00 AIRS ID#: 571201  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: SUN VILLAGE CLEANERS DATE: 7/20/99  
 FACILITY LOCATION: 4540 W. VILLAGE DR.  
TAMPA, FL 33624  
 RESPONSIBLE OFFICIAL: KI H. HAN PHONE NUMBER: (813) 972-7277

- 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 |
|---|---------------------------|
| OWNERSHIP CHANGED   | RE-INSPECT IN 90 DAYS     |
| THE NEW OWNER, MR. CHRIS LEDOUX, WAS INSTRUCTED TO SUBMIT THE FORM TO FDEP. |                           |
|   |                           |
|   |                           |
|   |                           |
|   |                           |

RECEIVED  
AUG 10 1999  
Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 90 DAYS  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

|                       |                              |        |                       |          |              |           |              |
|-----------------------|------------------------------|--------|-----------------------|----------|--------------|-----------|--------------|
| AIRS ID#:             | <u>571201</u>                | DATE:  | <u>7/20/99</u>        | TIME IN: | <u>14:00</u> | TIME OUT: | <u>16:00</u> |
| FACILITY NAME:        | <u>SUN VILLAGE CLEANERS</u>  |        |                       |          |              |           |              |
| FACILITY LOCATION:    | <u>4540 W. VILLAGE DRIVE</u> |        |                       |          |              |           |              |
|                       | <u>TAMPA, FL 33624</u>       |        |                       |          |              |           |              |
| RESPONSIBLE OFFICIAL: | <u>KI H. HAN</u>             | PHONE: | <u>(813) 972-7277</u> |          |              |           |              |
| CONTACT NAME:         | <u>SAME</u>                  | PHONE: | <u>SAME</u>           |          |              |           |              |

### PART I: NOTIFICATION

(check appropriate box)

- |   |            |                          |
|---|------------|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | <u>N/A</u> | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit |            | <input type="checkbox"/> |

### PART II: CLASSIFICATION

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

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

A.

- |  |  |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p>                       | <p>2. New small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification  Y  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 \_\_\_\_\_ 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  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/bi-weekly basis?  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?  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?  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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- 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

ROGER ZHU

Inspector's Name (Please Print)

7/20/99

Date of Inspection

*Roger Zhu*

Inspector's Signature

90 DAYS

Approximate Date of Next Inspection

✓

**TAMPA AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

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

TIME IN: 9:30 TIME OUT: 11:15 AIRS ID#: 571201  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: SUN VILLAGE CLEANERS DATE: 8/4/98  
 FACILITY LOCATION: 4540 WEST VILLAGE DRIVE  
TAMPA, FL 33624  
 RESPONSIBLE OFFICIAL: KI H. HAN PHONE NUMBER: 813-972-7277

- 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 |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

**RECEIVED**  
 DEC - 4 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

**PERC TETRACHLOROETHYLENE DRY CLEANERS**

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

|                       |                                |        |                     |          |             |           |              |
|-----------------------|--------------------------------|--------|---------------------|----------|-------------|-----------|--------------|
| AIRS ID#:             | <u>571201</u>                  | DATE:  | <u>8/4/98</u>       | TIME IN: | <u>9:30</u> | TIME OUT: | <u>11:15</u> |
| FACILITY NAME:        | <u>SUN VILLAGE CLEANERS</u>    |        |                     |          |             |           |              |
| FACILITY LOCATION:    | <u>4540 WEST VILLAGE DRIVE</u> |        |                     |          |             |           |              |
|                       | <u>TAMPA, FL 33624</u>         |        |                     |          |             |           |              |
| RESPONSIBLE OFFICIAL: | <u>KI H. HAN</u>               | PHONE: | <u>813-962-7277</u> |          |             |           |              |
| CONTACT NAME:         | <u>SAME</u>                    | PHONE: | <u>SAME</u>         |          |             |           |              |

|   |                                     |
|---|-------------------------------------|
| <b>PART I: NOTIFICATION</b>                             |                                     |
| (check appropriate box)                                 |                                     |
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/>            |
| 2. Facility failed to notify DARM to use general permit | <u>N/A</u> <input type="checkbox"/> |

|  |  |
|--|--|
| <b>PART II: CLASSIFICATION</b>   |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)   | <input type="checkbox"/> No notification form<br><input type="checkbox"/> Drop store/out of business/petroleum   |
| A.   |  |
| 1. Existing 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 before 12/9/91)                                | 2. New 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 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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine  |  |
| If no, please check the appropriate classification:  |  |
| <input type="checkbox"/> facility qualified for a general permit as number _____ above   |  |
| <input type="checkbox"/> 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 <u>60</u> 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  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/bi-weekly basis?  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?  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?  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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- 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

ROGER ZHU

Inspector's Name (Please Print)

*Roger Zhu*

Inspector's Signature

8/4/98

Date of Inspection

1 YEAR

Approximate Date of Next Inspection



INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Sun Village Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 4540 W. Village Drive CITY: Brandon  
PHONE: (813) 962-7277

MAILING ADDRESS: Same CITY: Tampa    FLA    ZIP: 33624

|                                  |                   |                    |                             |         |
|----------------------------------|-------------------|--------------------|-----------------------------|---------|
| INSPECTION DATE:<br>May 20, 1998 | TIME IN:<br>13:00 | TIME OUT:<br>14:00 | INSPECTION TYPE:<br>non-CDS | STATUS: |
|----------------------------------|-------------------|--------------------|-----------------------------|---------|

NEDS NUMBER: 571201

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Ki H. Han

I called the new owner, Mr. Han, today on whether he has filed the Notification Form ( we brought the form to him on 11/24/97) with the FDEP. Mr. Han seemed to have forgot this matter and could not even locate the form we were discussing. Therefore, I stopped by the facility this afternoon to give Mr. Kim the Form and the Compliance Calendar. Also I explained to him what he shall do to meet the requirement.

Mr. Han said he is going to send out the form to the FDEP next week. I also requested him to send me a copy.

The annual inspection for this facility will be conducted within 2 months.

Follow-up on 7/23/98: The copy of the Notification Form was received on 6/4/98. Today's visit was to conduct the first inspection after the ownership was changed. The machine is the same one as noted in the last inspection for the previous owner. Mr. Han couldn't find a complete leak log for the past 12 months ( missing 3 months records). He said he did record the leak inspection every 2-week (no requirement on the temperature log because of the facility's classification as "Existing small area source") and he will find those logs. So I decided to come back to look those record keeping. The perc log and purchase receipts indicated that total of 60 gallons of perc has been used over the last 12 months.

Follow-up on 8/4/98: Mr. Han showed me the missing part of the leak log today. Furthermore, the facility is kept very clean and the machine apparently has been taken good care of it.

INSPECTED BY: Roger Zhu

DATE: Mar 20, 1998

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 3033

OFFICIAL USE

|   |    |         |
|---|----|---------|
| Postage   | \$ | Receipt |
| Certified Fee                                     |    |         |
| Return Receipt Fee<br>(Endorsement Required)      |    |         |
| Restricted Delivery Fee<br>(Endorsement Required) |    |         |

Total P: 10 AIRS ID# 0571201001AG

Sent To: SUN VILLAGE CLEANERS  
 KI H HAN  
 Street, A or PO Bc: 4540 W VILLAGE DRIVE  
 City, State: TAMPA FL 33624

PS Form 3800, January 2001 See Reverse for Instructions

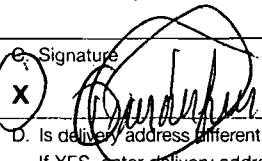
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

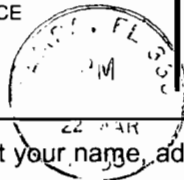
10 AIRS ID# 0571201001AG  
 SUN VILLAGE CLEANERS  
 KI H HAN  
 4540 W VILLAGE DRIVE  
 TAMPA FL 33624

**COMPLETE THIS SECTION ON DELIVERY**

|  |  |
|--|--|
| A. Received by (Please Print Clearly)  | B. Date of Delivery<br>3/22/03                                       |
| C. Signature<br>   | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?<br>If YES, enter delivery address below:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          |
| 3. Service Type  |  |
| <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |

2 Article Number (Copy from service label)  
 7001 0320 0001 7976 3033

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 •

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BUREAU of Air Monitoring  
Mobile Sources  
MAR 24 2003

32399-2400



P 174 052 067

1999

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID # 0571201

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

|   |           |
|---|-----------|
| Postage   | \$        |
| 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 the right of the return address

**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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571201

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

4a. Article Number

P174052067

4b. Service Type

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

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 174 052 652

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

1999

AIRS ID # 0571201

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

PS Form 3800, April 1995

|   |           |
|---|-----------|
| 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  |           |

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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

AIRS ID # 0571201

4a. Article Number

174 052 652

4b. Service Type

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

7. Date of Delivery

2/22/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Chris L...

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

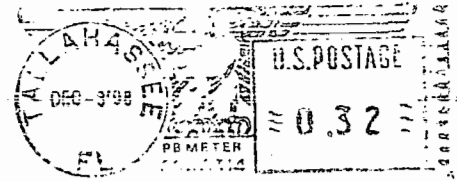
PS Form 3811, December 1994

Domestic Return Receipt

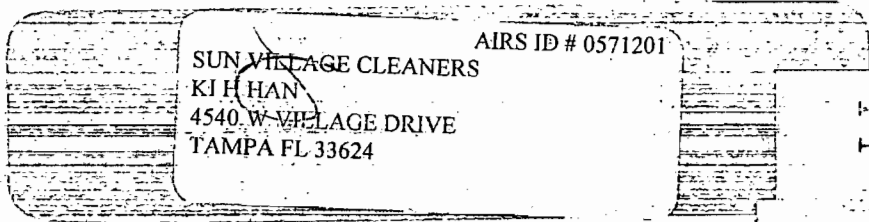
Thank you for using Return Receipt Service.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

MS# 5510  
37550304000



RECEIVED  
JAN 12 1999  
Bureau of Air Monitoring  
& Mobile Sources



HAN-540 336242022 1100 19 01/06/99  
RETURN TO SENDER  
HAN  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
OPTION TO SENDER

336242022 1100 19 01/06/99

