

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 2, 1998

Mr. Jeoung Gyu Shin Magic Cleaners 2400 Southeast First Avenue Ocala, Florida 34471

Re: Facility No.: 0830129

Dear Mr. Shin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 4, 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. Anatoliy Sobolevskiy, Central District

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

| ! | 0830/29 |
|--------------|--|
| p 14 | |
| 1(b) | Should not be marked. Markout and initial, |
| <i>l</i> (c) | Should be marked |
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| 7. | should not be marked. Marbout |
| (0) | Existing large area source R.C. should not be marked. Marbout and initial. Required. Should be marked. |
| (F) | Regiused. Stroud be marked. |
| p16 | |
| | Responsible Official sign and date for shanges |
| | for changes |
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1 | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|--------|--|
| *• | |
| | JEOUNG 6, SHIN / Wagie Dry Cleaners. Site Name (For example, plant name or number): |
| 2. | Site Name (For example, plant name or number): |
| | SAME |
| 3. | Hazardous Waste Generator Identification Number: |
| | |
| 4. | Facility Location: |
| | Street Address: 2400 S.E. 1st AVE City: OLALA Zip Code: 34471 |
| | City: OCACA County. MARTAN Zip Code: 5-44// |
| 5. | Facility Identification Number (DEP Use): |
| | DOBADIO RECEIVED |
| ord/ge | |
| | Responsible Official |
| | FEB # 1998 |
| 6. | Name and Title of Responsible Official: |
| | JEOUNG GYU SHIN OWNER Bureau of Air Monitoring & Mobile Sources |
| 7. | Responsible Official Mailing Address: 2400 S.E. 1SE AUG Organization/Firm: Magic Cleaners Street Address: 2400 S.E. 1SE AUG. City: OCALA County: MARION Zip Code: 34471 |
| | Organization/Firm: Magic Cleaners |
| | City: OCALA County: MARION Zip Code: 34471 |
| | THE ONE OF THE OWN |
| 8. | |
| | Telephone: (352) 732 - 4549 Fax: () - |
| | |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | JEOUNG GYU SHIN /owner |
| 10. | Facility Contact Address: |
| | Street Address: 2400 S.E. ISE. AIL |
| | Street Address: 2400 S.E. ISE. AUE. City: OCALA County: MARION Zip Code: 34471 |
| 11 | Facility Contact Telephone Number: |
| 11. | Telephone: (36) Fax: () - |
| | 732 4549 |
| | |

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Facility Information

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

| _ | | Date | Date | | Date | Date | | Date | Date | |
|---|--|-----------|-----------|-------|----------------|----------------|-------|-----------|-----------|--|
| | | Machine | Control | | Machine | Control | | Machine | Control | |
| | | Initially | Device | | Initially | Device | | Initially | Device . | |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed | |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 | |
| | | | | | | _ | | | | |
| Dry-to-Dry Unit | #1 | Jan -85 | | | | | | | | |
| (1) w/ ref. condenser | | <u>ں</u> | | | | | | - | | |
| (2) w/ carbon adsorber | | 7 | | | | | | | | |
| (3) w/ no controls | | <i>Y</i> | | | | | | | | |
| Washer Unit | | | | | - | | | | | |
| (4) w/ ref. condenser | | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | | |
| (6) w/ no controls | | X | | | | | | | | |
| Dryer Unit | | | . 5 | | | | | | | |
| (7) w/ ref. condenser | | 7 | | | | | | - | | |
| (8) w/ carbon adsorber | | | | | | | | | | |
| (9) w/ no controls | | <u> </u> | | | | | | | | |
| Reclaimer Unit | | / | | | | • | | | | |
| (10) w/ ref. condenser | | 7 | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | | |
| (12) w/ no controls | | X | _ | | | | | | | |
| (c) No control devices | (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? [| | | | | | | | | | |
| | | | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". | | | | | initions found | d in section (| 3) of | Part II? | | |
| Existing small a | rea so | ource [X | · Ne | ew sn | nall area sou | rce [|] | | | |
| Existing large area source [] New large area source [] | | | | | | | | | | |

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

= K) >

| (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 | | | | | | | | |

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

Surrender of Existing Air Permit(s)

| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
|-----------------------------------|---|
| | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this noti statemei maintaii | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pr | omptly notify the Department of any changes to the information contained in this notification. |
| | |

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| 1(b) Should not be marked Marbout | |
| ond initial, (c) Should be marked | |
| 1. Facility Ov | |
| 4 Gusting land lours of RC | |
| 2. Site Name 1. Should not be marked Markout | |
| 3. Hazardo | |
| 4. Facility (F) Required. Should be marked. | ¥7/ |
| Street A V | |
| 5 Facility 0/6 | /ED |
| 5. Facility PTO Responsible Official sign and date for changes | 998 |
| for changes | lonitoring |
| 6. Name | HILCOS |
| Jé | |
| 7. Resp Orga | 34471 |
| Stre | |
| 8. Res | |
| Tel | |
| The state of the s | |
| 9. Name and Title of Facility Contact (For example, plant manager): | |
| TEOUNG GYU SHIN / COLLEGE | |
| 10. Facility Contact Address: | 34471 |
| Street Address: 2400 County: MARION | |
| City: OCALA 11. Facility Contact Telephone Number: Fax: () | |
| Telephone: (352) 732 4549 | |

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JEOUNG 6, SHIN Wagre Dry cleaners. 2. Site Name (For example, plant name or number): SAME 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 2400 S.E. SAME 6. Name and Title of Responsible Official: JEOUNG GYU SHIN DWNER Street Address: 2400 S.E. SAME 8. Responsible Official Mailing Address: 2400 S.E. SAME 8. Responsible Official Telephone Number: Telephone: (362) 732 - 4449 Fax: () Facility Contact (For example, plant manager): JEOUNG GYU SHIN DWNER Facility Contact (For example, plant manager): JEOUNG GYU SHIN DWNER Facility Contact (For example, plant manager): JEOUNG GYU SHIN DWNER Facility Contact Telephone Number: Telephone: (362) 34471 10. Facility Contact Telephone Number: Telephone: (362) 34471 11. Facility Contact Telephone Number: Telephone: (362) 34471 12. Facility Contact Telephone Number: Telephone: (362) 34471 13. Facility Contact Telephone Number: Telephone: (362) 34471 14. Facility Contact Telephone Number: Telephone: (362) 34471 15. Facility Contact Telephone Number: Telephone: (362) 34471 | | |
|--|----------------|---|
| SAME 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 2400 S.E. Ist AND City: OCALA 5. Facility Identification Number (DEP Use): 6. Name and Title of Responsible Official: TECHNO GYU SHIN OWNER 7. Responsible Official Mailing Address: 2400 S.E. IST AND Street Address: 2400 S.E. IST AND Street Address: 2400 S.E. IST AND City: OCALA 8. Responsible Official Telephone Number: Telephone: (362) 732 - 41749 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): TEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 S.E. IST AND City: OCALA County: MARION Zip Code: 34471 TEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 S.E. IST AND City: OCALA County: MARION Zip Code: 34471 | | |
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| 4. Facility Location: Street Address: 2400 S.E. 15t AUE County: MARION Zip Code: 3447/ 5. Facility Identification Number (DEP Use): Responsible Official FEB 4 1998 6. Name and Title of Responsible Official: JEOMO GYU SHIN OWNER 7. Responsible Official Mailing Address: 2400 S.E. 15t AUE City: OCALA 8. Responsible Official Telephone Number: Telephone: (362) 732 - 4549 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 S.E. 15t AUE City: OCALA City: OCALA City: OCALA City: OCALA City: OCALA Zip Code: 34471 Lip Code: 34471 Lip Code: 34471 Lip Code: 34471 | | SAME |
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| Responsible Official Responsible Official FEB 4 1998 6. Name and Title of Responsible Official: JEOUNG GYU SHIN DWNER Responsible Official Mailing Address: 2400 S.E. /SEANE Organization/Firm: Magic Cleamers Street Address: 2400 S.E. /SEANE City: OCALA 8. Responsible Official Telephone Number: Telephone: (262) 732 - 4549 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 S.E. /SE. ANE City: OCALA County: MARION Zip Code: 3447/ Zip Code: 3447/ 2ip Code: 3447/ 11. Facility Contact Telephone Number: | | Street Address: 2400 S.E. 184 AVB |
| Responsible Official FEB 4 1998 6. Name and Title of Responsible Official: JEOWG GYU SHIN OWNER Responsible Official Mailing Address: 2400 S.E. SEAVE Organization/Firm: Magic Cleaness Street Address: 2400 S.E. ISEAVE City: OCALA 8. Responsible Official Telephone Number: Telephone: (362) 732 - 4549 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 S.E. ISE. AVE. City: OCALA County: MARION Zip Code: 34471 11. Facility Contact Telephone Number: | | City. OCALA County. MARION ZID Code. 544// |
| Responsible Official FEB 4 1998 6. Name and Title of Responsible Official: JEOUNG GYU SHIN OWNER Responsible Official Mailing Address: 2400 5.6. /SEANG Organization/Firm: Magic Cleaness Street Address: 2400 5.6. /SEANG City: OCALA 8. Responsible Official Telephone Number: Telephone: (3/2) 732 - 4549 Fax: () - Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEOUNG GYU SHIN OWNER 10. Facility Contact Address: Street Address: 2400 5.6. /SE. ANG. City: OCALA County: MARION Zip Code: 3447/ Zip Code: 3447/ Zip Code: 3447/ | 5. | Facility Identification Number (DEP Use): |
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| 6. Name and Title of Responsible Official: JEOUNG GYU SHIN DWNEY Bureau of Air Monitoring & Mobile Sources | | Responsible Official |
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| 7. Responsible Official Mailing Address: 2400 5.5. /SEAUGO Organization/Firm: Magic Cleaness Street Address: 2400 5.6. /SEAUGO STREET ADDRESS ST | 6. | |
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| 8. Responsible Official Telephone Number: Telephone: (2/2) 732 - 4/549 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): JEOUNG GYU SHIN / OWNER 10. Facility Contact Address: Street Address: 2400 S.E. /SE. AVE. City: OCALA County: MARION Zip Code: 34471 11. Facility Contact Telephone Number: | | Street Address: 5 4 02 5 5 6 115 |
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| Street Address: 2400 S.E. 15€. AUE. City: OCALA County: MARION Zip Code: 34471 11. Facility Contact Telephone Number: | | JEOUNG GYU SHIN /owner |
| 11. Facility Contact Telephone Number: | 10. | Facility Contact Address: |
| 11. Facility Contact Telephone Number: | | Street Address: 2/400 S. F. 15€ A115 |
| 11. Facility Contact Telephone Number: | | City: (3 CALA County: AAAB(04) Zip Code: 37/1/71 |
| | | |
| Leiephone: (A(4)24F - Fax: () - | 11. | |
| 732 4549 | | Telephone: (35) - Fax: $()$ - |
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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| | | Date | Date | | Date | Date | | Date | Date |
|--|-------------------------|--|----------------------------|--------|---------------|-----------|-------|-----------|-----------|
| | İ | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | lD | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #] | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | #1 | Jon -85 | | | | | | | |
| (1) w/ ref. condenser | | U | | | | · · · · | | | |
| (2) w/ carbon adsorber | | 7 | | | | | | | |
| (3) w/ no controls | | 7 | | - | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | 7 | | | | | | | |
| (5) w/ carbon adsorber | | | | 1 | | | | | |
| (6) w/ no controls | | X | | | | | | | |
| Dryer Unit | | 1 | | | | | | 1 | |
| (7) w/ ref. condenser | | -7 | | | | | | | |
| (8) w/ carbon adsorber | | 1 . / | | 1 | | | | | 1 |
| (9) w/ no controls | i | X | | | | | | | |
| Reclaimer Unit | | · · · · · | | | | | | , | |
| (10) w/ ref. condenser | | 7 | | | 1 | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control of the con | are r quant gallo | equired to be city of perchlons ow many? [| installed [_ proethylene (| (perc) | purchased i | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small at | Selec | ct one classif | ication only. |) | initions foun | | 3) of | Part II? | |
| | | , . | λī | avy la | rgo area com | | 1 | | |
| Existing large ar | ca 50 | mice [] | IN: | cw ja | rge area sour | | J | | |

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

| (Indicate with a | | med on machines | parsuant to section (2) of h | art if of this notification form: |
|---|-------------------|---------------------|------------------------------|---|
| Existing 1 | arge area source | 2 | | · |
| Carbon ac | | | Refrigerated condenser | 1 |
| New small | ll area source | | | |
| Refrigera | ted condenser | | | |
| | area source | r 1 | | |
| Remgera | ted condenser | <u> </u> | | |
| | | | | |
| | | | | |
| | | | | |
| | 0, F.A.C. Verif | y that all steam an | nd hot water generating uni | o use the general permit pursuant ts on-site meet the following |
| boiler HP or less), | and (2) are fire | ed exclusively by r | | 10 million BTU/hr or less (298 ods of natural gas curtailment s fired |
| All steam and hot No such units on-s | | g units exempt | | |
| • | | | | |
| • | | | | |
| | | | | |
| | | • | | |
| | Equipm | nent Monitoring | and Recordkeeping Infor | mation |
| Check all logs whi | ich are required | to be kept on-site | in accordance with the req | uirements of this general permit: |
| (a) Purchase receip | ots and solvent p | ourchases | | \sim |
| (b) Leak detection | inspection and | гераіг | | |
| (c) Refrigerated co | ondenser temper | rature monitoring | | |
| (d) Carbon adsorb | er exhaust perc | concentration mo | nitoring | |
| (e) Instrument cali | bration | | | |
| (f) Start-up, shutd | lown, malfunctio | on plan | * | |
| | | | | |

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

Surrender of Existing Air Permit(s)

| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form. 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. | |
|--|--|--|
| Please indicat | e with an "X" the appropriate selection: | |
| i i | | |
| \swarrow | | |
| | Responsible Official Certification | |
| this notif statemen maintain comply w | ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. | |
| Signature | Jernegge 12-27-97 Date | |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Engility Owner/Company Name (Name of companion, agency, or individual current) |
|-----|---|
| | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
| | JEOUNG 6, SHIN / Magie Dry cleaners. |
| 2. | Site Name (For example, plant name or number): |
| | SAME |
| | |
| 3. | Hazardous Waste Generator Identification Number: |
| | |
| 4. | Facility Location: |
| | Street Address: 2400 S.E. 15t AVE |
| | Street Address: 2400 S.E. 1st AVE City: OCACA Zip Code: 34471 |
| 5. | Facility Identification Number (DEP Use): |
| | 0830729 |
| | |
| | Responsible Official |
| 6. | Name and Title of Responsible Official: |
| 0. | |
| | JEOUNG GYU SHIN OWNER |
| 7. | Responsible Official Mailing Address: 2400 S.E. 1St AUG |
| | Organization/Firm: Magic Cleaners |
| | Organization/Firm: Magic Cleaners Street Address: 2400 S.E. 15t AVE. City: OCALA County: MARION Zip Code: 34471 |
| | city. OCACA County. PARTON Zip code. 344.77 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (352) 732 - 4549 Fax: () - |
| | |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| ۶. | |
| | JEOUNG GYU SHIN /owner |
| 10. | Facility Contact Address: |
| | Street Address: 2400 S.E. 15E. ANT. |
| | Street Address: 2400 S.E. ISE. AUT. City: OCALA County: MARION Zip Code: 34471 |
| 11 | Facility Contact Telephone Number: |
| | Telephone: (352) Fax: () - |
| | 732 4549 |
| | |

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

| | | | Date | Daic | | Date | Date | | Date | Date | |
|---|--|------------------|--|-----------------|-------|---------------|----------------|--------|-----------|-----------|-----|
| | | | Machine | Control | | Machine | Control | | Machine | Control | |
| | | | Initially | Device | | Initially | Device | | Initially | Device | |
| | Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed | |
| | Example | #] | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 | |
| / | Dry-to-Dry Unit | HI | Jan -85 | | | | | | | | |
| | (1) w/ ref. condenser | 1 | JOHN 85 | Jan95 | | | | | | | Sno |
| | (2) w/ carbon adsorber | 1 | 7 | 20011 | | | | l | | | 0,- |
| | (3) w/ no controls | | 1 | | | | | | | | |
| | Washer Unit | | | | | | | | | | |
| | (4) w/ ref. condenser | - | | | | 1 | | | | | |
| | (5) w/ carbon adsorber | | | | - | | | 1 | | | |
| | (6) w/ no controls | | | | | | | 1 | | | 1 |
| | Dryer Unit | | | | | | | ٠ | · | | 1 |
| | (7) w/ ref. condenser | | | | | | | | | T | 1 |
| | (8) w/ carbon adsorber | • | | | | | | 1 | | | 1 |
| | (9) w/ no controls | | | | | | | | | 1 | 1 |
| | Reclaimer Unit | 1 | | - | | | | | | .1 | 1 |
| | (10) w/ ref. condenser | | 7 | | | | | | | | |
| | (11) w/carbon adsorber | | 1.7 | | | | | | | 1 | 1 |
| | (12) w/ no controls | i | X | | | | | | | 1 | 1 |
| | (b) Control devices are (c) No control devices 2.(a) What was the total | are r | equired to be | installed [_ | nerc) | purchased in | n the latest 1 | 2 mor | nths? | OU / W | ar |
| | (b) If less than 12 mon Check why it is les | ths, h s thar | ow many? [_ | Z months | | | | | | perge | · |
| | 3. What is the facility's so (Indicate with an "X". | | | | | initions foun | d in section | (3) of | Part II? | | |
| | Existing small a | rea so | ource [X | Ne | ew sn | nall area sou | rce [| ر | | | |
| | Existing large ar | ea so | ource [] | Ne | ew la | rge area soui | rce [| ١ | | | |

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

| 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 |

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

Surrender of Existing Air Permit(s)

| lease 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) | | | | |
| \swarrow | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | |
| | Responsible Official Certification | | | | |
| this notifi statement maintain | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | |
| I will pro | mptly notify the Department of any changes to the information contained in this notification. | | | | |
| Signature | 12-27-97 Date 3-3-98 | | | | |

| TRS ID#: 0830/29 (09/15/97 |
|--|
| DRY CLEANER AIR QUALITY GENERAL PERMITATION FOR ANNUAL COMPLIANCE CERTIFICATION FOR THE CENTRAL PERMITATION FOR THE PERMITATIO |
| DRY CLEANER AIR QUALITY GENERAL PERMITATION FOR ANNUAL COMPLIANCE CERTIFICATION FOR CLITTY NAME: Dry Cleaners Dry Cleaners Date: Da |
| nnual Reporting Period: |
| DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FOR TYPE CLEANER TYPE CLEAN |
| NO, complete the following: |
| DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FOR LANGE PROPERTY ANNUAL COMPLIANCE PROPERTY ANNUAL CONSUMPTION OF PERCHAPPORT ANNUAL COMPLIANCE PROPERTY. THE STATEMENT OF THE STAT |
| xact period of non-compliance: fromto |
| on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO complete the following: The or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Period of non-compliance: from To To The or condition of the general permit that has not been in continuous compliance during the reporting period stated above: The or condition of the general permit that has not been in continuous compliance during the reporting period stated above: |
| Method used to demonstrate compliance: |
| ANNUAL COMPLIANCE CERTIFICATION FOR CLEARLY DATE: 1897 LOCATION: 2400 SE /St WE Cocala , Fl. 34474 Tring Period: 19 TO 19 In term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO ete the following: condition of the general permit that has not been in continuous compliance during the reporting period stated above: of non-compliance: from to to chieve compliance: to demonstrate compliance: for non-compliance: from to RECEIVED en to achieve compliance: FEB 4 1998 Bureau of Air Monitoring & Mobile Sources sasible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based |
| Exact period of non-compliance: from to RECEIVED |
| Action(s) taken to achieve compliance: FEB 1998 |
| DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FOR THE PROPERTY AND THE PROPERTY ANDUAL CONSUMPTION OF PERCHIPPOPULA COMPLIANCE SOLVENI, based on information and belief formed after reasonable inquiry, that the statements is notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based |
| Is the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon 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.

*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.

| | SUMMARY REPORT +BD02528 |
|---|--|
| TYPE OF INSPECTION: ANNUAL ANNUAL | COMPLAINT/DISCOVERY RE-INSPECTION ? |
| TIME IN: 11:00 TIME OUT: 11, | 50 ARS D#: NOWE YET 0830109 |
| TYPE OF FACILITY: Dry Chancing | 3/2h0 |
| FACILITY NAME: Magic Cleaners | DATE: 3/3/18 |
| FACILITY LOCATION: 2400 St. 1240 OCALG PL. | 34471 |
| RESPONSIBLE OFFICIAL: Jeang shir | PHONE NUMBER: 350 - 730-4549 |
| compliance with DEP Rule 62-213.300, Florida Adr | evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.). evaluated during this inspection, the following compliance |
| discrepancies were noted: | TOLLOW UP A CONON PROTECTION - |
| COMPLIANCE REQUIREMENT/PROBLE | M FOLLOW-UP ACTION REQUIRED - |
| | P. F. |
| | Bureau PPR |
| | DPR 7 |
| | \$ Z Z Z |
| · | 1998 Sources |
| | |
| | |
| | |
| | , and the second |
| | <u> </u> |
| | |
| COMMENTS: Used previous owner | 5 method of compliance |
| Condenser added by & in E | 795-Old machine |
| gave calender as | ophin. |
| The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: | riy certified and submitted to the inspector. YES NO |
| INSPECTION CONDUCTED BY: Sand | (Approximate) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 477-893-333 |
| | |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | COMPLAINT/DISCOVERY |
|--|--|
| FACILITY NAME: Magic Cle FACILITY LOCATION: 2400 SE Ocala, | FL 34471 |
| | Shin phone: 352-732-454 phone: |
| PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to state to the state of the st | ll the state of th |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gai/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) gal/yr (constructed before 12/9/91) | □ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) |
| B. The total quantity of perchloroethylene (perc) | general permit as number above imits and is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning |
| Colocan | t buy per often more Thom 30 gallyear) |

Revised 9/15/97

| 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? | OY ON ANA |
| 2. Examining the containers for leakage? | DY DN DAYA |
| 3. Closing and securing machine doors except during loading/unloading? | A □N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | AT ON ON/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON DENIA |
| | |
| 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 ref. (complete A below). | rigerated condenser |
| If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below). | rigerated condenser |
| 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? | OY ON ON/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | OY ON ON/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ОУ ОИ |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | OY ON ON/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after | OY ON |

| В. | Has the responsible official of an existing large or new large area source also: | | | |
|------------|---|----------|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΩY | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | |
| | inlet and outlet weekly? | ΠY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ПИ | □N∖Y |
| 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? | \Box Y | ΠИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПИ | □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? | ΠY | Πи | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | □и | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ПΝ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|----------------------|
| Has the responsible official: (check appropriate boxes) | , |
| 1. Maintained receipts for perc purchased? No purchase yet | DY DIWA |
| 2. Maintained rolling monthly total of perc consumption? | MY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | אואם אם אלק 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? | XY ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | AV YZ O NO YO |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | AND AD AD |
| 6. Maintained startup/shutdown/malfunction plan? | MD V |
| 7. Maintained deviation reports? | Ø¥ □N □N/A |
| Problem corrected? | A/MA NO YO |
| 8. Maintained compliance plan, if applicable? | AND ND YES |

| Γ, | | A DEP DEPARTMENT | | |
|----|---|---|------------------------------|------------|
| Ľ | PART VI: LEAK DETECTION | AND REPAIRS | <u></u> | |
| | Does the responsible official con | duct a weekly (for small sources, b | oi-weekly) leak detection an | id repair |
| | inspection? | • | , | NO Y |
| | 2. Has the facility maintained a lea | k log? | • | AX ON |
| | 3. Does the responsible official che | ck the following areas for leaks? | - | / |
| | Hose connections, fittings, couplings, and valves | AND ND YD | Muck cookers | DY ON ON/A |
| | Door gaskets and seating | אואם אם אף | Stills | באמם אם אם |
| | Filter gaskets and seating | OY ON ON/A | Exhaust dampers | DY ON ON/A |
| | Pumps | AVA NO YO | Diverter valves | DY ON ON/A |
| ļ | Solvent tanks and contained | TS OY ON ON/A | Cartridge filter housings | dy on on/a |
| | Water separators | באם מם צ <mark>ם</mark> | | |
| | 4. Which method of detection is us | ed by the responsible official? | | |
| l | Visual examination (conde | ensed solvent on exterior surfaces) | • | 2 |
| I | Physical detection (airflow | felt through gaskets) | _ | |
| ļ | Odor (noticeable perc odo | ·) | | |
| | Use of direct-reading instr | umentation (FID/PID/calorimetric | tubes) | |
| | Halogen leak detector | | | |
| | If using direct-reading | g instrumentation, is the equipm | ent: | □N/A |
| ١ | a. Capaole of de | ecting perc vapor concentrations is | n a range of 0-500 ppm? | OY ON |
| | b. Calibrated aga (PID/FID only | iinst a standard gas prior to and af ')? | ter each use | OY ON |
| | ` | eaks and obvious signs of wear on | a weekly basis? | UY UN |
| | • | n and secure area when not in use | • | OY ON |

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

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

QY QN

VIC 1050 1985 & Condenser placed 1995

panfor machine+hazardous wzgte

Oldowner doing paperwork, he tought hew owner Incondiance.

Detordered manual

TBD00873

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | _ _ | COMPLAINT/DISC | OVERY | X |
|--|---|--|---|-------------------|----------|
| AIRS ID#: <u>0830129</u> E FACILITY NAME: <u>M</u> FACILITY LOCATION: 2 | | RO AVE | N: 11, 40 TIM | (18/15 (E OUT: | 12:05 |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | A) i i | IN62 A | STINON 18 | - WSIT | · |
| Existing facility notified DAR | | | | , | |
| 2. New facility notified DARM 3 | 0 days prior to startup | SEM | APPLICATION ? | 70 | |
| New facility notified DARM 3 Facility failed to notify DARM | I to use general permit | DEPA | CCORDING-TO E | WER | ۵ |
| <u></u> | | | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notification (check appropriate box) MACHINE MFD. A. 1. Existing small area source dry-to-dry only, x<140 gal/yr | IN 1988 e & 2. dry | | x<140 gal/yr | <u> </u> | , |
| transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) | bo | insfer only, x- th types, x<1- onstructed on | | | |
| 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" source="" td="" to="" transfer="" type="" type<="" types,=""><td>o) gal/yr dry al/yr tra yr bos</td><td>nsfer only, 20 th types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,> | o) gal/yr dry al/yr tra yr bos | nsfer only, 20 th types, 140 | rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,> | | |
| This is a correct facility classific | ation 🔲 | Y 🗆N | | | |
| If no, please check the appropria | te classification: | | | | |
| | d for a general permit a above limits and is no | | | | |
| B. The total quantity of perchlor facility was <u>50</u> gallons. | oethylene (perc) purch | ased within t | he preceding 12 month | s by this dry | cleaning |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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? \Box Y \Box 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? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? □Y □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

| | |
|--|--|
| B. Has the responsible official of an existing large or new large area source also: | |
| 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? | OY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON |
| Is the temperature differential equal to or greater than 20° F? | OY ON |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ÔN/A |
| Is the perc concentration equal to or less than 100 ppm? | ПА ПИ |
| 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? | |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |
| | |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| Has the responsible official: (check appropriate boxes) | |
| Has the responsible official: | lay on |
| Has the responsible official: (check appropriate boxes) | DY DN |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | DY DN |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | DY YN |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | 1 |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | OY MA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | Y YN DY YN DY DN YN/A DY DN |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | 1 0y X n 0y X n 0y 0n X n/a |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MR CHANIC ON CALL Has boass of a large CHACKS | Y MAN OY MAN OY ON OY ON MAN OY ON OY ON OY ON OY ON OY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MR CHANIC ON CALL Problem corrected? MR CHANIC ON CALL AND REPAIRS. | Y MAN OY MAN OY ON MAN OY ON MAN OY ON OY MAN O |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MR CHAMIC ON CALL He DOES LEAK CHACKS | Y MAN OY MAN OY ON OY ON MAN OY ON OY ON OY ON OY ON OY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MRCHANIC ON CALL Problem corrected? Ha DOLS LLAK CHACKS AND REPAIRS. 8. Maintained compliance plan, if applicable? | Y MAN OY MAN OY ON MAN OY ON MAN OY ON OY MAN O |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? MR CHANIC ON CALL Problem corrected? MR CHANIC ON CALL AND REPAIRS. | Y MAN OY MAN OY ON MAN OY ON MAN OY ON OY MAN O |

| 2. Whi | ch method of detection is used by t | he respon | nsible offici | al? | | | |
|--------|--|--------------|---------------|---------------------------------|--------------|-----------|--|
| | Visual examination (condensed se | olvent or | n exterior su | urfaces) | | | |
| | Physical detection (airflow felt the | rough ga | skets) | • | | | |
| | Odor (noticeable perc odor) | | | | | | |
| | Use of direct-reading instrumenta | tion (FII | D/PID/calor | rimetric tubes) | | | |
| | If using direct-reading instrume | entation | , is the equ | ipment: | | | |
| | a. Capable of detecting | perc vap | or concentr | ations in a range of 0-500 ppm? | $\Box Y$ | □N | |
| | b. Calibrated against a s (PID/FID only)? | tandard | gas prior to | and after each use | ΠY | □N | |
| | c. Inspected for leaks an | d obviou | is signs of v | vear on a weekly basis? | $\Box Y$ | □N | |
| | d. Kept in a clean and so | ecure are | a when not | in use? | ПY | □N | |
| | e. Verified for accuracy | by use o | f duplicate | samples (calorimetric only)? | ПY | □N | |
| 3. Has | the facility maintained a leak log? | | | | ΩY | □N | |
| 4. Doe | s the responsible official check the | followin | g areas for | leaks? | | | |
| | Hose connections, fittings, couplings, and valves | ΠY | □N | Muck cookers | ΠY | □N | |
| | Door gaskets and seating | ΠY | □N | Stills | ΩY | □N | |
| | Filter gaskets and seating | □ Y , | □N | Exhaust dampers | ΠY | □N | |
| | Pumps | $\Box Y$ | □N | Diverter valves | $\Box Y$ | □N | |
| , | Solvent tanks and containers | ΠY | □N | Cartridge filter housings | ΠY | ПN | |
| | Water separators | \Box Y | □N | | | | |
| Ī | Name of Responsible Official Louis A. Nichol Inspector's Name (Please Print) | <u> </u> | | | 26 ection | | |
| | Inspector's Signature | | | Approximate Date of | Next I | nspection | |
| | | | | 11 | | 4 | |



Magic Dry Cleaners 2400 S.E. 3rd Avenue Ocala, Florida 32674 Tel: 732-4549 Exp. 12-31-89

DRY CLEAN

ADDITIONAL SITE INFORMATION:

- · OWNER SOO HANCHA NOT IN TALKED TO HIS WIFE, YOUNG CHA. PURCHASED BUSINESS & MONTHS AGO, NOT PLUENT IN ENGLISH,
- NO CONTAINMENT PAN ON ORDER

 KLEEN RITE VAROR CONDENSER

 COLLECTING PARC AND WATER IN BOTTLES ON THE FLOOR
 WHEN FULL, PERC BOTTLE EMPTIED INTO MACHINE.
- · NECHANIC FROM GAINESUILLE FOR PROBLEMS. 57RONG PERCODOR IN SHOP.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| ARM SUPDATED | 24.5 |
|--------------|------|
| DATE X-2-91 | |
| BY Re | 4 |

| TVDT | OF | INCOR | CTION: |
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| 1111 | Or. | THEFT | CIIU:1. |

ANNUAL

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COMPLAINT/DISCOVERY

| RE-INSPECTION | i |
|---------------|---|
|---------------|---|

| AIRS ID#: 0830 29 DATE: | TIME IN: TIME OUT: |
|--|---|
| FACILITY NAME: Magic Cleaner | (5 |
| FACILITY LOCATION: 2400 SE | 25+ Ave (K-9-10) |
| Ocala, FL | |
| RESPONSIBLE OFFICIAL: <u>Jeu Ung</u> | · |
| CONTACT NAME: | PHONE: (6. |
| | 1, C, |
| PART I: NOTIFICATION | 3/2/2 (2) |
| (check appropriate box) | Our On |
| 1. New facility notified DARM 30 days prior to star | rtup Continu |
| 2. Facility failed to notify DARM to use general pe | rmit 🔲 |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: (check appropriate box) A. | ☐ No notification form ☐ Drop store out of business/petroleum |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr |

If no, please check the appropriate classification:

(constructed before 12/9/91)

5. This is a correct facility classification

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

(constructed on or after 12/9/91)

□Can not determine

 $\cdot \square N$

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? | avy du ya |
| 2. Examining the containers for leakage? | DY DN PASVA |
| 3. Closing and securing machine doors except during loading/unloading? | OY ON |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | OY ON ON/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | באנ אל ם אם אם |
| | |
| 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 refri (complete A below). | gerated condenser |
| . If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below). | gerated condenser |
| 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? | UA UM |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | איאם אם איא |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | A/אם אם צם |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | DA DN |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | אואם אים אם |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | מם עם |

| В. | Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΟY | ON | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ПИ | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠY | □N | □N/A |
| | Is the perc concentration equal to or less than 100 ppm2 | ΟY | ПN | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΠY | Пх | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual | _, | | |
| | condenser coils? | ΠY | ПИ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΟY | NO | □N/A |

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

| PART | VI: LEAR DETECTION AND | REPAIRS | · · · · · · · · · · · · · · · · · · · | | | |
|--------|--|---------------------------|---------------------------------------|-------------------|--|--|
| 1. Doe | s the responsible official conduct a | weekly (for small sourc | es, bi-weekly) leak detection a | nd repair | | |
| insp | pection? | | • | OY ON | | |
| 2. Has | the facility maintained a leak log? | | | OY ON | | |
| 3. Doe | s the responsible official check the | following areas for leak | s? | | | |
| Ų. | Hose connections, fittings, | OY ON ON/A | Muck cookers | | | |
| | couplings, and valves | | | DY DN DN/A | | |
| | Door gaskets and seating | DY DN DN/A | Stills | OY ON ON/A | | |
| | Filter gaskets and seating | DY ON ON/A | Exhaust dampers | DY DN DN/A | | |
| | Pumps | A'NO NO YO | Diverter valves | DY DN DN/A | | |
| | Solvent tanks and containers | OY ON ON/A | Cartridge filter housings | □Y □N □N/A | | |
| | Water separators | OY ON ON/A | · | | | |
| 4. Whi | ich method of detection is used by t | he responsible official? | | | | |
| : | Visual examination (condensed s | olvent on exterior surfac | ces) | | | |
| | Physical detection (airflow felt th | rough gaskets) | | | | |
| | Odor (noticeable perc odor) | | | a . | | |
| | Use of direct-reading instrumenta | tion (FID/PID/calorime | tric tubes) | | | |
| | Halogen leak detector | | | | | |
| | If using direct-reading instrumentation, is the equipment: | | | | | |
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | |
| | b. Calibrated against a s (PID/FID only)? | tandard gas prior to and | l after each use | OY ON | | |
| | c. Inspected for leaks an | d obvious signs of wear | on a weekly basis? | DY DN | | |
| | d. Kept in a clean and s | | • | □У □И | | |
| | e. Verified for accuracy | by use of duplicate sam | ples (calorimetric only)? | OY ON | | |
| | | | | | | |
| | | | | <u>-</u> - | | |
| | | | | | | |
| | The state of the s | | | | | |
| | Inspector's Name (Please Prir | it <i>)</i> | Date of Inspe | CUOII | | |
| | Inconcerne Company | · | Approximate Date of I | Next Inspection | | |
| • | Inspector's Signature | | White page of 1 | Torre Trispection | | |

| ADDITIONAL SITE INFORMATION | ON: | | *************************************** |
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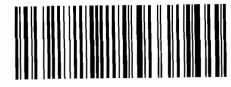
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STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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TALLAHASSEE FL 32399 2400



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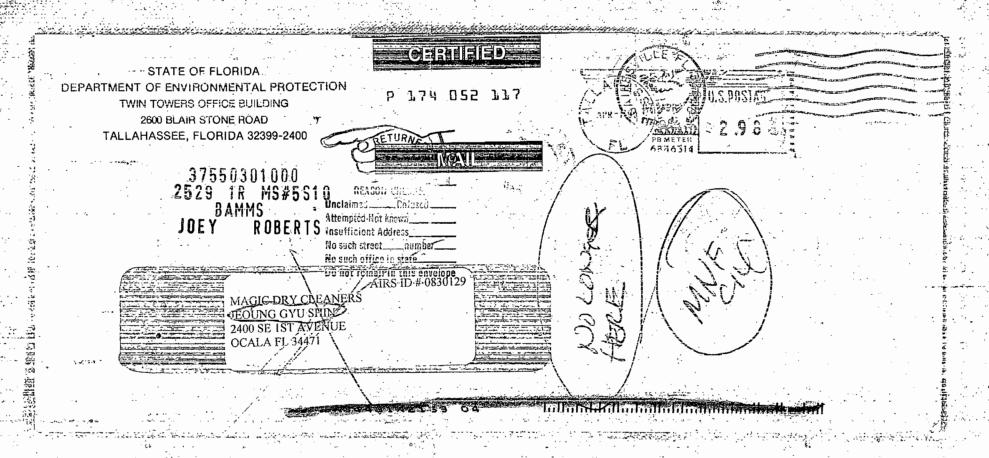
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| PS Form 3811, July | 1999 Domestic Return Receipt 102595-00-M-0952 |

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| reverse | Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. | | | see's Address | Service |
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| N ADD | OCALA:FL 34471 | 7. Date of De | | 9 | you for |
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| s your <u>l</u> | 6. Signature: (Addressee or Agent) | | followith a | <u>!</u> | |
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Receipt for Certified Mail No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID # 0830129 MAGIC DRY CLEANERS JEOUNG GYU SHIN 2400 SE 1ST AVENUE OCALA FL 34471 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

| 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the anticle. The Return Receipt will show to whom the article was delivered and delivered. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | | |
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| your RETURN ADDRESS completed o | AIRS ID # 0090166 P G CLEANERS LENNY GREEN 1900 S. BABCOCK STREET MELBOURNE FL 32901 | 4a. Article N 2 3 3 4b. Service 1 Registere Express I Return Rec 7. Date of De | e Type ered Certified as Mail Insured Receipt for Merchandise COD | |
| | 5. Received By: (Print Name) 6. Signature: (Addressee of Agent) 7. Signature: (Addressee of Agent) | 8. Addressee's Address (Only if requested and fee is paid) | | |
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| | 6. Signature: (Addressee or X PS Form 3811, December | | 97-B-0179 Domesti | c Return Receipt |
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| | | MAGIC DRY CLEANERS JEOUNG GYU SHIN 2400 SE 1ST AVENUE OCALA FL 34471 | id Mail IRS ID # 0830129 | |
| | 84. (2718 2.1. (10. (10.) (27) | Postage | | |
| | | Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date. & Addressee's Address | | |
| | .1 | TOTAL Postage & Fees \$ | | |

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