



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 31, 1998

Mr. Dung Hung Mai
Joy Laundry & Dry Cleaners
1314 Lewis Turner Boulevard
Fort Walton Beach, Florida 32547

Re: Facility No.: 0910076

Dear Mr. Mai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 25, 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. Charles Norman, Northwest District

CHESSEY, WINGARD, BARR & FLEET, P.A.

D. MICHAEL CHESSEY
HARRY E. BARR
H. BART FLEET (e-mail hbfleet@aol.com)
CHRISTA L. SWANICK
KATHRYN M. BROWN
ALLISON M. TRINGAS (e-mail amtringas@aol.com)

1201 EGLIN PARKWAY
SHALIMAR, FLORIDA 32579
(850) 651-9944
FAX (850) 651-6084
e-mail CWFPPA@AOL.COM

August 3, 1999

J.D. WINGARD, JR.
(OF COUNSEL)

Department of Environmental Protection
P.O. Box 3070
Tallahassee, FL 32315-3070

RE: Joy Laundry & Dry Cleaning
AIRS ID# 0910076

RECEIVED
MAIL ROOM
AUG -5 99

Dear Sir or Madam:

This letter is to advise you that Dung Mai and Linda Quach are no longer the owners of the above listed facility. On November 23, 1998 they sold the business to Jennifer Kim.

Also enclosed, please find payment of \$75.00 for the emissions fee for the year 1998 in the above referenced matter.

Please note that our firm represents Dung Mai and Linda Quach and if you have any questions regarding the above, please contact me at the office. Thank you for your assistance in this matter.

Sincerely,

Katheryn O. Terwilliger
Paralegal to Christa L. Swanick

kt
Enclosures
cc: Dung Mai & Linda Quach

Airs ID 0910076: This facility has been sold. Please show inactive in Arms. The new owner is not yet doing dry cleaning there due to problems with the machine and the fact that it does not have the containment required by Haz Waste. I have sent him a notification form to fill out when he gets set up to do dry cleaning. He plans to get new equipment.

Charlie

Date: 3/24/98 9:29:20 AM
From: Charles Norman PEN
Subject: Joy Laundry and Dry Cleaners
To: Jane Gregory PEN
To: Edward Pike PEN
CC: Carolyn Salmon PEN

On 3/13/98 I inspected Joy Laundry and Dry Cleaners. In addition to some air violations here are some things you may be interested in.

1. He does not properly dispose of the dry cleaning filters. He says he puts them into a plastic bag and throws them into the trash.
2. The floor is not sealed and there is no containment installed for spills.

Rich,

I had him do a new one
because I never got the
one back I sent him
for correction. He said
he mailed it but I didn't
get it.

Charlie

Follow-up

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DUNG HUNG MAI
2. Site Name (For example, plant name or number):	Joy coin laundry & Dry Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Ft. Walton Bch. County: Okaloosa Zip Code: 32547	1314 Lewis Turner Blvd.
5. Facility Identification Number (DEP Use):	0910076

RECEIVED
APR 17 1998

Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	DUNG HUNG MAI OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Ft. Walton Bch, County: Okaloosa Zip Code: 32547	1314 Lewis Turner Blvd.
8. Responsible Official Telephone Number: Telephone: (850) 662-6652 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	Dec 89							
(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

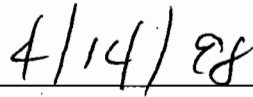
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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



0910076

p13

6. add title of responsible official
(owner)

p16

Responsible official sign and date
for changes

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring
& Mobile Sources

MAR 25 1998

RECEIVED

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Joy Laundry & Dry Cleaners Dung Hung Mai
2. Site Name (For example, plant name or number):	Joy Laundry & Dry Cleaners
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	Joy Laundry & Dry Cleaners
Street Address:	1314 Lewis Turner Blvd.
City:	Ft. Walton Bch.
County:	Okaloosa
Zip Code:	32547
5. Facility Identification Number (DEP Use):	0910076

Responsible Official

6. Name and Title of Responsible Official:	Joy Laundry & Dry Cleaners Dung Hung Mai		
7. Responsible Official Mailing Address:	Organization/Firm:		
Street Address:	1314 Lewis Turner Blvd.		
City:	County:	Zip Code:	
Ft. Walton Bch.	Okaloosa	32547	
8. Responsible Official Telephone Number:	Telephone: (850) 862-6652 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Joy Laundry & Dry Cleaners Dung Hung Mai		
10. Facility Contact Address:	Joy Laundry & Dry Cleaners		
Street Address:	1314 Lewis Turner Blvd.		
City:	County:	Zip Code:	
Ft. Walton Bch.	Okaloosa	32547	
11. Facility Contact Telephone Number:	Telephone: (850) 862-6652 Fax: () -		

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1969							
(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?

77.2 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) _____

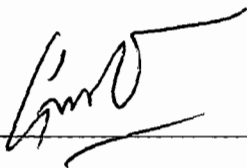
No air permits currently exist for the operation of the facility indicated in this notification form.

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

3/13/98

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

~~10102510~~ ✓

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1100 TIME OUT: 1145 AIRS ID#: 091F0076
 TYPE OF FACILITY: DC
 FACILITY NAME: ~~Joy's~~ ~~Laundromat~~ ~~and Dry Cleaning~~ DATE: 3/13/98
 FACILITY LOCATION: 1314 Lewis Turner Blvd. Jr. E
 Ft. Walton Beach, FL 32548
 RESPONSIBLE OFFICIAL: Dung Hung Nhi PHONE NUMBER: 962-6652

- 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
① FACILITY NOT PERMITTED	Completed during inspection
② Leak detection and repair logs not kept	Left 5 small Business Perce Log calendar for facilities use START using
③ Rolling 12-month total of Perm Purchases not kept	Left calendar-log for use & explained - START using
④ Annual Compliance Certi not	Completed during insp.

COMMENTS: Business is up for sale - no takers yet.

RECEIVED
 MAR 25 1998
 Bureau of Air Monitoring & Mobile Sources

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

DATE OF NEXT INSPECTION: Mar 99 (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 850-595-8364

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

File Copy
RECEIVED
MAR 2 1998
Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
~~Joy Laundry & Dry Cleaners~~
 Dung Hung Mai

2. Site Name (For example, plant name or number):
 Joy Laundry & Dry Cleaners

3. Hazardous Waste Generator Identification Number:

4. Facility Location: ~~Joy Laundry & Dry Cleaners~~
 Street Address: 1314 ~~Levinson Blvd.~~ Lewis Turner Blvd.
 City: Ft. Walton Bch. County: Okaloosa Zip Code: 32547

5. Facility Identification Number (DEP Use):
 0910076

Responsible Official

6. Name and Title of Responsible Official:
~~Joy Laundry & Dry Cleaners~~ Dung Hung Mai

7. Responsible Official Mailing Address:
 Organization/Firm:
 Street Address: 1314 Lewis Turner Blvd.
 City: Ft. Walton Bch. County: Okaloosa Zip Code: 32547

8. Responsible Official Telephone Number:
 Telephone: (850) 862-6652 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
~~Joy Laundry & Dry Cleaners~~
 Dung Hung Mai

10. Facility Contact Address: ~~Joy Laundry & Dry Cleaners~~
 Street Address: 1314 Lewis Turner Blvd.
 City: Ft. Walton Bch. County: Okaloosa Zip Code: 32547

11. Facility Contact Telephone Number:
 Telephone: (850) 862-6652 Fax: () -

RECEIVED

MAR 25 1998

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
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(1) w/ ref. condenser	1	1969							
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(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:

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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 3/13/98

JOY DRY CLEANING & COIN LAUNDRY

1314 Lewis Turner Blvd.
Fort Walton Beach, FL. 32547
850-862-6652

25 Feb 99
Bureau of Air Monitoring
& Mobile Sources
RECEIVED
MAR - 1 1999

Mr. Rich Butler
Department Of Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Dear Mr. Butler:

Here is the information concerning the change of ownership for Joy Dry Cleaning, AIRS ID# 0910076, and Facility # 9502500, that is located in Fort Walton Beach, Florida. As requested per the telephone conversation we had on 25 February 1999. Here is the letter requested by you so that we will not be required to send the payment of \$50.00 for the emission fee for the year of 1998 due to change of ownership. I hope that this will help in updating your records.

A change of ownership was carried out on 23 November, 1998. The previous owner, Dung Hung Mai sold the business to a Miss Jennifer Kim and is now owned and operated by JKC Dry Cleaning Incorporated. The business address of this Dry Cleaning Business is as follows:

Joy Dry Cleaning & Coin Laundry
1314 Lewis Turner Blvd.
Fort Walton Beach, Florida. 32547
Phone 850-862-6652

Even though we have a Chemical Dry Cleaner on the premises that use Perch, it is not being used due to the following reasons. When business has changed ownership, we were informed by the previous owners that it was broken and required to be repaired. Only to find out later, when we tried to get it repaired, that it was also not within EPA standards. I then contacted a Mr. Charles Norman of the Pensacola DEP office concerning this matter, he confirmed that it is not within EPA standards, and that he informed the previous owners of this in March of 1998 while inspecting them. During my conversation with him, Mr. Norman advised me he was going to ahead and pulled the air permit on the business and canceled it since the previous owners failed to notify his office of the change of ownership 30 days prior as required by Florida DEP Statutes. He also advised me that after we took the necessary action that was required to bring this machine into compliance, he would inspect the machine and issue another air permit. At this time, we are making plans to purchase a new Chemical Dry Cleaning machine, which will be installed at Joy Dry Cleaning. Upon installation of this new Dry Cleaning machine, we will be filing all necessary paperwork that is required by Florida Statutes.

In closing, I hope that this information will help you in updating you records. I also wish to say "Thank You" to You, and also to a Mr Dan Williamson, and Ms. Lida Schwetz for your help in this matter. If you have questions, please feel free to contact me at the above address and phone number.

Respectfully Submitted


Arlie C. Griffis Jr.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

~~4802570~~

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

0910076

AIRS ID#: ~~None~~ DATE: 3/13/98 TIME IN: 1400 TIME OUT: 1445
 FACILITY NAME: Joy ~~Laundry~~ Laundry & Dry Cleaners
 FACILITY LOCATION: 1314 Lewis Turner Blvd
~~Dung~~ FWB, FL 32548
 RESPONSIBLE OFFICIAL: Dung Hung Mai PHONE: 862-6652 (W)
 CONTACT NAME: Dung Mai PHONE: 864-3581 (H)

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form Completed 3/13/98
 Drop store/out of business/petroleum

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
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)</p> | <p>2. New small area source <input type="checkbox"/>
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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p>4. New large area source <input type="checkbox"/>
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 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 77.2 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 N/A
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

ADDITIONAL SITE INFORMATION:

INVOICE#	DATE	GAL
16015	12/17/97	32.2
11945	08/25/97	15.0
97257	02/27/97	30.0

77.2 gal

2-1 Products, Inc
205-787-1403
2020 Ave F, Ensley
Birmingham AL 35218

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

MAR 25 1998

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Joy Laundry and Dry Cleaners DATE: 3/13/98

FACILITY LOCATION: 1314 Lewis Turner Blvd
Ft Walton Beach, FL 32548

Annual Reporting Period: 1 MAR 97 1997 TO 3/13/98 1998

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

If NO, complete the following:

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

Not permitted - NOTIFICATION FORM NOT submitted.

Exact period of non-compliance: from MAR 97 to 3/13/98

Action(s) taken to achieve compliance: Completed Notification Form 3/13/98 (Submitted to the Department Representative)

Method used to demonstrate compliance: NA

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

Logs of leak detection, repair, and perc purchase not kept.

Exact period of non-compliance: from Mar 97 to 3/13/98

Action(s) taken to achieve compliance: Set up logs during inspection

Method used to demonstrate compliance: Keep logs

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

RESPONSIBLE OFFICIAL: Dung Hung Mai [Signature] 3/13/98
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

① comp
② copy b IF

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0910076 DATE: 1/25/99 TIME IN: 1115 TIME OUT: 1200

FACILITY NAME: Joy DRY CLEANING

FACILITY LOCATION: 1314 Lewis TURNER Blvd.

RESPONSIBLE OFFICIAL: Jennifer KIM PHONE: 862-6652

CONTACT NAME: _____ PHONE: _____

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Bureau of Air Monitoring
& Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form

(check appropriate box) Drop store/out of business/petroleum

A. STORE SOLD TO NEW OWNER Jennifer Kim. See last page.

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, $140 \leq x \leq 2,100$ 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)

4. New 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 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.

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

ADDITIONAL SITE INFORMATION:

Current equipment is broken and beyond repair (per maint man). Also equip is not in required containment. Par. Ms Kim said it was broken when she bought it. At present ~~was~~ time she has lawyer working for her against previous owners concerning fraudulent actions. I told her what the case is, settled & she gets new equip to complete the notification form. I ~~sent~~ ~~had~~ previously mailed to her.

C. Thomas

PERCHLOROETHYLENE DRY CLEANERS

① camp
② copy to IF
✓

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0910076 DATE: 11/25/99 TIME IN: 1115 TIME OUT: 1200
 FACILITY NAME: Joy DRY CLEANING
 FACILITY LOCATION: 1314 Lewis TURNER Blvd.
 RESPONSIBLE OFFICIAL: Jennifer Kim PHONE: 862-6652
 CONTACT NAME: _____ PHONE: _____

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

RECEIVED
 DEC - 8 1999
 Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

STORE SOLD TO NEW OWNER Jennifer Kim

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

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
 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)</p> | <p>2. New small area source <input type="checkbox"/>
 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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 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)</p> | <p>4. New large area source <input type="checkbox"/>
 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 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input 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 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 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 |

ADDITIONAL SITE INFORMATION:

Current equipment is broken and beyond repair (per maint
man). Also equip is not in required containment
plan. Ms Kim said it was broken when she bought it
at present ~~time~~ time she has lawyer working for
her against previous owners concerning fraudulent
actions. I told her what the case is.
settled & she gets new equip to complete
the notification form I ~~sent~~
~~had~~ had previously mailed to her.

C. Thomas

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

MAR 25 1998

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Joy Laundry and Dry Cleaners DATE: 3/13/98

FACILITY LOCATION: 1314 Lewis Turner Blvd
Ft Walton Beach, FL 32548

Annual Reporting Period: 1/1/97 1997 TO 3/13/98 1998

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

If NO, complete the following:

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

Note permitted - NOTIFICATION FORM NOT submitted.

Exact period of non-compliance: from Mar 97 to 3/13/98

Action(s) taken to achieve compliance: Completed Notification Form (submitted to the Department Registrar)

Method used to demonstrate compliance: NA

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

logs of leak detection, repair, and pipe purchase not kept.

Exact period of non-compliance: from Mar 97 to 3/13/98

Action(s) taken to achieve compliance: Setup logs during inspection

Method used to demonstrate compliance: Keep logs

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

RESPONSIBLE OFFICIAL: Ding Hung Mai [Signature] 3/13/98

Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1400 TIME OUT: 1445 AIRS ID#: NONE 09/0076
 TYPE OF FACILITY: DC
 FACILITY NAME: Joy ~~James~~ Laundry and Dry Clean DATE: 3/13/98
 FACILITY LOCATION: 1314 Lewis Turner Blvd
Ft. Walton Beach, FL 32548
 RESPONSIBLE OFFICIAL: Dung Hung Nhi PHONE NUMBER: 862-6652

- 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
① FACILITY NOT PERMITTED	Completed during inspection
② Leak detection and repair logs not kept	Left small Business Perce log calendar for facilities use START using
③ Rolling 12-month total of Perce Purchases not kept	Left Calendar log for use & explained - START using
④ Annual Compliance Certificate NOT	Completed during insp.

ENTERED
MAR 31 1998

COMMENTS: Business is up for sale - not taken yet.

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

DATE OF NEXT INSPECTION: Mar 99
(Approximate)

INSPECTION CONDUCTED BY: Charles Norman
(Please Print)

INSPECTOR'S SIGNATURE: PHONE NUMBER: 850-595-8364

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	NONE	DATE:	3/13/98	TIME IN:	1400	TIME OUT:	1445
FACILITY NAME:	Joy Ann Laundry & Dry Cleaners						
FACILITY LOCATION:	1314 Lewis Turner Blvd Dung FWB, FL 32548						
RESPONSIBLE OFFICIAL:	Dung & Hung Mai		PHONE:	862-6652 (W)			
CONTACT NAME:	Dung Mai		PHONE:	864-3581 (H)			

PART I: NOTIFICATION	
(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 checked="" type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input checked="" type="checkbox"/> No notification form Completed 3/13/98 <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	4. New large area source <input type="checkbox"/> 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 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>77.2</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? *THROWS into trash in plastic bag.* 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 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 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 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

Charles Norman
Inspector's Name (Please Print)

3/13/98
Date of Inspection

Charles Norman
Inspector's Signature

Mar 99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

INVOICE#	DATE	GAL
16015	12/17/97	32.2
11945	08/25/97	15.0
97257	02/27/97	30.0

2-1 Products, Inc
 205-787-1403
 2020 Ave F, Ensley
 Birmingham AL 35218

77.2 gal

Permit NOTIFICATION completed & submitted during inspection. Record keeping and equip inspection procedures explained - ~~set up~~ Left DC calendar for owners use in record keeping. Up to him to keep it up. Compliance w/ 30 day thus ~~is~~ CWOE per DADM guide lines. CWS agrees.

CPB

Z 333 660 511 *1999*

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

AIRS ID # 0910076

JOY LAUNDRY & DRYCLEANERS
 DUNG HUNG MAI
 1314 LEWIS TURNER BLVD
 FT WALTON BEACH FL 32547

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0910076
 JOY LAUNDRY & DRYCLEANERS
 DUNG HUNG MAI
 1314 LEWIS TURNER BLVD
 FT WALTON BEACH FL 32547

4a. Article Number

2 333 660 511

4b. Service Type

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

7. Date of Delivery

2-13-99

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

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

7000 0520 0020 9372 7374

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Receipt
 Postmark
 Here

Total Postage: 10 AIRS ID # 0910076001AG
Recipient's: DUNG HUNG MAI
 JOY LAUNDRY & DRYCLEANERS
Street, Apt. No. 1314 LEWIS TURNER BLVD
City, State, ZIP. FT WALTON BEACH FL 32547

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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 # 0910076001AG
 DUNG HUNG MAI
 JOY LAUNDRY & DRYCLEANERS
 1314 LEWIS TURNER BLVD
 FT WALTON BEACH FL 32547

7000 0520 0020 9372 7374
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

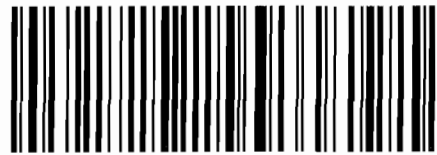
- A. Received by (Please Print Clearly) *S. HUNG* B. Date of Delivery
- C. Signature *[Signature]* Agent Addressee
- X *[Signature]* Yes No
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

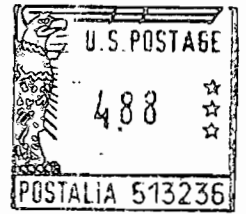
4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32397-7400



7000 0520 0020 9372 7374



5510

5521

RECEIVED

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

ATTEMPTED,
NOT KNOWN

10 AIRS ID # 0910076001AG
DUNG HUNG MAI
JOY LAUNDRY & DRYCLEANERS
1314 LEWIS TURNER BLVD
FT WALTON BEACH FL 32547

AU

Z 333 667 185

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. 0910067

Do not use for International Mail (See reverse)

Sent to Joy COZ Laundry + Dry Clean	
Street & Number DUNG HUNG MAI	
Post Office, State, & ZIP Code 1314 LEWIS TURNER BLVD	
Postage	FT WALTON BEACH 32547
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0910076
 JOY LAUNDRY & DRYCLEANERS
 DUNG HUNG MAI
 1314 LEWIS TURNER BLVD
 FT WALTON BEACH FL 32547

4a. Article Number

Z 333 667 185

4b. Service Type

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

7. Date of Delivery

4-2-85

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Salito B. [Signature]*

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

386314

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID # 0910076
JOY LAUNDRY & DRYCLEANERS
DUNG HUNG MAI
1314 LEWIS TURNER BLVD
FT WALTON BEACH FL 32547

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

Louyer

Dixie Powell ^{Jennifer} Kim

Louyer

Christina Savaris Hung Hung Mai

Chodie/Deposition on Friday

7/2

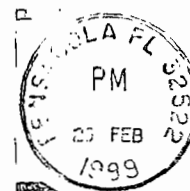
- Joy Cleaners - 09/0076

- Back wed -

fudge - 12

H+J Radiator + AC
1278 South Fardon
Crestview 32536

Joy Dry Cleaning & Coin Laundry
1314 Lewis Turner Blvd.
Fort Walton Beach, Florida 32547



5570

Mr. Rich Butler
Department Of Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

32399-2400



P 174 052 038

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided AIRS ID # 0910076

JOY LAUNDRY & DRYCLEANERS
DUNG HUNG MAI
1314 LEWIS TURNER BLVD
FT WALTON BEACH FL 32547

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	
TOTAL Postage & Fees	\$
Postmark or Date	

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- 2. Restricted Delivery

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3. Article Addressed to:

JOY LAUNDRY & DRYCLEANERS
DUNG HUNG MAI
1314 LEWIS TURNER BLVD
FT WALTON BEACH FL 32547

AIRS ID # 0910076

4a. Article Number

P174052038

4b. Service Type

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

7. Date of Delivery

2-27-89

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kenneth*

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

Thank you for using Return Receipt Service.