

# 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

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

## CHESSER, WINGARD, BARR & FLEET, P.A.

D. MICHAEL CHESSER
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1201 EGLIN PARKWAY SHALIMAR, FLORIDA 32579

(850) 651-9944

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e-mail CWBFPA@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

MAIL ROOM

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: Du

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 notifidation 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.

Rien,

I had him to a new one because I never got the one back I sent lum for correction. Head be marted it but I Lides't get it.

Clarlie

· Follow - un

# Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  DUNG HUNG MAI  Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Toy Coin aundry Pry Cleaners Hazardous Waste Generator Identification Number:
4.	Facility Location: 1314 lewis Turner 1846. Street Address:
	City: Ft. Walton Bch. County: OKakosa Zip Code: 32547
5.	Facility Identification Number (DEP Use): 09/0076
	Responsible Official
6.	Name and Title of Responsible Official:
	DUNG HUNG MAI OWNER
7.	Responsible Official Mailing Address:  Organization/Firm: 1314 lewi3 tukner Blub,  Street Address:
	City: Ft. walten 18ch, County: OK9/0059 Zip Code: 32547
8.	Responsible Official Telephone Number: Telephone: (80) 662-6652 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2)

## **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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date 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		And the second of the second o			* "				
(I) w/ ref. condenser	丁	Dec 69							
(2) w/ carbon adsorber		7							
(3) w/ no controls									
Washer Unit		general de la companya del companya del companya de la companya de	1 : .		•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	15.3	- 1. Ar - 1.							_
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	. :	The second second			•	•		•	
(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?  7/ 2 gallons  (b) If less than 12 months, how many? [] months									
Check why it is less  3. What is the facility's so (Indicate with an "X".  Existing small ar	urce Selec	classification	n based on th	e def	_	d in section (		•	
Existing large area source [			N	ew la	rge area sou	rce [	1		

DEP Form No. 62-213.900(2)

(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)

## Surrender of Existing Air Permit(s)

Please indicat	e 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)						
X	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.						
I will pro	mptly notify the Department of any changes to the information contained in this notification.  4/14/84						

	0910076
p/3	add Fittle of Responsible Official (owner)
<i>V</i> =	(owner)
p16	
	Responsible Official signand date
	Responsible Official signand date for changes
	·
	· · · · · · · · · · · · · · · · · · ·

	reichioroethylene Dry Cleaning Facility Notification		
	Facility Name and Location	Bureau & V	MAR
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Jay Launetry & Dry Cleaners  Dung Hung Mai	of Air M obile So	25%
2.	Site Name (For example, plant name or number):  Toy laundry = Pny Cleanors	onitoring urces	866
3.	Hazardous Waste Generator Identification Number:	`.	
4.	Street Address: 1314 tow themer Atol Lewis TURNER Blud: City: Ft. walton sch. County: Okalossa Zip Code: 3250	47	
5.	Facility Identification Number (DEP Use): 091007	6	
	<u> </u>	<u>'6</u>	

# Responsible Official

6.	Name and Title of Responsible Official:		
	Joy Laundry & Dry cleaners Dung Huno	Mai	
7.	Responsible Official Mailing Address:		ļ
	Organization/Firm:		
ŀ	Street Address: 1314 lewis turner Blud,		
	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)

	Name and Title of Facility Contact (For example, plant many for the same some some some some some some some so			
	Facility Contact Address: By Launchey & Dry  Street Address:  City: Ft. Walton Beh. County:		Zip Code:	32547
1	Facility Contact Telephone Number: Telephone: (850) 862 - 6652	Fax: ( )	-	

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

## **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	D	Purchased	Installed	ID	Purchased	Installed
Example	#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	i	1969		T	T			T	
(2) w/ carbon adsorber	#-	1701	_	<del>                                     </del>			<u>├</u>	1	
(3) w/ no controls	-			<del>                                     </del>			<del></del>	1	
Washer Unit		1	1			1	L	1	1
(4) w/ ref. condenser				T		T	T		T
(5) w/ carbon adsorber	$\vdash$	-	1	<del>                                     </del>	-	1	1-	<u> </u>	+
(6) w/ no controls	-			<del>  -</del>			+-	<del> </del>	
Dryer Unit	1	1			1	1		1	
(7) w/ ref. condenser	3000000	<u> </u>		T		T		T	T
(8) w/ carbon adsorber	-	+	<del> </del>	├	1	<u> </u>	_	+	
(9) w/ no controls	-	1		<del>                                     </del>			<del> </del>		
Reclaimer Unit		.1	I	1	1	1	L	_1	1
(10) w/ ref. condenser	1	T	T	T		1	T	T	T
(11) w/carbon adsorber	-	-		+	<del>  -</del>		1	1	
(12) w/ no controls	-		<del> </del>	┼	<del>                                     </del>	-	1	+	, , , , , , , , , , , , , , , , , , ,
(12) W/ No controls					ı				
	(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 a	irea s	source X	N	lew s	mall area so	ırce [	١		
Existing large a	rea s	ource []	N	lew la	arge area sou	irce [	J		

DEP Form No. 62-213.900(2)

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	erated condenser []						
New small area source Refrigerated condenser []							
New large area source Refrigerated condenser []							
,							
5. A facility which contains non-exempt emissions units structure to Rule 62-213.300, F.A.C. Verify that all steam following exemption criteria or that no such units exist on-	and hot water generating units on-site meet the						
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 Re	cordkeeping Information						
Check all logs which are required to be kept on-site in according permit:	ordance with the requirements of this general						
(a) Purchase receipts and solvent purchases	$\searrow$ [X]						
(b) Leak detection inspection and repair	~ [X]						
(c) Refrigerated condenser temperature monitoring							
(d) Carbon adsorber exhaust perc concentration monitoring	g						
(e) Instrument calibration							
(f) Start-up, shutdown, malfunction plan	$\sim$ $\propto$ $\sim$						

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

# Surrender of Existing Air Permit(s)

Plea	ase indicate	e 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)						
1	ΙX	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 a this notification. I hereby certify, based on information and belief formed after reasonable inquestatements made in this notification are true, accurate and complete. Further, I agree to operate maintain the air pollutant emissions units and air pollution control equipment described above a comply with all terms and conditions of this general permit as set forth in Part II of this notifical I will promptly notify the Department of any changes to the information contained in this notifical						
	Signature	$\frac{3/13/28}{Date}$				

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

TITLE V AIR QUALITY INSPECTION SUM					
TYPE OF INSPECTION: ANNUAL / COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 14100 TIME OUT: 1414	AIRS ID#: 094-0076				
TYPE OF FACILITY: DC					
FACILITY NAME: Joy House Jane	whi and Dry ( Strangate: 3/13/98				
	r Blad Un E				
RESPONSIBLE OFFICIAL: Dina HING. WA	PHONE NUMBER: 862-8652				
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
() FACILITY NOT PERMITIZED	Completed during inspection				
3 Fak detection and regree	Left 5 mill Business Perc Con				
Coys my Kept	calindar for to a lites un				
3) \$ De Cling 12 month	Lest Ca Cinclar log for				
Monuel Compleance Certi	Completed Leving insp				
	Burea &				
	AR 25 ' Mobile So				
COMMENTS: Business is (1) for	Dale - 720 Lahans yeg, sources				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  DATE OF NEXT INSPECTION:  DATE OF NEXT INSPECTION:					
INSPECTION CONDUCTED BY: (Approximate)  (Please Print)					
INSPECTOR'S SIGNATURE PHONE NUMBER: 850 - 595-8364					

Revised 10/96

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

	Fit	e Copy
	Perchloroethylene Dry Cleaning Facility Notification	
	Facility Name and Location	" La
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Jeg Lounghy & Dry Clarcers  Dung Hung Mai	My CO
2.	Site Name (For example, plant name or number):  Toy laundry = Pny Cleanors	A CONTRACTOR OF THE PARTY OF TH
3.	Hazardous Waste Generator Identification Number:	
4.	Street Address: 1314 tentre Blud Lewis Turner Blud: City: Ft. walton Bch. County: 0 Kalossa Zip Code: 32547	
5.	Facility Identification Number (DEP Use): 0910076	

#### Responsible Official

6.	Name and Title of Responsible Official:		
	Joy Laundry & Dry cleaners Dung Huna	Mai	
7.	Responsible Official Mailing Address:		
	Organization/Firm:		
	Street Address: 1314 Lewis turner Blue.		
	City: Ft. Walton Bch. County: OKaloosa	Zip Code:	32547
8.	Responsible Official Telephone Number:		
	Telephone: (850) 862 - 665 Fax: ( ) -		

### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
Dung Hung May	
10. Facility Contact Address: By Laundry & Dry Cleanors	,
10. Facility Contact Address: By Laundry & Dry Cleanors  Street Address: BLUD.	
City: Ft Walton Beh. County: OKalocsa Zip Code: 32547	
11. Facility Contact Telephone Number:	
Telephone: (857) 862 - 6652 Fax: ( ) -	

RECEIVED

MAR 2 5 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.

My digger									
S. C.		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	Ш	Purchased	Installed
Example	#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		1969							
(2) w/ carbon adsorber		<u> </u>		<u> </u>					
(3) w/ no controls				<u> </u>	<u> </u>		ļ		<u> </u>
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber						<u> </u>			<u> </u>
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber		,							
(9) w/ no controls	-								,
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber							ļ .		1 .
(12) w/ no controls							-	1	
<ul><li>(b) Control devices ar</li><li>(c) No control devices</li></ul>	_								
2.(a) What was the total [77.2			loroethylene	(pero	c) purchased	in the latest	12 m	onths?	
(b) If less than 12 mor Check why it is les					] New sto	re: [] Di	d not	keep record	s:
3. What is the facility's s (Indicate with an "X".					finitions fou	nd in section	(3) 0	f Part II?	
Existing small a	area s	оштсе 🔀	, N	lew s	mall area sou	irce [	١		
Existing large a	rea s	ource []	) )	lew la	arge area sou	irce [	J		

DEP Form No. 62-213.900(2)

en midd Gildon" "

Page 14 of 16

4.	. What control technology is requing (Indicate with an "X".)	ured on machines	s pursuant to section (5) o	f Part II of this notification form
	Existing large area source Carbon adsorber		Refrigerated condenser	
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
p	. A facility which contains non-cursuant to Rule 62-213.300, F.A. ollowing exemption criteria or the	.C. Verify that al	ll steam and hot water ger	
b	ll steam and hot water generatin oiler HP or less), and (2) are fire uring which propane or fuel oil c	ed exclusively by	natural gas except for pe	riods of natural gas curtailment
	All steam and hot water generatin No such units on-site	g units exempt		
	Equipm	nent Monitoring	and Recordkeeping Info	ormation
	Check all logs which are required permit:	to be kept on-sit	e in accordance with the r	equirements of this general
(	a) Purchase receipts and solvent	purchases		√ <u> X</u> .
(	b) Leak detection inspection and	repair		X
(	(c) Refrigerated condenser temper	rature monitoring	5	لــا
(	(d) Carbon adsorber exhaust perc	concentration me	onitoring	
(	(e) Instrument calibration			
(	(f) Start-up, shutdown, malfuncti	ion plan		

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

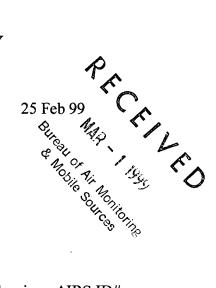
		Surrender of Existing Air Permit(s)
Plea	se indicate	e with an "X" the appropriate selection:
	لنـــا	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
, 7	ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statement maintain	lersigned, 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.  3/13/98  Date

#### JOY DRY CLEANING & COIN LAUNDRY

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

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

CRS	STEE STEEL
THE T	ASTO
400	

TYPE OF INSPECTION: 09/0076	ANNUAL RE-INSPECTION	Ī	<u> </u>	COMPLAINT/DISC	COVERY	<b>Ä</b>
FACILITY NAME: Joy =	Dung & H	Cum Tu-	oner FL Mai	4 Dry Cl - Block 32548		(W) 1(H)
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30	days prior to start	ир				
2. Facility failed to notify DARM	to use general perm	nit				<i>b</i>
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)	form that it is:			No notification f	orm <i>Compl</i> business/petr	/e4d 3/1/3/9
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-d transfer both typ	$\begin{array}{l} \text{lry only,} \\ \text{only, } x < \\ \text{bes, } x < 1 \end{array}$	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	0 gal/ут gal/ут /yr	dry-to-d transfer both typ	lry only, only, 20 bes, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	yr .	;
5. This is a correct facility class	sification	ΠY	□и	□Can not determin	ne	
☐ facility	qualified for a gene exceeds above limi	eral pents and is	s not elig	ible for a general per	mit	cleaning
B. The total quantity of perchloro facility was 77.2 gallons.	cthylene (perc) pur	rchased	within th	e preceding 12 mont	hs by this dry	cleaning

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed OY ON W
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/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)	<u></u>
1. Maintained receipts for perc purchased?	дў ои
2. Maintained rolling monthly averages of perc consumption?	אם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	באמם אפל צם AVA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ם אים א'ם א'ם A
4. Maintained calibration data? (for applicable direct reading instruments)	OY. ON ™N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	A/N/D NO YO
6. Maintained startup/shutdown/malfunction plan?	NO YO
7. Maintained deviation reports?	A/אם אם אם
Problem corrected?	DY DN/A
8. Maintained compliance plan, if applicable?	OY ON DN/A

## ADDITIONAL SITE INFORMATION:

16015 12/11/97 32.2 11945 08/25/97 15.0

97-257 02/27/97 50.0

77.2 gal

2-1 Producte, INC 205-787-1403 2020 are FJENSley Burningham NL 35218 AIRS ID#: 09/00/16

# R EREVISE 11/10/06 D



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 2 5 1998

	ANNUAL COMPLIANCE CERTIFICATION FORM
FACILITY NAME:	Toy Laundry Com Dry Cleanin DATE: 3/13/95 DATE:
FACILITY LOCAT	ION: 1314 Jews Turner Blvd
	Fort Walton Bench, Fl. 32548
Annual Reporting Per	iod: 1111,112 97 19 TO 3/13/98 19
	r condition of the Title V general air permit, my facility has remained in compliance with DEP Rule administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the fe	ollowing:
#1. Term or condition	n of the general permit that has not been in continuous compliance during the reporting period stated above:
Not permi	tted - NOTIFICATION FURM NOT SUbmitted.
Exact period of non-c	ompliance: from
Action(s) taken to ach	nieve compliance: Completed Walifi calion Form 3/13/48 (Au De PARten
Method used to demo	nstrate compliance: NA
#2. Term or conditio	n of the general permit that has not been in continuous compliance during the reporting period stated above:
Jugs of leath	Litection, Repair, and perc percluses not Kept.
Exact period of non-c	compliance: from $\frac{200}{200}$ for $\frac{3}{13}$
Action(s) taken to acl	nieve compliance: Set up log 5 denning inspection
Method used to demo	nstrate compliance: Keep logs
made in this notificat	1) M. 9 /m/ 2/12/50
•	

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

# PERCHLOROETHYLENE DRY CLEANER ON TE

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY)
AIRS ID#: <u>GLOO76</u> DATE: 1/25/99 FACILITY NAME: Joy DRY CLISA	
FACILITY LOCATION: 1314 L ewis T	LANGA Blud. FEB 0 3 1999
·	Bureau of Air Monitoring
RESPONSIBLE OFFICIAL:	KIM PHONE: 862-6652
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
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 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	No notification form  See Look 100 e.  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 (constructed before $12/9/91$ )	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 (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 classific facility qualified for a ge	cation: neral permit as number above
☐ facility exceeds above lin	nits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	מם עם			
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?	DY ON ON/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 refrig				
(complete A below).	gerateu condenser			
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?	OY ON			
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?	חם אם אם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	באעם אם אים אם אים			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם			

### ADDITIONAL SITE INFORMATION:

Curring equipment is broken and begand regair (per waint wan). Also equip is not in required containment.

Nor. Ms Kin Sair it was broken when she bought it as present was time she has lawyer working for her against previous owners concerning frought to actions. I told her when the Case is settled to shegets new-egeing to complete the routheraction for my I settled to she free my I want to be for my I w

C Thomas

# PEF HLOROETHYLENE DRY CHANERS ON TE

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINYDISCOVERY	<b>≯</b> <
AIRS ID#: <u>GLOO76</u> FACILITY NAME: Joy	DRY CLEANIN	G.,		1200
FACILITY LOCATION:	314 Lewis Turn	von Blu	· d.	
RESPONSIBLE OFFICIAL :	)			52_
PART I: NOTIFICATION			7	
(check appropriate box)			8	
New facility notified DARM	30 days prior to startup		Se les les les les les les les les les le	
2. Facility failed to notify DAR	M to use general permit		E. Noor P. C.	
DADTH. CLASSIFICATION			(S. N. O. V.	
PART II: CLASSIFICATION			Durce S	3
		Jerem fin Ken	Durce S	petroleum
	ion form that it is:  SOLO TO NEW OWNER  TCE	New small are to-dry only, x sfer only, x < 14 types, x < 14 nstructed on or	No notification form  Drop store/out of business/p  a source  < 140 gal/yr  200 gal/yr  0 gal/yr	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  soco to New owner  yer dry tran both (con  ce	New small are to-dry only, x asfer only, x < 14 astructed on or New large are to-dry only, 14 asfer only, 200 at types, 140 ≤	No notification form  Drop store/out of business/p  a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is:    SOLO TO NEW OWNER     SOLO TO NEW OWNER     SOLO TO NEW OWNER     SOLO TO NEW OWNER     Out owner     dry transport     100 gal/yr dry     00 gal/yr transport     gal/yr both	New small are to-dry only, x asfer only, x < 14 instructed on or New large are to-dry only, 14 insfer only, 200 in types, 140 < instructed on or or or only types, 140 < instructed on or	No notification form  Drop store/out of business/p  a source < 140 gal/yr 200 gal/yr 200 gal/yr after 12/9/91)  a source  10 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr  x \le 1,800 gal/yr	petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility confidence of the facility of the fac	ion form that it is:    SOLO TO NEW OWNER     SOLO TO NEW OWNER     SOLO TO NEW OWNER     SOLO TO NEW OWNER     Out owner     dry transport     100 gal/yr dry     00 gal/yr transport     gal/yr both	New small are to-dry only, x asfer only, x < 14 instructed on or New large are to-dry only, 14 instructed on or large are to-dry only, 200 in types, 140 < 10 instructed on or large are to-dry only, 200 in types, 140 < 10 instructed on or large are to-dry only, 200 in types, 140 < 10 instructed on or large are types, 140 < 10 instructed on or large are types.	No notification form  Drop store/out of business/p  a source < 140 gal/yr 200 gal/yr 200 gal/yr after 12/9/91)  a source  0 \leq x \leq 2,100 gal/yr \leq x \leq 1,800 gal/yr after 12/9/91)  Can not determine  ber above	petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
I. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
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?	בע בא בארם אם אַרם A
DADT W. DDOCTES VENT COMPLOYS	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	rigerated 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 minimalled prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refr (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?	DY DN
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?	מם עם
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 verifying that the coolant had been completely charged?	אם עם

PART III: GENERAL CONTROL REQUIREMENTS

### ADDITIONAL SITE INFORMATION:

Current equipment is broken and begand regair (per waint . was). Also equip is not in required containment.

Par. Ms Kin Said it was broken when she bought it.

At present was time she has lawyer working for ber against previous owners concerning froudgelist actions. I told four when the Case is.

Settled & shegets new egips to complete the routhcallion for my I was a face in the routhcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the southcallion for my I was a face of the south for my I was a fa

C Thomas

AIRS ID#: 09/00/16

# R ERCVISCE 1/1V96ED

# $\emptyset$

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 2 5 1998

Bureau of Air Monitori
FACILITY NAME: Ty Lauranz camp Day Cleanin DATE: 5/3/8
FACILITY LOCATION: 1314 Yours Turner Blow
Fat Walton Burli F1 32548
Annual Reporting Period: 11112 97 19 TO 3/13/98 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Not permitted - NOTIFICATION FURM NOT SUbmodded.
Exact period of non-compliance: from 11NA 97 to 0 3/3/98
Action(s) taken to achieve compliance: Campleton Notificahar Farm 3/18/148 (the De MA)
Method used to demonstrate compliance: NA
Source 1999
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Just flesh Litection, Repair, and perc percluent not kept
Exact period of non-compliance: from Min 97 to 3/13/98
Action(s) taken to achieve compliance: Set up ligs during inspection
Method used to demonstrate compliance: Recaption of the second of the se
Wethou used to demonstrate compitance.
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: 100   100   3/3/10   Signature Date

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

# TIL EV AIR QUALITY GENERAL PE IIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1400 TIME OUT: 141/5	AIRS ID#: NONE 09/0076
FACILITY LOCATION: 1314 Lewis Turne  Ft. Walton Beach	
RESPONSIBLE OFFICIAL: Dung Hung Wri	PHONE NUMBER: 862-6652
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
OFFICILITY NOT PERMITTED	Completed during insportion
2) fork detection and repres logs my Kept	Calindar for facilities use STARY using
Delling 12 - month	Left Calmelor log for used explained -5 fas D
Thenual Compleance Certi	Completed Luring insp
	ENTERED
	MAR 3_1_1998
COMMENTS: Business is up fer	sale-notahensyet.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	proximate)
INSPECTION CONDUCTED BY: Varios 10	ease Print)
INSPECTOR'S SIGNATURE TO STATE OF THE STATE	PHONE NUMBER: 850 - 595-8364
Page_	

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		ם ם	COMPLAINT/DISCO	OVERY	Ħ
AIRS ID#: NONE FACILITY NAME:	DATE: 3/13/	198 TI Laund		1.1400 TIMI 4 Dry Cle	E OUT: 4	145
FACILITY LOCATION:	1314 Lewi	stur		- 1.5 M		
RESPONSIBLE OFFICIAL	Dunger	Ling 1	<u> </u>	- 32548 PHONE: 8/2	6157	(w)
1	ng Mai		7,000	PHONE: <u>864</u>		<u>/(H)</u>
PART I: NOTIFICATION						
(check appropriate box)				-		
1. New facility notified DARN	A 30 days prior to star	rtup				
2. Facility failed to notify DA	RM to use general per	rmit			`	<i>b</i>
						<u> </u>
PART II: CLASSIFICATIO	N				-	
Facility indicated on notifica (check appropriate box)	tion form that it is:			No notification for □ Drop store/out of b		
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	1/yr r	dry-to-dry transfer o both types	only, nly, x s, x <	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
3. Existing large area soudry-to-dry only, $140 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr 300 gal/yr ) gal/yr	dry-to-dry transfer o both type:	only, nly, 20 s, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility	classification	ΟY (	⊐и	□Can not determine		
☐ faci	e appropriate classific lity qualified for a gen lity exceeds above lin	neral permi		umber above gible for a general perm		
B. The total quantity of perch facility was 77.2 gallon		urchased w	ithin t	he preceding 12 months	by this dry	cleaning

(check appropriate boxes)				
Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A			
2. Examining the containers for leakage?	ANO NO YES			
3. Closing and securing machine doors except during loading/unloading?	MO AE			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? THROWS who trank in There	MY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DIN/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 refr (complete A below).	igerated condenser			
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 refr (complete A and B below).	igerated 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?	DY DN			
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?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

 $\Box$ Y  $\Box$ N

	·			
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?	υY	□и '	E STATE OF THE STA
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	* "		□N/A
	Is the perc concentration equal to or less than 100 ppm?	·UΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
P	ART V. RECORDKEEPING REQUIREMENTS			
(с	as the responsible official: heck appropriate boxes)			
	Maintained manints from a constant 10	E 177	T 7 1 1 7	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	<u></u>
1. Maintained receipts for perc purchased?	ду он
2. Maintained rolling monthly averages of perc consumption?	אם צם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אום צם
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 OŅ ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/ME NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVY D NO YO
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	אמם אם אם .
Problem corrected?	A/MC/NO YO
8. Maintained compliance plan, if applicable?	אומש אם צם A

PART	VI: LEAK DETECTION AN	D REPAIRS				
	1. Does the responsible official conduct a weekly (for small sources bi-weekly) leak detection and repair					
	pection?	t a weekly (for small source	es of-weekly) leak detection a	and chair		
1	the facility maintained a leak lo	g?		DY COM		
	es the responsible official check t		-57			
	Hose connections, fittings,					
	couplings, and valves	DY ON ON/A	Muck cookers	אומם מם צם		
	Door gaskets and seating	OY ON ON/A	Stills	OY ON DINA		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	A/ND ND YO		
	Pumps	OY ON ON/A	Diverter valves	AVAC NO YO		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם צופר		
	Water separators	AND NO YES	4.			
4. Wh	ich method of detection is used t	y the responsible official?				
	Visual examination (condense	d solvent on exterior surfa	ces)	۵		
	Physical detection (airflow felt	through gaskets)				
	Odor (noticeable perc odor)			<b>1</b>		
	Use of direct-reading instrume	ntation (FID/PID/calorime	etric tubes)			
	Halogen leak detector					
	If using direct-reading in	strumentation, is the equ	ipment:	□N/A		
	a. Capable of detecti	ng perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against	a standard gas prior to an	d after each use			
	(PID/FID only)?			DY DN		
	c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	OY ON		
	d. Kept in a clean an	d secure area when not in	use?	OY ON		
	e. Verified for accura	acy by use of duplicate sam	ples (calorimetric only)?	DY DN		
		<u> </u>				
			7/17/20	<b>/</b>		
	MARIESWORMA	·V	3/15/90			
	Inspector's Name (Please)	Print)	Date of Insp	ection		

Inspector's Signature

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

16015 12/11/97 32,2 11945 08/25/97 15.0

97257

2-1 Producte, INC 205-787-1403 2020 are F, Ensley Burningham AL 38218

77.2 gal

Remor Mos Fice Pio D competed & submitted during inspection. Record Reeping and equip inspection for cedimes explained - Left D.C. Calendar for owners use in recording beeping.

Up to him to keep it up. Compliance will 30 Long thus to Caro E per DAAM guide line.

Cus agrees.

<u>u</u>	Z 333 LE US Postal Service Receipt for Cer No Insurance Coverage	tified Mail
13	Do not use for Internation Y LAUNDRY & DRY JNG HUNG MAI 14 LEWIS TURNER B WALTON BEACH FL	AIRS ID # 0910076 CLEANERS
	Certified Fee Special Delivery Fee	
April 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date. & Addressee's Address	
PS Form <b>3800</b> , April 1995	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 article The Return Receipt will show to whom the article was delivered and delivered.	se does not le number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address	y Y
<u>ADDRESS</u> completed	AIRS ID # 0910076 JOY LAUNDRY & DRYCLEANERS DUNG HUNG MAI 1314 LEWIS TURNER BLVD FT WALTON BEACH FL 32547	4b. Service Registere Express I	Type ed	sing Return Re
s your RETURN	5 Rebeived By: (Print Name)  6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requeste paid)	

	U.S. Postal Savice GERNIFIED MAIL REG (Domestic Mail Only; No li	IPT Isurance Coverage Provided)
47E7		No.
000 0520 0020 9372 7	Recipient's JOY LAUND Street, Apt. No. 1314 LEWIS	# 0910076001AG G MAI PRY & DRYCLEANERS TURNER BLVD J BEACH FL 32547
item 4 if Restricted Print your name an	LINDIN SIML OL  SIMOLLS SOVIId  TETHIS SECTION  2, and 3. Also complete  Delivery is desired. d address on the reverse	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly)  C. Signature
so that we can retue Attach this card to or on the front if sp.  1. Article Addressed to:	the back of the mailpiece,	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
10 AIRS ID # 091 DUNG HUNG MA JOY LAUNDRY &		
1314 LEWIS TUR FT WALTON BEA	NER BLVD	3. Service Type  Certified Mail
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PS Form 3811, July	1999 Domestic Re	turn Receipt 102595-00-M-0952

STATE OF FLORIDA
DEPART MENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32396 3400

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# RECEIVED

JAN 0 9 2003

Bureau of Air Monitoring & Mobile Sources



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

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Cobio octovor e	<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> </ul>	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery	Service.	
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DETIL		8. Addresses and fee is	s's Address (Only if requested paid)	Thank
al ov al			Domestic Datum Daniet	
i	PS Form/3811, December 1994 102	2595-97-B-0179	Domestic Return Receipt	



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

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	- Back Wed -
	fudge-12
	1278 South Fardon Crestrien 32536
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Joy Dry Cleaning & Coin Laundry 1314 Lewis Turner Vlvd. Fort Walton Beach, Florida 32547







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

32333-2400

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