

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 5, 1998

Mr. Kumgil Yu Magic Touch Cleaners 327 East Racetrack Road Fort Walton Beach, Florida 32547

Re: Facility No.: 0910077

Dear Mr. Yu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 1, 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Kumok yu and CHINHO Y
2. Site Name (For example, plant name or number):
MAGIC TOUCH CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 327 E. RACETRACIC Rd. Street Address:
City: FORT WOLL for BOUCK County: OKA 1005 A Zip Code: 32547
5. Facility Identification Number (DEP Use): 0910077
Responsible Official
6. Name and Title of Responsible Official: Kum6/4 yu and CHINHO yu, OWNERS
7. Responsible Official Mailing Address: Organization/Firm: 327 E. RACE Frack RV. Street Address: City: Ft walkubeach County: Ohaloasa Zip Code: 325c17
8. Responsible Official Telephone Number:
Telephone: (850) 862-60/0 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager): 5 AME
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
RECEIVED

MAY 1 1998

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

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
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	,	1995	1995	ľ					
(2) w/ carbon adsorber		1,,,	7.75						
(3) w/ no controls									
Washer Unit			1				1	1	
(4) w/ ref. condenser	<u> </u>	Ī	1						
(5) w/ carbon adsorber			1				 	_	
(6) w/ no controls				†					
Dryer Unit		t saidh gir	<u></u>	1					1.21.
(7) w/ ref. condenser									
(8) w/ carbon adsorber				†			†		<u> </u>
(9) w/ no controls					-		1		
Reclaimer Unit		The state of the s	I Same a			1	1	1	<u>1</u>
(10) w/ ref. condenser	 	,	<u> </u>						
(11) w/carbon adsorber	-			1			-		
(12) w/ no controls				1			+		
(b) Control devices are (c) No control devices 2.(a) What was the total of the following strains of the following strai	are r quant galle	equired to be tity of perchlons Obtained Mentile 19	oroethylene ((perc)	purchased i	n the latest l 1 = 1 (Bc) NGOL A 2: [] Did	2 moi Lleur e co	nths?	Went b
3. What is the facility's so (Indicate with an "X". Existing small an	Selec ea so	ct one classif	ication only.) ew sr	nalļ area sou	rce 🔀	(3) of	Part II?	
Existing large ar	ea so	urce []	N	ew la	rge area soui	rce	┙		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

chines pursuant to section (3) or rate it of this notification form:
Refrigerated condenser []
<u> </u>
ssions units shall not be eligible to use the general permit pursuant eam and hot water generating units on-site meet the following on-site:
site (1) have a total heat input of 10 million BTU/hr or less (298 ely by natural gas except for periods of natural gas curtailment no more than one percent sulfur is fired.
mpt []
oring and Recordkeeping Information
on-site in accordance with the requirements of this general permit:
$[\succeq]$
$[\times]$
toring
on monitoring []

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT: 1600	AIRS ID#: 0910077
TYPE OF FACILITY: $\mathcal{D}.c$.	
FACILITY NAME: Magic Tauch Cleaners	DATE: 4/29/9 X
FACILITY LOCATION: 327 E. Race track K	
	32547 (856)
RESPONSIBLE OFFICIAL: Kum/L Yn Y Change Yu	PHONE NUMBER: 562-6010
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
HAD NOT SUBMITTED NOTIFICATION	Tom pleted during inspection.
<u> </u>	
ja.	
COMMENTS: Osses Est in settling up	records/logs.
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12 months	proximate)
INSPECTION CONDUCTED BY: CHARLOS NOR M.	aN .
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 850 ~ 595 - 836 U
Page 1	_of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

. (COMPLIANCE INSPI	ECTION C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISC	OVERY	×
AIRS ID#: <u>OG/OO7</u> To FACILITY NAME: <u>MAGI</u> FACILITY LOCATION: 3 CONTACT NAME: 5	CTOUCH (27 E. Race WB 325)	Jørenen Frack 1 47	? d	862-6	
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30	days prior to startup				
2. Facility failed to notify DARM	to use general permit				
PART II: CLASSIFICATION			V		
Facility indicated on notification (check appropriate box) A.	i form that it is:		No notification fo Drop store/out of		roleum
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- tran boti	usfer only, $x < 1$ th types, $x < 1$	x < 140 gal/ут < 200 gal/уг		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga	8	,, 20	rea source $140 \le x \le 2,100 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	RECI MAY	E I V E I
(constructed before 12/9/91)	-		or after 12/9/91)	TAIM	
5. This is a correct facility clas	ssification DY	Y DN	□Can not determine		Air Monitorin oile Sources
	opropriate classification qualified for a general exceeds above limits an	permit as nu			
B. The total quantity of perchloro facility was 54-7 gallons.	sethylene (perc) purcha	sed within the	e preceding 12 month	s by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? A/NØ NO YO 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) NO YE 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAO NO YO 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ANG NO YO condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אמת מם אם ב condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			<u> </u>
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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПΥ	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MO YO					
2. Maintained rolling monthly averages of perc consumption?	DA DN					
3. Maintained leak detection inspection and repair reports for the following:	_					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A					
4. Maintained calibration data? Gor applicable direct reading instruments)	A'NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?	A/ME NO YO					
Problem corrected?	OY ON ON/A					
8. Maintained compliance plan, if applicable?	A'אנס אם צם					

			-						
PA	PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?			MD A M					
2.	Has the facility maintained a leak log	; ?		NG YO					
3.	Does the responsible official check th								
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	OY ON ONA					
	Door gaskets and seating	ÙY □N □N/A	Stills	A/NO NO YO					
	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	DY DN BN/A					
	Pumps	OY ON ON/A	Diverter valves	A/ND NO YO					
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	A/NO NO YO					
	Water separators	DY ON ON/A		•					
4.	Which method of detection is used b	y the responsible official?	_						
	Visual examination (condensed	l solvent on exterior surfac	es)	D					
	Physical detection (airflow felt	through gaskets)		B					
	Odor (noticeable perc odor)		V D						
	Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)						
	Halogen leak detector								
	If using direct-reading in	strumentation, is the equi	pment:	□N/A					
	a. Capable of detecting	ng perc vapor concentration	ns in a range of 0-500 ppm?	OY ON					
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	OY ON					
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	□Y □N					
	d. Kept in a clean and	d secure area when not in t	ise?	OY ON					
	e. Verified for accura	cy by use of duplicate samp	ples (calorimetric only)?	□Y □N					
-		<u> </u>							
	•								
	Charles Norman		1 29/98						

Charles Norman	4 29/98
Inspector's Name (Please Print)	Date of Inspection
Charle m Home	apr 99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Helped sit up loop / explained record keeping / explained valling fatal, needs to do look in A getting system to stop use for getting nid of separator water.

Birringham, AL Rob Vennett

→ Ballard

16/2m 97

154.7gad

54.7gad

S

6/16/97 - 04/06/98

1 lav

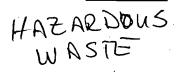


AIRS ID#: 0910077 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MAGIC TOUCH CLEDNERS DATE: 4/29/98
FACILITY LOCATION: 327 E RACE Frank Rd
Fort Worldon Bouler, FL 32547
*
Annual Reporting Period: Few 1998 TO 4/29/98 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: HAD NOT SUBMITTED Permit Notification
Exact period of non-compliance: from $F=498$ to $4/29/97$
Action(s) taken to achieve compliance: Su brus Head to enspective
Method used to demonstrate compliance: So brutted no left cation.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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.

^{*}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.

PERC	HLOROETHY TITLE V G COMPLIANCE IN	YLENE DI ENERAL PER ISPECTION C	RY ELEAPOLASE D HECKLIST 199	√
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISGROWERY Bureau of An Sources Mobile Sources	0
	RE-INSPECTION		& Mobile	
AIRS 10#:09 10077 1	DATE: 4 30/9	TIME	N:/055 TIME OUT:	1135
FACILITY NAME: MAS	IC TOUCH	CLIST	INGN5	
FACILITY LOCATION: 3				
	-WB 30			
RESPONSIBLE OFFICIAL:	n-yms yu	1	PHONE: 862-6010	
			·	
PART I: NOTIFICATION		NTERED		
(check appropriate box)	JUI	07 1999		
1. New facility notified DARM		_		
2. Facility failed to notify DARM	• •	•		
		Fel I		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of business/p	etroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/r (*) 1	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1$,800 both types, $140 \le x \le 1$,800 g (constructed before $12/9/91$)	l 00 gal/yr 6 0 gal/yr 1 al/yr 1	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 = x \le 1,800 \text{ gal/yr}$ $00 = x \le 1,800 \text{ gal/yr}$ $00 = x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility cla	ssification	YY ON	□Can not determine	,
☐ facilit	y qualified for a gene y exceeds above limi	eral permit as nu ts and is not elig	rible for a general permit	
B. The total quantity of perchlor facility was 592 gallons.	oethylene (perc) purc	chased within th	e preceding 12 months by this dr	y cleaning



PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DIN/A
2. Examining the containers for leakage?	אמפ מם צם
3. Closing and securing machine doors except during loading/unloading?	אם עם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY 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).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated 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?	MD AM
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MA ON
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

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?	AN DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DN/A
	Is the temperature differential equal to or greater than 20° F?	A/NØ NO YO
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?	DY DN BONA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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?	אומע אם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אומים אם אם

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly leak detection a	and repair
inspection?			DY DN
2. Has the facility maintained a leak log?			EDY ON
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN WN/A
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	אותם אם צם	Exhaust dampers	באותם אם עם
Pumps	DY ON ON/A	Diverter valves	OY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfac	es)	/p
Physical detection (airflow felt t	hrough gaskets)		/p
Odor (noticeable perc odor)			ם
Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	-
Halogen leak detector			
If using direct-reading inst	rumentation, is the equi	pment:	⊠N/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in u	se?	OY ON
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON

CHARLES M NORMAN	6/30/99
Inspector's Name (Please Print)	Date of Inspection
How & Monnie	8-12 mos
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORM	MATION:	
	•	
		*
·		
		•
		·
	-	
•		

KCO

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MAGIC TOUC	H CLEANERS		DATE: 6/30/99
FACILITY LOCATION: 327	= RACETALA		
	lan Bourh FL	-,	
- F Was	MADRICAL . Z	02371	
Annual Reporting Period: 4/30/9	19	то 6/30/9	9 19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		D.—	•/ —
If NO, complete the following:	ENTERE	1	
#1. Term or condition of the general permit		=	reporting period stated above:
Exact period of non-compliance: from	REVIEWER	to	
Action(s) taken to achieve compliance:	JUL 0 7 1999	9	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	·	
#2. Term or condition of the general permit	that has not been in continu	ous compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, by year for transfer or combination facilities.	and complete. Further, my o	annual consumption of perc	hloroethylene solvent, based
RESPONSIBLE OFFICIAL:	ne (Please Print)	Signature	$\sim 6/30/99$

^{*}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 COM	IPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 1055 TIME OUT: 1/35 TYPE OF FACILITY: C	AIRS ID#:	110077		
FACILITY NAME: MAGIC TOUCH C/	ENWAS:	DATE: 6/30/95		
FACILITY LOCATION: 327 E RACETALA F-WB	02 Rd	,		
RESPONSIBLE OFFICIAL: MR+MAS Y U	PHONE NUMBER:	862-6010		
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- ·	ity is found to be in		
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the follo	wing compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED		
<u>ENTERED</u>	•			
JUL 0 7 1999				
		·		
	·			
COMMENTS: GOOD RECORDS/EQUIPNI	ENT			
The Annual Compliance Certification form has been properly certification. No. 12 Mo. 11	•	YES NO		
INSPECTION CONDUCTED BY: CHARLES NORMAN (Approximate) (Approximate) (Please Print)				
INSPECTOR'S SIGNATURE LINE MAN PHONE NUMBER: 575-8364				

Revised 10/96

TIT : V AIR QUALITY GENERAL PETIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT: 1600	2) AIRS ID#: 09/0077
TYPE OF FACILITY: D.C.	
FACILITY NAME: Magic Touch Cleaners	DATE: 4/29/98
FACILITY LOCATION: 327 E. Race track 1	20.
Fortwalter Buch FL	32547 (850)
RESPONSIBLE OFFICIAL: Kens/ Yu & Chinds Yu	PHONE NUMBER: \$62-6010
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
HAD NOT Submitted Notification	Com pleter dering inspection.
form.	INSpector well Submit,
	•
	P.
8661 1 0 1A17	D C
	The DE
CARERED	Noof A O
:	S N 99 F
•	Sources Sources
	* ENTERED
	MAY 0 4 1998
COMMENTS: Osses Ed in settling up	records/logs.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12 months	
(Ap	proximate)
INSPECTION CONDUCTED BY: HARLES NOR M	ease Print)
	PHONE NUMBER: 850~595-836 4
	of Revised 10/96

AIRS ID#: 0910077 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MAGIC TOUCH CLEANERS DATE: 4/29/98
FACILITY LOCATION: 327 E Roce track Rd
Fort Walton Bouler, FL 32547
Annual Reporting Period: Feb 19 98 TO 4/29/98 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. 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: HAD NOT SURM, TIED Permit Notification Exact period of non-compliance: from Feb 9 8 to 4/29/9 7
Action(s) taken to achieve compliance: Su brus Head to conquestor
Method used to demonstrate compliance: Se brutter no left cation.
#2. Term or condition of the general permit that has not been in continuous compliance during the energy period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: 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.

PERCALOROETHYLENE DRY CLE. .. NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	X
		•	N: <u>///3 ()</u> TIME OUT: _/	1600
FACILITY NAME: MA	SIC TOUCH (lerener	4	
FACILITY LOCATION:	327 E. Race	Frack	Rd	
IL .				
RESPONSIBLE OFFICIAL	Kumok yu		PHONE: 850 86 Z ~6	6010
CONTACT NAME:	SIME		PHONE: SA WI	
PART I: NOTIFICATION				
(check appropriate box)			-	
New facility notified DAR	M 30 days prior to startup		200	
2. Facility failed to notify DA	RM to use general permit			
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)			No notification form Drop store/out of business/petr	roleum
Facility indicated on notifica	tion form that it is: 1ree	to-dry only sfer only, x a types, x <	Drop store/out of business/petrarea source x < 140 gal/yr < 200 gal/yr	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is: arce	to-dry only asfer only, x on types, x < on types, x < on types, x < on types on types. New large acto-dry only asfer only, 2 on types, 140	Drop store/out of business/petrarea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	tion form that it is: arce	to-dry only asfer only, x in types, x < instructed on New large atto-dry only asfer only, 2 in types, 140 instructed on structed on the struct	Drop store/out of business/petrarea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gat transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	tion form that it is: arce	to-dry only asfer only, x a types, x < astructed on New large at to-dry only asfer only, 2 a types, 140 astructed on IN	Drop store/out of business/petrarea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The proposition of business/petral contents of bus	roleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? ND Y 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY. DN 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) N□ YØ 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAD ND YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the A/NG condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

2 of 5

PART III: GENERAL CONTROL REQUIREMENTS

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?	□Y □N
2.	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?	DY DN DN/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?	אם אם
2. Maintained rolling monthly averages of perc consumption?	DX DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אומם אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	A/NG NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם
6. Maintained startup/shutdown/malfunction plan?	ADA ON
7. Maintained deviation reports?	A/NØ NO YO
Problem corrected?	OY ON DN/A
8. Maintained compliance plan, if applicable?	אומס אם צם

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct	a weekly (for	r small sour	ces, bi-weekly) leak detection	and rep	air
	inspection?				ŊΥ	∨□М
2.	Has the facility maintained a leak log	?			ПY	NE
3.	Does the responsible official check the	e following a	areas for lea			
	Hose connections, fittings, couplings, and valves	DY ON	ı □n/a	Muck cookers	ΩY	אומם אם
	Door gaskets and seating	ÒY ON	I □N/A	Stills	'ΩΥ	□N □N/A
	Filter gaskets and seating	□Y □N	N/A	Exhaust dampers	ΩY	DN BN/A
	Pumps	אם אם	I □N/A	Diverter valves	□ 1 Y	ON GWY
	Solvent tanks and containers	אם אם	J □N/A	Cartridge filter housing	s QY	□N □N/A
	Water separators	DY ON	N/A			
4.	Which method of detection is used by	the respons	ible official	?		
	Visual examination (condensed	solvent on e	xterior surfa	aces)	B	
	Physical detection (airflow felt t	hrough gask	tets)			
	Odor (noticeable perc odor)				7	
	Use of direct-reading instrumen	tation (FID/	PID/calorim	etric tubes)		
	Halogen leak detector					
	If using direct-reading inst	trumentatio	n, is the eq	uipment:	□N/	'A
	a. Capable of detecting	g perc vapor	concentrati	ons in a range of 0-500 ppm?	$\Box Y$	□N
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to ar	nd after each use	ΠY	□N
	c. Inspected for leaks a	and obvious	signs of wea	ar on a weekly basis?	ΠY	ПN
	d. Kept in a clean and			,	ΠY	□N
	·			nples (calorimetric only)?		□N
	•		•			
				·		
	$O(L_{\perp})$			1/20/03		
_	Inspector's Name (Please Pr	int)		Date of Ins	pection	
		,		0 00	F	
_	Churles m Norma			Cepr 99		
	Inspector's Signature			Approximate Date of	f Next I	nspection

ADDITIONAL SITE INFORMATION:

Helped set up logs/explaned record keeping/ explained valling fatal, needs to look in A getting system to stay use for getting mid of separator water.

Binning! m AL -> Ballord 16/ Dm 97 6/16/97 ~ 04/06/98 luv. 2

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT		RE-INSPE	CTION
TIME IN: 1340	тіме оит: 14	10	AIRS ID#:	09/0077	7.
TYPE OF FACILITY: D					
FACILITY NAME: Mag		nino	· · · · · · · · · · · · · · · · · · ·	DATE: <i>6/</i> _	28/00
	327 E Ruce 1, WB 3254	rach de	<u></u>		· · ·
RESPONSIBLE OFFICIAL: KL		yu_	PHONE NUMB	er: 862-60	10
	the compliance requirements Rule 62-213.300, Florida Adr		_	facility is found to b	e in
	the compliance requirements			following compliance	:e
COMPLIANCE REQU	JIREMENT/PROBLE	M F	OLLOW-UP AC	CTION REQUIR	ED
		ENTE	RED		·
	,	JUNZY	2000		
•					
		·			

•					
COMMENTS: Good Re		1 mantai	^ 0		
GOOD NE	confo well	1 Man Pai	vel!		
			·		
,				,	
The Annual Compliance Certific		<u> </u>	ibmitted to the inspec	ctor. YES	ио 🗌
DATE OF NEXT INSPECTIO	N: 8-12 mos	(Approximat	te)		
INSPECTION CONDUCTED	BY: Charley !	om m N	·-,		
/	Mah	(Please Prin		E0~	07/11
INSPECTOR'S SIGNATURE:	un mille	mm	PHONE NUMB		806/
	- F	Pageof	X/a	222	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0910077 DATE: 4/28/00 TIME IN: 1340 TIME OUT: 14.	10
FACILITY NAME: Magic Touch Claners	
FACILITY LOCATION: 327 E ROCE TEACH RO	
FWB 3254.57	
RESPONSIBLE OFFICIAL: 110 mgk + ChiNIto Gu PHONE: 862-6010	
CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box) ENTERED	,
	ם
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source No notification form Drop store/out of business/petrole Drop store/out of bus	eum
dry-to-dry only, $x < 140 \text{ gal/yr}$ dry-to-dry only, $x < 140 \text{ gal/yr}$	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1{,}800 \text{ gal/yr}$ both types, $140 \le x \le 1{,}800 \text{ gal/yr}$ both types, $140 \le x \le 1{,}800 \text{ gal/yr}$ (constructed before $12/9/91$) (constructed on or after $12/9/91$)	
5. This is a correct facility classification	

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD AB 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? BLY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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) N□ YŒ 1. Equipped all machines with the appropriate vent controls? A/NO NO YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated אם עם condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO AQ verifying that the coolant had been completely charged?

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?	ΟY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	υY	ΩΝ	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS

TART V. RECORDREDITIO RECOIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MA DK				
2. Maintained rolling monthly total of perc consumption?	אם צע				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	A/ ON ON A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DIN ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	MARO NO VEE				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A				
6. Maintained startup/shutdown/malfunction plan?	אם צם				
7. Maintained deviation reports?	ם אַם אַA				
Problem corrected?	ם או שאי אם אי				
8. Maintained compliance plan, if applicable?	אורם אם עם				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DA DN DN/V A/NØ NO YO Muck cookers couplings, and valves AVAO NO YÓ Stills DY ON ON/A Door gaskets and seating A/MED NO YO Filter gaskets and seating DY ON ON/A Exhaust dampers DY ON ON/A DY ON ON/A Diverter valves Pumps Solvent tanks and containers DY ON ON/A Cartridge filter housings AINO NO YŒ AYMO NO YES Water separators 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 A/NE If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? NO YO

CHARLES Norman	6/28/00
Inspector's Name (Please Print)	Date of Inspection
Missi	·
Which Ill Harring	8-12 mos
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	· ·
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	,
·	
ger. C	
·	·

AIRS ID#: <u>0910677</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Magic Tauch	-		Г	DATE: 6/28/00
7,000	1 1 1 1 1			
FACILITY LOCATION: 327 E Nace	TRACK ILU			
-t Walkon &	3mill	J254	72569	
Annual Reporting Period: 19ul 99	20	_ то	28 June	20 00
Based on each term or condition of the Title V genera	ıl air permit, my facili	ty has remained	in compliance wi	ith DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), du	uring the period cover	ed by this staten	nent. YES	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has	not been in continuou	s compliance du	ring the reporting	g period stated above:
				<u> </u>
Exact period of non-compliance: from	ENTERED	to	Bure	~ ()
Action(s) taken to achieve compliance:	JUN 2 9 2000		Se Se Ca	5 7
Method used to demonstrate compliance:			bile	0 1
#2. Term or condition of the general permit that has	not been in continuou	s compliance du	ring the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		_		·
As the responsible official, I hereby certify, based on in this notification are true, accurate and complete. purchase receipts, does not exceed 2,100 gallons per combination facilities. RESPONSIBLE OFFICIAL: Name (Please	Further, my annual co year for dry-to dry fo	onsumption of pecilities or 1,800	erchloroethylene .	solvent, based upon

^{*}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.

This portion must be attached to remittance for proper handling 0354345

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0910077

MAGIC TOUCH CLEANERS KUMOK YU 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0389830

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0910077

MAGIC TOUCH CLEANERS KUMOK YU 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



423439 FEB24 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0910077

MAGIC TOUCH CLEANERS KUMOK YU 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547

FOR GOVERNMENT US Org.: 37550101000 EOW Fund: 20-2-035001

Obj.: 002273

	U.S. Posial Savice CERTIFIED MAIL RECEIPT (Comestic Mail Only No Insurance Coverage Provided)		
1545	OFFICIAL USE		
91°E	Postage \$ Certified Fee		
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
2000 1670	Total Poste AIRS ID#0910077 Sent To MAGIC TOUCH CLEANERS KUMOK YU Street, Apt. 1 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547		
	PS Form 830	oms)	

	4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: AIRS ID#0910077 MAGIC TOUCH CLEANERS KUMOK YU	If YES, enter delivery address below: ☐ No
327 E RACETRACK ROAD FORT WALTON BEACH FL 32547	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 1670	0013 3108 6427
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1035



412006 DEC21 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0910077
MAGIC TOUCH CLEANERS
KUMOK YU
327 E RACETRACK ROAD
FORT WALTON BEACH FL
32547

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



401438

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0910077

MAGIC TOUCH CLEANERS KUMOK YU 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547 MAIL ROOM

FOR GOVERNMENT USE ONLY

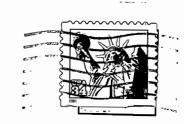
Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 MAGICTOUCH CLEANERS

BY N.E RACETRACK Rd

F.W.B F.L 32547





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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	U.S. Posial Sarvice CERTIFIED MAIL RECEIPT (Pomestic Mail Only, No Inducence Coverage Provided)
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336	OFFICIAL USE
ما	Postage \$
7976	Certified Fee
L~	Return Receipt Fee Here
[-⊒	(Endorsement Required)
0007	Restricted Delivery Fee (Endorsement Required)
밂	Total Posta: 10 AIRS ID# 0910077001AG
035	Sent To MAGIC TOUCH CLEANERS
	KUMOK YU
-	Street, Apt. N 327 E RACETRACK ROAD
7007	City, State, Zi
)ı	FS Form 3800, January 2001 See the verse nor unsuredions

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HINGE CONTROL OF THE SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ 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. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3-21-03 D. Is delivery address different from item 1? Yes
1. Article Addressed to: 10 AIRS ID# 0910077001AG MAGIC TOUCH CLEANERS	If YES, enter delivery address below: No W
KUMOK YU 327 E RACETRACK ROAD FORT WALTON BEACH FL 32547	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
7001, 0320 0001 (7976 3323)	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

United States Postal Service First-Class Mail Postage & Fees Paid USPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION & MOBILE SOURCES
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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2007	Sent To Ku	mok Yu	Cleaners
ļ	Street, Apt. No.; or PO Box No.	LT ROCETO	max Re II
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	PS Form 3300, June 200	2	See Reverse for Instructions
LOUE DEATE CO	NAME DE LES ESTADOS ES	٠	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
■ 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: **Mattack Cleane: 327 Daeetrack Cleane: **Mattack Cleane: 32540	A. Signature X		
	3. Service Type Certified Mall		
2. Article Number 7003 0500 0004 0144 2677			
PS Form 3811 August 2001 Domestic Pet	urn Receipt 103505.03.M-1540		

PS Form 3811, August 2001

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE Eirst-Class Mail-Postage & Fees Paid USPS Permit No: G-10 Jour name, address, and Zir

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Figure Stone Road

Figure Stone Road • Sender: Please print your name, address, and ZIP+4 in this tox • ECEIVE MODELS STATISTICS SETTING SETT

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