

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Hong Yul Kim Nu-Look One Hour Cleaners, #49 2968 Jog Road Greenacres City, Florida 33467

Re: Facility I.D. No. 0990426

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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, Florida 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.

Sincerery

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COM	PLAINT/DISCO	VERY	RE-INSPECT	ION _
TIME IN: 10:00	TIME OUT:	10:5	0	AIRS ID#:	390420	5
TYPE OF FACILITY:	ry cleani	ng		<u> </u>		
FACILITY NAME: NO	- LOOK	ONE	HOUI	2	DATE: 7-2	4-97
FACILITY LOCATION:	<u> 2968 J</u>	06	ROAD	_		<i></i>
. (Ireen Acr	es,	FL	3346	<u> </u>	
RESPONSIBLE OFFICIAL:	HONG YUL	- Kin	РНОРНО	ONE NUMBER:_	964-	4022
<i>y</i> 1 .	the compliance requirements				ity is found to be in	
Based on the results of discrepancies were note	the compliance requiremed:	ents evaluat	ed during this in	spection, the follo	wing compliance	
COMPLIANCE REQU	UIREMENT/PROB	LEM	FOLLO	W-UP ACTIO	ON REQUIRE	D
1. Need Seconds for Dro Cleaning waste area		2_			· ·	
2. Needs Spott	ing erea be	Seeled			-	
•				•		
•						
			•			
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				-		
	-					
COMMENTS:				•		

Sec.	·	•				
				·		
The Annual Compliance Certific	ation form has been prop	erly certifie	d and submitted	to the inspector.	YES 1	10 🗶
DATE OF NEXT INSPECTIO	N: 2-2	4-9	8			
INSPECTION CONDUCTED	BY: Ex R.	V. Ch	roximate)			
INSPECTOR'S SIGNATURE:	(2.V-(cho6	sse Print) PHO	NE NUMBER:_	355-	3070

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE I	NSPECTION	CHECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, ×	COMPLAINT/DISCOVERY	Q
FACILITY NAME:	J-LOOK 2968 REEN AC	JOG RES,	How #49	10:50
3. Facility failed to notify DAR	M to use general per	mit		
PART II: CLASSIFICATION				
Facility indicated on notificati (check appropriate box) A 1. Existing small area sour	rce 🗼		I 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)		transfer only, both types, x		
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gal="" gboth="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>e area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	00 gal/yr gal/yr	transfer only, both types, 14	e area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classifi	cation	M □N		
If no, please check the appropri	ate classification:			
	ed for a general pern Is above limits and is			
B. The total quantity of perchlo facility was 120 gallons.		irchased within	the preceding 12 months by this	dry 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON XN/A 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) 1. Equipped all machines with the appropriate vent controls? OY ON 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airthow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? ND YD 6. Conducted all temperature monitoring after an appropriate cooldown period and after ЙD, ĀD 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	ОИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПХ	ДИ
	Is the temperature differential equal to or greater than 20° F?	ĮΩΥ	ПN
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?	QΥ	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	ON_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?	ΩY	DN_N(A
ź.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	□N □N/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A
$\overline{}$			
P	ART V: RECORDKEEPING REQUIREMENTS		
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)		,
(c	as the responsible official:	×	, Oh
(c)	as the responsible official: heck appropriate boxes)	× × × ×	_и □и `
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	× × × ×	ON
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	, On On
H (c	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	K K K K	
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		Пи
H (c 1. 2. 3. 4.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		
H (c 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	QΥ	ON X N/A
H(c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	A A DY	ON ON MA ON N/A
H (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	¥YY GY	ON ON N/A ON ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	為城水	ON ON N/A ON ON ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	為城水	ON ON ON ON ON ON ON ON
H (c 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	為城水	ON ON ON ON ON ON ON ON

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2. Whi	ich method of detection is used by th					1	-
	Visual examination (condensed so			surfaces)			,
	Physical detection (airflow felt thro	ough gas	skets)			Ø	
	Odor (noticeable perc odor)					A	,
	Use of direct-reading instrumentat	ion (FID	/PID/calo	orimetric t	tubes)	а	XN/A
	If using direct-reading instrumen	itation,	is the equ	uipment:			^-
	a. Capable of detecting p	erc vapo:	r concent	rations in	a range of 0-500 pr	m? QY	QN 1 N/A
	b. Calibrated against a st (PID/FID only)?	andard g	gas prior t	to and afte	er each use	ΩY	□N_N/A
	c. Inspected for leaks and	uoivdo i	s signs of	wear on a	weekly basis?	ΠY	$\square N \downarrow N/A$
	d. Kept in a clean and se	cure area	a when no	ot in use?	•	. □Y	□N N/A
	e. Verified for accuracy b	y use of	duplicate	samples	(calorimetric only)?	QΥ	ON WN/A
3. Has	the facility maintained a leak log?					×Ϋ́Υ	□и
4. Doe	es the responsible official check the f	ollowing	areas for	r leaks?		, ,	,
	Hose connections, fittings, couplings, and valves	ø₹	ПΝ		Muck cookers	. O Y	□и_Хи
	Door gaskets and seating	TY.	ПD		Stills	XX.	□ии
	Filter gaskets and seating	AA	ПN		Exhaust dampers	QΥ	ON XN
	Pumps	AX	ПΩ		Diverter valves	XX	□ии
	Solvent tanks and containers	ΔY	N		Cartridge filter hou	rsings AA	□ии
	Water separators	´dY	ПD				
	1 00	1		·	10010 10	56	1-964
10	Name of Responsible Officia	l (Sima			tones yu	16- <	K /(V)
,	RVChok_	,	icute)	Male	of Responsible Of	ficial (Pci	int) & Phone
		<u> </u>					-9)
	Inspector's Name (Please Prin	10)			_	f Inspection	
(CV-Clw					24-	
	Inspector's Signature				Approximate D	ate of Next	inspection
condar	y Containment for: Dry Cl	Leaning	g Machi	ine & S	torage area		Yes No
MSKe	to do all these	in "	}	W	aste area		1 1/2/
			/			,	
	Two Month	715	·	S	potting area s	Sealed	
sposal	to do outhere two honth A K Of Water From Water Sepa	7/5)	S	potting area S	Sealed	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0990426 HONG YUL KIM HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467 Do NOT Remove Label
Annual Reporting Period: ST 1997 TO Dec 3/5!7 1997
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:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#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:
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 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: HOWS YCK KIN John Signature 2/16/98 Name (Please Print) Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🕅	COMPLAINT/DISC	OVERY	RE-INSPECTION
TIME IN: 11:15	TIME OUT:	11:45	_AIRS ID#: 8	990426
TYPE OF FACILITY:	Dry Clear	One Hor	s	DATE: 9-21-98
FACILITY LOCATION: 29		Road RES FL	25 4 7	
RESPONSIBLE OFFICIAL:	Hong Yul K		33467 PHONE NUMBER:	964-4022
Based on the results of t	he compliance requirement ule 62-213.300, Florida Ad	s evaluated during this	inspection, the facili	
•	he compliance requirement			wing compliance
COMPLIANCE REQU	JIREMENT/PROBLE	M FOLI	LOW-UP ACTIO	ON REQUIRED
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•	•		Bureau	OF CE
		_	of F. Society	S the C
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COMMENTS:			•	
\$.				
The Annual Compliance Certifi	cation form has been prope	rly certified and subm	inted to the inspector.	YES NOX
DATE OF NEXT INSPECTION		ept 1999		
INSPECTION CONDUCTED	(2.1/	(Approximate) ChoKShi		
INSPECTOR'S SIGNATURE	ZVAL	(Please Print)	PHONE NUMBER:	355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TVOC		INCO	ССТ	IANI.
TYPF	. () 🗠	INSP	F.C. L	ION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990426 DATE: 9-21-9	78 TIME IN: 11:15 TIME OUT: 11:45
FACILITY NAME: NU LOOK	core Hour
FACILITY LOCATION: 2968	Jok Road
Green	Acres FL 33467
RESPONSIBLE OFFICIAL: Hong	/41 King PHONE: 964-4022
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)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (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
, ,	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 120 gallons. for 1997	urchased within the preceding 12 months 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 ON ON/A 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ØY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A 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) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON 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:	
·	
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?	אם עם
on dry-to-dry, rectainter, and dryer machines on a weekly basis.	G / G / ·
2. Macaused and recorded the washer exhaust term reseture at the condensar	
2. Measured and recorded the washer exhaust temperature at the condenser	511 511 5111
inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
is the temperature differential equal to of greater than 20 2;	OI UN UNA
2. Managed and annual shape and annual state of the subject of the	
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying excle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
	D1/ D1/ D1//
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?	DY DN DN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	OV ON OWN
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
· · · · · · · · · · · · · · · · · · ·	

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A 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 ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON PN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØY ON 6. Maintained startup/shutdown/malfunction plan? ØY ON ON/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN ZN/A 8. Maintained compliance plan, if applicable?

3 of 5

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ON 2. Has the facility maintained a leak log? DΝ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ZY ON ON/A OY ON PINA couplings, and valves Muck cookers MY ON ON/A DY ON ON/A Door gaskets and seating Stills DY MY SNA MY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A ZY ON ON/A **Pumps** Diverter valves ZY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A ZY ON ON/A 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 If using direct-reading instrumentation, is the equipment:

HONG YUL KIM	Idon of the
Responsible Official's Name (Please Print)	Responsible Official's Signature
R.V. Chokshi	9-21-98
Inspector's Name (Please Print)	Date of Inspection
2. V. Cholan	Sept 1999.
Inspector's Signature	Approximate Date of Next Inspection

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

(PID/FID only)?

DY DN

DY DN

DY DN

OY ON

DY DN

ADDITIONAL SITE INFORMATION:

ı.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area	1111
		Spotting area Sealed	11

2. Disposal of Water from Water Separator using approved evaporator [] [] or contracted Wastewater service [] []

Sajet Rleen picks up the Waste When Called.

Best Available Copy

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	MOISCOVERY	. 🗌 R	E-INSPECTION [
TIME IN: 10:05	TIME OUT:	10:45	AIRS	10= 1999	1426
TYPE OF FACILITY: Do	y Cleanin	ez.	IR U		
FACILITY NAME: ALU	Look On	e how	<u>L</u>	ANG 2 3 DAT	:7-22-9
FACILITY LOCATION: 29	68 JOG	Rd		e Air Moni	oring
	rylen Acr	es; F	L 33F	Modile Source	es ·
	` , 1	im	PHONE N	IUMBER: 96	4-4022
Based on the results of the compliance with DEP Rule Based on the results of the	62-213.300, Florida A	dministrative Co	de (F.A.C.).	·	
discrepancies were noted: COMPLIANCE REQUII	REMENT/PROBL	EM)	FOLLOW-U	P ACTION R	EQUIRED .
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COMMENTS:	•		•		
•		•			
	•	•			
The Annual Compliance Certificat	T	erly certified and	submitted to the	inspector.	YES NO
DATE OF NEXT INSPECTION	·	/(Approxim	ipte)		· · · · · · · · · · · · · · · · · · ·
INSPECTION CONDUCTED B	Y: R.V.	ChoKS	ς · · · · · · · · · · · · · · · · · · ·	·	
INSPECTOR'S SIGNATURE	2. V. Plike	oh i	PHONE 1	NUMBER: 35	5-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

NERS ARMS
RECEIVED
TOISCOVERY

			_	_
TYPE	OF	INSPE	CT	ION:

ANNUAL

COMPLAINT/DISCOVERY TOUCH

RE-INSPECTION

,	Bureau of Air Worldoning
AIRS ID#: 0990426 DATE: 7-22-	99 TIME IN: 10:05 TIME OUT: 10:45
FACILITY NAME: NU LOOK	One hour
FACILITY LOCATION: 2968 J	
Green	Acres, FL 33467
	1 Kim PHONE: 964-4022
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
(constructed before 12/9/91) 3. Existing large area source	4. New large area source
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
3. Existing large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gaVyr transfer only, $200 \le x \le 1,800$ gaVyr both types, $140 \le x \le 1,800$ gaVyr
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification 	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source. 	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine cation: eneral permit as number above
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source. 	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine cation:

PARTIII: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	אם צום
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?	חאס אס אס
·	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	• •
If classification 1 has been checked, no controls are required. Proceed to Pa	rt V.
If classification 2 has been checked, the machine should be equipped with a r (complete A below).	refrigerated condenser
If classification 3 has been checked, the machine should be equipped with eit condenser or a carbon adsorber (complete A and B below). Carbon adsorber prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a complete A and B below).	refrigerated condenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:
1. Equipped all machines with the appropriate vent controls?	□У □И
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAD ND YD
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	e 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?	חס אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN ÖN/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

5,1

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?		N	:
2. Measured and recorded the washer exhaust temperature at the condenser			
inlet and outlet weekly?		ז אנ	JN/A
Is the temperature differential equal to or greater than 20° P?	OY C	ז אַנ	IN/A
3. Measured and recorded the perc consentration 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?			
Is the perc concentration equal to or less than 100 ppm?		אנ	A/AC
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?	DY C	ם אנ	א/אב
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual			
condenser coils?	: DY C	ז אנ	JN/A
	· — · · -	_:	h
6. Routed airflow to the carbon adsorber (if used) at all times?		ן אנ	ANC
6. Routed airflow to the carbon adsorber (if used) at all times?	OY C	ן אנ	⊒N/A
6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS	ΩY·C	ם אנ	A\NE
	ΟY · C	л ис	A\NC
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:		אכ	A\A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)		אכ	JN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?		אכ אכ	⊒N/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?		אכ	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:		אכ אב ז אכ	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		אכ אכ אכ	DN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		אכ אכ אכ אכ	DN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Ger applicable direct reading instruments)		אכ אכ אכ אכ	□N/A □N/A Z\/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for explicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?		אם אם אם אם אם אם	□N/A □N/A Z\/A

3. Maintained compliance plan, if applicable?

אאל אם עם

PART	VI: LEAK DETECTION AND	REPAIRS	·		
I. Do	es the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detecti	on and repair	ì
ins	pection?			DA ON	
2. Has	s the facility maintained a leak log	?		אם אם	
3. Da	es the responsible official check th	e following areas for leak	s?		1
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON DYVA	
	Door gaskets and seating	MY ON ON/A	Stills	אואם אם צבל	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON DAVIA	
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	DÝ ON ON/A	Cartridge filter housi	ings DY DN DN/A	<u> </u>
•	Water separators	ANO NO YO	•		1. 1 1.
4. W	nich method of detection is used b	the responsible official?			
	Visual examination (condensed	solvent on exterior surfa	cės)		
	Physical detection (airflow felt	through gaskets)			
	Odor (noticeable perc odor)			,a ,	
	Use of direct-reading instrume	ntation (FID/PID/calorime	etric tubes)	A PIA	
	- Halogen leak detector			MIGH	
l ·	If using direct-reading in	strumentation, is the equ	ipment:	ØN/A	
	a. Capable of detection	ng perc vapor concentration	ons in a range of 0-500 ppm	i? DY DN	
	b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use		
	c. Inspected for leaks	and obvious signs of wea	or on a weekly basis?	מם עם	
.	d. Kept in a clean an	d secure area when not in	use?	אם עם	
	e. Verified for accum	acy by use of duplicate sar	mples (calorimetric only)?	אם עם	
		· .			
				The state of the s	.,
·H	ONG Y KIM	····	(glos y	DA	
spor		ame	Responsible O	fficial's Sign	ature
	(Please Print)		7-22.	- 99	
	Inspector's Name (Please	Prizi)	Date of Inspection	on ,	
(Prv. Chokshi		July 2	000.	
<u></u>	Inspector's Signature		Approximate Da	nce of Next Inspection	

ממא	TIONAL SITE INFORMATION:	
1.	Yes No Secondary Containment for: Dry Cleaning Machine & Storage area 17 [Waste area 7] [Spotting area Sealed 7] [11
		.
	Discosol of Water from Water Samuelan annual and the Control of Market from Water Samuelan annual and the Control of Market from Water Samuelan annual and the Control of Market from Water Samuelan annual and the Control of Market from Water Samuelan annual and the Control of Market from Water Samuelan and the Control of Market from Water Samu	
	Disposal of Water from Water Separator using approved evaporator [or contracted Wastewater service []	
	Safety Kleen picks up the worste	
*	The owner will install New 18/6 Markine Aero Tech 40 #lbs Man	leaning
4	in 1999. The machine is due to as	
	and installed in 1st week 9 August,	998

#0990426

	#0990426
	Nu Look One Hour #49
	Spoke with Hong Yul Kim-
P./3	6. add title-Owner
P.15	5(f) required
- ,	

| |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
HONG YUL KIM deb Noluh ord phun 149	
2. Site Name (For example, plant name or number):	
Nolock ONE How H49	
3. Hazardous Waste Generator Identification Number:	
FLD 984 178319	
4. Facility Location: 2968 Zoc Man	
City: GNEENDERES County: Polm Block Zip Code: 33467	
5. Facility Identification Number (DEP Use):	
0990426	
Responsible Official	
Mome and Title of Degrapoible Officials	_
Name and Title of Responsible Official:	
· · · · · · · · · · · · · · · · · · ·	
7. Responsible Official Mailing Address: Organization/Firm: One of the second of the	ł
Organization/Firm: Street Address: SAME AS ABOVE	
City: County: Zip Code:	
8. Responsible Official Telephone Number:	\dashv
Telephone: (561) 964-4022 Fax. ()	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	\neg
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	\dashv
Telephone: () - Fax: () -	

RECEIVED

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AUG 3 0 1996

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.

V/C 1038 FS MORE		Date Machine Initially	Date Control Device	ID	Date Machine Initially	Date Control Device	ID.	Date Machine Initially	Date Control Device
Type of Machine Example	# <i>1</i>	Purchased 03-OCT-93	Installed 12-NOV-93		Purchased 08-DEC-91	Installed		Purchased 02-MAR-92	Installed 02-MAR-92
Des to Des Unit		ئىنى دە مىشى	. 1161						
Dry-to-Dry Unit	- 1	NICO			Tido ve kages. T	· ' '		1 - 1 - 1	
(1) w/ ref. condenser (2) w/ carbon adsorber		7-1988	7-1988	<u> </u>					
(3) w/ no controls									
Washer Unit	. :			<u> </u>		1	1 1 140		<u> </u>
(4) w/ ref. condenser			in Batta de la colonia	<u>:</u>			· ·		41 17
(5) w/ carbon adsorber									-
(6) w/ no controls									
Dryer Unit	1 11	l de la	L A A COMMAN	<u> </u>			- 17		<u> </u> 3 7 % %
(7) w/ ref. condenser		<u> </u>	<u> </u>	<u>:.</u>	T		· <u>.</u> .		
(8) w/ carbon adsorber									-
(9) w/ no controls									
Reclaimer Unit	195					o a series ta	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	i Natana di	The state of the state of
(10) w/ ref. condenser						<u> </u>	<u> </u>		
(11) w/carbon adsorber									
(12) w/ no controls								_	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [yerc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce	cation only.) Ne	ew sn	nitions found nall area sour	ce [3) of	Part II?	
Existing large are	a 501	TI CC []	170	w idi	ge area sour	LE [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source
Carbon adsorber [] Refrigerated condenser []
New small area source
Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan
DEP Form No. 62-213.900(2) Page 15 of 16 Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please 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)
\bowtie	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	7 m f Date /19/91

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



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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#0990426

NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Bowman, Sandy

From:

Martin Liebler@doh.state.fl.us

Sent:

Tuesday, July 01, 2003 6:43 AM

To:

Bowman, Sandy

Cc:

Ajaya_Satyal@doh.state.fl.us

Subject: RE: Pay 02NoPay.xls

Sandy,0990372 has been renamed and renumbered 0990607, 0990415 is a drop store,0990426 is closed.0990450 is closed,0990478 needs to pay,0990527 is a drop store,0990585 is out of business.

----Original Message----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Monday, June 30, 2003 2:27 PM

To: Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; tutt@coj.net; John.Parker@ocfl.net; cbittle@broward.org; Martin_liebler@doh.state.fl.us; nozari@epchc.org; mmccann@co.pinellas.fl.us; ajaya_satyal@doh.state.fl.us; scameron@co.sarasota.fl.us; barrom@miamidade.gov

Cc: Davis, William; Grant, Patricia

Subject: Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

	LITY GENERAL PERMIT-
	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0990426
TYPE OF FACILITY: D-; Cleaners	
FACILITY NAME: No look	ص / 9/ ع _{DATE:} _ عام
FACILITY LOCATION: 2968 Jog	nl
hen ones	33463
RESPONSIBLE OFFICIAL: Devid Kim.	PHONE NUMBER
compliance with DEP Rule 62-213.300, Florida Adminis Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-URACTION REQUIRED
	cos loring
DMMENTS:	
TE OF NEXT INSPECTION: (Appr	ed and submitted to the inspector. YES NO
SPECTION CONDUCTED BY:	se Print) PHONE NUMBER: 355 3070

Revised 10/96

Best Available Copy PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	а	COMPLAINTIDIS	COVERY	Q
•	RE-INSPECTION	<i>a</i>			
					
AIRS ID#: 094. 426	DATE: 4/9/00	TIME IN	:TE	ME OUT:	
FACILITY NAME:	to Mu look				
FACILITY LOCATION:	29(8 70)	s nd	brenan	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
			33463		
RESPONSIBLE OFFICIAL:	Daw-d- Lam		PHONE: 96		
RESPONSIBLE OFFICIAL:			PHONE:		
CONTACT NAME:			PHONE:		
				<u> </u>	. :
PART I: NOTIFICATION	•		· .		
(check appropriate box)					
New facility notified DARM	130 days prior to startur	•		•	n
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
2. Facility failed to notify DAI	KM to use general permi	it			.
	• .				
PART II: CLASSIFICATIO	И				
Facility indicated on notificat			☐ No notification	form	
Facility indicated on notificat (check appropriate box)				form	roleum
Facility indicated on notificat	tion form that it is:	2. New small a	☐ No notification ☐ Drop store/out of	form	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 ga	tion form that it is:	iry-to-dry only,	☐ No notification ☐ Drop store/out of the course the course to the course th	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gallet	tion form that it is:	dry-to-dry only,	☐ No notification ☐ Drop store/out of the source x < 140 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gallet	tion form that it is:	dry-to-dry only,	☐ No notification ☐ Drop store/out of the source x < 140 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9)	tion form that it is:	dry-to-dry only, ransfer only, x coth types, x < (constructed on	No notification Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gate transfer only, x < 200 gallet	tion form that it is:	dry-to-dry only, ransfer only, x coth types, x < (constructed on 4. New large a	No notification Drop store/out of the source the source the source the source that the source that the source that the source the so	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,8	tion form that it is: arce 2 al/yr 5 t 5 1) arce 2 2,100 gal/yr 6 800 gal/yr 1	dry-to-dry only, ransfer only, x coth types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20	No notification □ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 140 ≤ x ≤ 1,800 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,80 th types, 140	tion form that it is: arce 2 Nyr 6 T the second of the se	dry-to-dry only, ransfer only, x coth types, x < 2 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	No notification □ Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,8	tion form that it is: arce 2 Nyr 6 T the second of the se	dry-to-dry only, ransfer only, x coth types, x < 2 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	No notification □ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 140 ≤ x ≤ 1,800 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,80 th types, 140 th types, 14	tion form that it is: arce 2 arce 2 arce 2 arce 2 2,1/yr dr b c 2,100 gal/yr 800 gal/yr 0 gal/yr 1)	dry-to-dry only, ransfer only, x coth types, x < 2 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	No notification □ Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,800 (constructed before 12/9/9) 5. This is a correct facility	tion form that it is: arce 2 Nyr 6 T the control of the control	dry-to-dry only, ransfer only, x coth types, x < 1 (constructed on 4. New large a dry-to-dry only, 20 both types, 140 (constructed on DY DN	No notification □ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	form of business/pet	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gast transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	tion form that it is: arce 2 arce 2 arce 2 arce 2 2,1/yr dr b c 2,100 gal/yr 800 gal/yr 0 gal/yr 1)	dry-to-dry only, ransfer only, x coth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on DY DN	No notification □ Drop store/out of the source x < 140 gal/yr < 200 gal/yr (40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	form of business/pet	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gast transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 < x < transfer only, 200 < 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 2 allyr 3 arce 2 2,100 gal/yr 3 800 gal/yr 3 classification the appropriate classificat	dry-to-dry only, ransfer only, x coth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 (constructed on CONSTRUCTED ON CONSTRUC	No notification □ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determinance mber	form of business/pet	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area soundry-to-dry only, 140 < x < transfer only, 200 < 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 2 Abyr T 2,100 gabyr 300 gabyr 0 gabyr 1) classification the appropriate classificate cility qualified for a generality exceeds above limitation contraction in the contraction of the cility exceeds above limitation of the contraction of the c	dry-to-dry only, ransfer only, x coth types, x < constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on DY DN cion: eral permit as no is and is not eli	No notification □ Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determinated the source gible for a general personal content of the source amber	form of business/pet	

Range at 0/15/07

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?	DY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ØN/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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulprior to September 22, 1993	a refrigerated st have been installed
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	•
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAD KD YED
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?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אומם מם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אָם אָם

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?	אם ים
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?	אומם מם צם
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?	YN
Is the perc concentration equal to or less than 100 ppm?	אומם אם צם
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?	אואם אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	אותם מם עם.
11.11 また、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大	
PART V: RECORDKEEPING REQUIREMENTS	
11.11 また、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	EY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	EY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	DY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Gor applicable direct reading instruments)	DY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Gor applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ØN/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for explicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/maifunction plan?	OY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ØN/A OY ON ØN/A

1001	TIONALS	ITE INFORMATI	ON:					
1.	Secondar	y Containment	for: Dry		Machine & S Waste area Spotting ar		.[1]	[]
						•		
2.	Disposa	l of Water fro	m Water Se	parator u	sing approve	d evaporat	or [/1	[]
	·				i Wastewater			[]
.•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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		:	•					-

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ART	VI: LEAK DETECTION AND	REPAIRS				
. Doe	s the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repai	r	ì
insp	rection?			ZY	ПN	
. H11	the facility maintained a leak log?			9X	Dи	
. Do	es the responsible official check the	following areas for leak	s?	·		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers		ANAG ME	
	Door gaskets and seating	MY ON ON/A	Stills	ØΥC	אום אנ	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY C	איאאל אנ	
	Pumps	MY DN DN/A	Diverter valves	– poly c	אאם אנ	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DA C	אורם אב	·
	Water separators	DY ON ONA			• •	.
4. Wh	ich method of detection is used by	the responsible official?				
	Visual examination (condensed:	solvent on exterior surfac	es)			
	Physical detection (airflow felt t	hrough gaskets)				
. •	Odor (noticeable perc odor)			Þ		
	Use of direct-reading instrument	tation (FID/PID/calorime	tric tubes)	ġ¢.		
	Halogen leak detector			A		
•	If using direct-reading inst	rumentation, is the equi	ipment:	DAN/A		
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	□Y (אב	
•	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y (א⊏	
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	□Y (א⊏	
	d. Kept in a clean and	secure area when not in t	ıse?	□Y (אַב	
٠٠.	e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	□Y (א⊂	
· 	· ·					
<u></u> -	· · · · · · · · · · · · · · · · · · ·					4
	· ·	·	X/ger 1	zal.	5	
ಭಂದ	sible Official's Na (Please Print)	me	Responsible Off:	icial	's Sign	ature
	Inspector's Name (Please)	No. 1	8/9/00			
		•	Date of Inspection			
	Inspecior's Signature	·	8/01			
	mapee.or s signature		Approximate Date of	ENext In	spection	

TYPE OF INSPECTION:	- ANNUAL	COMPLAINT/DISCOVERY .	RE-INSPECTION
- ASCOV	TIME OUT:		90426
TYPE OF FACILITY:	Dog Cloquer	7 344 30 4000	
FACILITY NAME:		DA Cleaner DA	ATE: 2/26/0
FACILITY LOCATION:	29 68 201 M		33463
FACILITY LOCATION.	- 1 PO M	n orecal wood	
RESPONSIBLE OFFICIAL:	Pavid kim.	PHONE NUMBER: 76	4 -4022
compliance with DEP R	ule 62-213.300, Florida Adm he compliance requirements	evaluated during this inspection, the facility is ninistrative Code (F.A.C.). evaluated during this inspection, the following	•
COMPLIANCE REQU	IREMENT/PROBLE	M FOLLOW-UP ACTION F	REQUIRED
		Bureau of Air Mo	VED
		Bureau of Air Monite & Mobile Sources	01 oring
MMENTS:		*	
•			
•	•		
		V	
•		rtified and submitted to the inspector.	בון מערן
TE OF NEXT INSPECTION:_	· 2/32		
SPECTION CONDUCTED BY	h, li	Approximate)	· ·
SPECTOR'S SIGNATURE:	h Liebler	Please Print) PHONE NUMBER:	30 70
· ·	Page	of	Revised 1

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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						1				

ANNUAL

COMPLAINT/DISCOVERY

YS W	RE-INSPECTION		·	
AIRS ID#: 0 940426 FACILITY NAME:			Y: TIM	E OUT:
FACILITY LOCATION:		/	breen arus	33463
RESPONSIBLE OFFICIAL	· Dould kin	·	PHONE: 964	4022
CONTACT NAME:			PHONE:	
PARTI: NOTIFICATION				
(check appropriate box)				•
New facility notified DARM Facility failed to notify DAI	-		2	
	· .	•	200	was seen to be the
PART II: CLASSIFICATIO	N			
		<u>·</u>		
Facility indicated on notificate (check appropriate box) A.	tion form that it is:	<u> </u>	☐ No notification for ☐ Drop store/out of b	
0	rce Q 2. Vyτ di τ tr	. New small an ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on o	Drop store/out of the source x < 140 gal/yr < 200 gal/yr	
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr	2. Vyr dr tr	ry-to-dry only, ansfer only, x < 1 to types, x < 1 to nestructed on a constructed on a cy-to-dry only, ansfer only, 20 oth types, 140 to oth types, 140 to ansfer only, 20 oth types, 20 oth types, 20 to ansfer only,	Drop store/out of the source of 140 gal/yr conditions after 12/9/91)	ousiness/petroleum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 < x < 1,800 transfer only, 200 < x < 1,800 transfer only, 140	2. Vyr dr tr tr tr tr 2. (c)	ry-to-dry only, ansfer only, x < 1 to types, x < 1 to nestructed on a constructed on a cy-to-dry only, ansfer only, 20 oth types, 140 to oth types, 140 to ansfer only, 20 oth types, 20 oth types, 20 to ansfer only,	Drop store/out of the source to the source to	ousiness/petroleum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gateransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,80 to the types, 140 ≤ x ≤ 1,80 to (constructed before 12/9/91) 5. This is a correct facility of the please check the the please	tree 2. Vyr dr T tr b Conce	ry-to-dry only, ansfer only, x < oth types, x < 1 constructed on c	Drop store/out of the rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \(\leq \times \leq 1,800 \) gal/yr \(\leq \times \leq 1,800 \) gal/yr or after 12/9/91) Can not determine mber above ible for a general perm	ousiness/petroleum

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?	DY ON ONA
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	-BY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאס אם צם
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 refrige (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	refrigerated have been installed
If classification 4 has been checked, the machine should be equipped with a refrige (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?	עם אם
	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?	OY OH
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?	מס אם

· · · · · · · · · · · · · · · · · · ·	
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?	אם יים
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?	OY ON ON/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?	OY ON ON/A
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?	A/אם אם צם.
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	:

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם אם
2. Maintained rolling monthly total of perc consumption?	PY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	DY ON ON/A
4. Maintained calibration data? Ger epplicable direct reading instruments)	DY DN BANA
5. Maintained exhaust duct monitoring data on perc concentrations?	ANNE NO YO
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	DY ON ONA
3. Maintained compliance plan, if applicable?	באאם אם אם

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repair
inspection?	·		אם אם
2. Has the facility maintained a leak log	?	•	אם אם
3. Does the responsible official check th	e following areas for leak	:s?	
Hose connections, fittings, couplings, and valves	DY DN DN/A	Muck cookers	OY ON CAMA
Door gaskets and seating	DY ON ON/A	Stills	אואם אם פש
Filter gaskets and seating	AVON ON/A	Exhaust dampers	ANKAS NO YO
Pumps	אואם אם אוא	Diverter valves	AVAD NO YE
Solvent tanks and containers	אואם אם עם	Cartridge filter housings	MY ON ON/A
Water separators	DY ON ON/A		· .
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed			1
Physical detection (airflow felt		•	<u>.</u>
Odor (noticeable perc odor)	·	·	
Use of direct-reading instrumer	ntation (FID/PID/calorime	tric tubes)	ma.
- Halogen leak detector			T NA
If using direct-reading ins	trumentation, is the equ	ipment:	DAN/A
		ns in a range of 0-500 ppm?	אם עם
	a standard gas prior to and		DY DN
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	DY DN
	l secure area when not in t	•	DY DN
e. Verified for accura	cy by use of duplicate san	nples (calorimetric only)?	אם צם
•	•		
HONGYUL KIM			
e (due 10 A +	۷	\checkmark	
ponsible Official's Na (Please Print)	eme	Responsible Offi	cial's Signa
h Lieller		2/2/01	
Inspector's Name (Please	Print)	Date of Inspection	
. In hill		2/0	
Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:	
	Yes NO
1. Secondary Containment for: Dry Cleaning Machine	& Storage area [] []
Waste a	
Spottir	ng area Sealed [][]
2. Disposal of Water from Water Separator using app	proved evaporator [] []
or contracted Waster	water service [] []
그는 사람이 이 사람들은 것이 되었다. 그렇게 함께 나왔다.	
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Z 210 662 949





U.S.POSTAGE
4.16 \$
POSTALIA 510414



Z 210 662 949

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

10 AIRS ID # 0990426001AG HONG YUL KIM NULOOK ONE HOUR #49 2968 JOG ROAD GREENACRES FL 33467

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whorn & Date Delivered	*-
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
Form 3800	Postmark of Date	**************************************
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10 AIRS ID # 0990426001AG HONG YUL KIM NULOOK ONE HOUR #49 2968 JOG ROAD GREENACRES FL 33467

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 Complete items 1, 2, and 3. Also of item 4-if Restricted Delivery is desided Print your name and address on the so that we can return the card to you Attach this card to the back of the or on the front if space permits. Article Addressed to: 	ired. ne reverse /ou.	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from item If YES, enter delivery address below	
10 AIRS ID # 0990426 HONG YUL KIM NULOOK ONE HOUR #49 2968 JOG ROAD GREENACRES FL 33467 2. Article Number (Copy, from service label)		3. Service Type Certified Mail Express Mail Registered Return Rece Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	l ipt for Merchandise □ Yes
2 210 662 94 PS Form 3811, July 1999	19 Domestic Retu	urn Receipt	102595-99-M-1789

MS# 5510 MC Acct # 5521	FARTIFIE VICTOR (A 19 S. POSTAGE)
Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400	7001 0320 0001 7976 6249
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33467	

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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. Article Addressed to: AIRS ID#0990426 NULOOK ONE H@UR #49 HONG YUL KIM 2968 JOG RØAD GREENACRES FL 33467 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Transfer from service label) - rU01 0320	0001 7976 6249
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

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ine bacits. Jo 7976	Postage \$ Certified Fee
1000 1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
	Total Postage & Face & AIRS ID#0990426 Sent To NULOOK ONE HOUR #49
7001	Street, Apt. No. or PO Box No. 2968 JOG ROAD City, State, Zip. 33467

5510

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

MC5521

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JOEY ROBERTS

NULOOK ONE HOUR #49
HONG YUL KIM
2968 JOG-ROAD
GREENACRES TL
33467

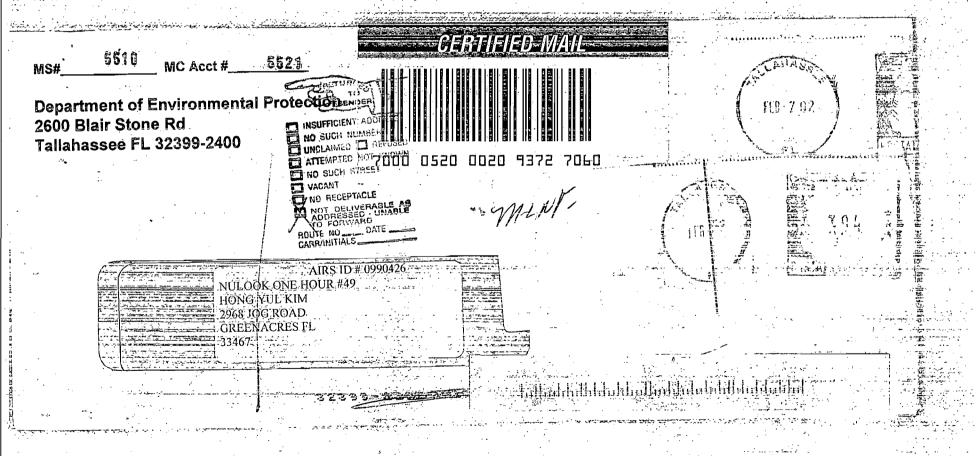
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COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) B. Date of Delivery Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece. X ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: AIRS ID#0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7001 0320 0001 7976 5532 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952 U:S: Postal Service Domestic Mail Only: No Illsurance Coverage Provided LJ. Postage Certified Fee Return Receipt Fee (Endorsement Required) 0.00 Restricted Delivery Fee (Endorsement Required) AIRS ID#0990426 m Se. NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD 00 GREENACRES FL 33467



SENDER COMPLETE THIS SECTION A. Received by (Please Print Clearly) B. Date of Delivery ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, X ☐ Addressee or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: ☐ No AIRS ID # 0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRESTL 3. Service Type 33467 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mail . C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label)
7000 0520 0020 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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	Rec NULOOK ON	IE HOUR #49	nalier)
	HONG YUL		***************************************
ì⊡l	GREENACRI City: 33467		2 (2000) Family 4
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Department of Environmental Protection
2600.Blair Stone Rd
Tallahassee FL 32399-2400

AIRS ID# 0990426

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2968 JOGRONAD
GREEN ACRES FL
38467

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Deliver
 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. 	C. Signature X ☐ Agent ☐ Addresse ☐ Addresse ☐ Item 12 ☐ Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0990426 NULOOK-ONE HOUR #49 HONG YUL KIM 2968 JOGROAD GREENACRES FL 33467	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	0320 0001 7976 1077

Postal Service

GERFIFIED MAIL REGEIPT

(Pomestic Mail Only, No Insurance Coverage Provided)

Postage \$

Certified Fee Postmark

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & AIRS ID # 0990426

Sent NULOOK ONE HOUR #49

HONG YUL KIM

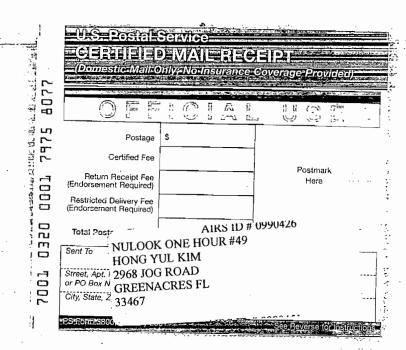
or PO 2968 JOG ROAD

City, GREENACRES FL

33467

Department of Environmental Protection APR-202. 2600 Blair Stone Rd Tallahassee FL 32399-2400 PUSTALIA 512720 INSUFFICIENT ACCRESS UNCLABAGED A REFUSED ATTENED NOT KNOWN MOTO DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD ROUTE NO CARRYINITIALS AIRS ID # 0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467

■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, Χ ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 0990426 NULOOK ONE HOUR #49 HONG YUL KIM . 2968 JOG ROAD 3. Service Type **GREENACRES FL 33467** Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ' Insured Mail ☐ C.O.D. 4. Restricted Delivery?_(Extra Fee) ☐ Yes · 7001 0320 0001 7975 8077 _PS-Form.381.1, July.1999

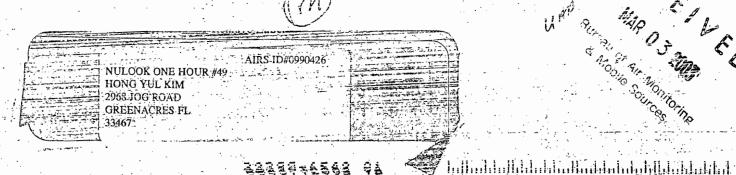


MS# 3510

MC Acct # 552/

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400





Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature X	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from iter If YES, enter delivery address below	_
AIRS ID# 0990426 NULOOK ONE HOUR #49	-	
HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467	3: Service Type Certified Mail	il sipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes

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AIRS ID# 0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467	
AIRS ID# 0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD	
NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD	-!
GREENACRES FL 33467	
The same is a second of the sa	
Street, Apt. No.; or PO'Box No.; ** Classical to be completed by mallett. City, State, ZIP+4	

Z 333 612 879

US Postal Service

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

AIRS ID 0990426

HONG YUL KIM HONG YUL KIM 2968 JOG ROAD **GREENACRES FL 33467**

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
S	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

the reverse side?	■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b.			I also wish to receive the following services (for an extra fee):		ø;
ě	Attach this form to the front of the mailpiece, or on the back if space does not permit.			1. Addressee's Address		ڲٚ
he	 Write "Return Receipt Requested" on the mailpiece below the article nu The Return Receipt will show to whom the article was delivered and the 			2. Restricted Delivery		Š
your RETURN ADDRESS completed on t	delivered.		Consult postmaster for fee.		eceipt Service	
	3. Article Addressed to: HONG YUL KIM HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467	AIRS ID 0990426	4a. Article No. 233. 4b. Service 1 Registere Express I Return Rec	33612879 e Type ered S Mail Insured Receipt for Merchandise COD		for using Return R
	5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)		requested	Thank you
ls yon	6. Ps	. West of the contract of the	÷		Receipt	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0990426

NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD **GREENACRES FL 33467**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990426

HONG YUL KIM HONG YUL KIM 2968 JOG ROAD **GREENACRES FL 33467** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0990426

NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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

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Do NOT Remove Label

AIRS ID # 0990426

NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467 FOR GOVERNMENT USE ONLY Org.: 375501010000 Exor B1
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 # 0990426

NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

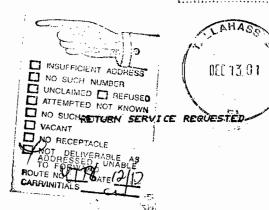
Fund: 20-2-035001 Obj.: 002273

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Providence)						
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47,57	Postage Certified Fee	\$	Postmark			
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7000 0600	Recipient's NULOOK ONE HOUR #49 HONG YUL KIM		IRS ID # 0990426			
:	PS Form 3800 are enruary -2	000	See Reverse for Instructions			

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: AIRS ID # 0990426 NULOOK ONE HOUR #49	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467 2. Article Number (Copy from service Jabel)	3. Service Type Certified Mail		
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POT Offit GOTT, daily 1999 Domestic Ret	um neceipt 102595-99-M-1769		

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

................





RECEIVED

DEC 2 0 2001

Bureau of Air Monitoring & Mobile Sources



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0990426 NULOOK ONE HOUR #49 HONG YUL KIM 2968 JOG ROAD GREENACRES FL 33467

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

POSTAGE REQUIRED

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