



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

July 22, 1997

Mr. Eni M. Kim
Palmetto Cleaners
1281 West Palmetto Park Road
Boca Raton, Florida 33486

Re: Facility No.: 0990507

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 1997.

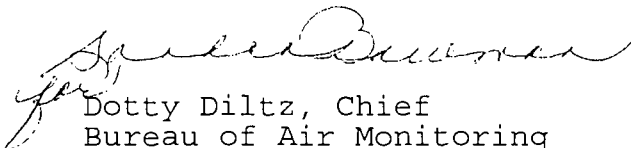
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw .

cc: Mr. Al Grasso, Palm Beach County

Bowman, Sandy

From: Martin_Liebler@doh.state.fl.us
Sent: Wednesday, June 26, 2002 1:37
To: Bowman, Sandy
Subject: RE: Fee Payments

Sandy, the following numbers are active:365,426,451, 478,558,593. The following numbers are closed or drop stores:405,498,503,507,533,536,538,552,556,584. These are all preceded by 0990.

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Wednesday, June 26, 2002 9:35 AM
To: john.parker@ocfl.net; tutt@coj.net; shelton@epcjanus.epchc.org;
mmccann@co.pinellas.fl.us; scameron@co.sarasota.fl.us; Norman, Charles;
barrom@co.miami-dade.fl.us; Banks, Richard; Turner, John B.; Tittle,
Thomas; Culliver, Sherrill; Proses, Bill;
martin_liebler@doh.state.fl.us; Dbanu@broward.org
Cc: Davis, William; Butler, Rick; Grant, Patricia; Walker, Elizabeth
(AIR)
Subject: RE: Fee Payments

Hello Everyone,

There are 100 facilities that have not yet paid their Title V air general permit annual emission fee for Year 2001. We have mailed at least 3 certified invoices to each facility, the last of which was mailed in April.

To view a list of facilities not paying by program office, go to the ARMS Inventory Report. From here, select the Title V Emission Fee Report - for "Year" use 2001 and for "Paid" select "N". Although the majority of facilities on the list were mailed invoices, some were not. This is because they were "active" after the mailing list was pulled. If you have any questions about a particular facility, please call either me or Rick.

Also, if you need a copy of the letters mailed to the facility or the returned mail receipts, please contact Pat Grant..

Thanks.

Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us

Bowman, Sandy

From: Comer, Patricia
Sent: Tuesday, May 15, 2001 4:18 PM
To: Vielhauer, Trina; Bowman, Sandy
Cc: Diltz, Dotty; Rhodes, Howard; Dempsey, Angela
Subject: RE: draft Palmetto Cleaners letter

Trina

The Department doesn't issue general permits (as the letter seems to say). FI Stat 403.814 says that the Dept can create general permits that persons who give proper notice can use as authorization without agency action. So the rule is the permit and the user gives notice of intent to use the rule authority (a registration of sorts). That's also why the notice/registration form has a different date than the date this facility was first authorized to operate under the gp. The form, which is adopted into another rule, has been changed since 1997. The rule which creates the dry cleaner Title V gp and its terms and conditions is 62-213.300. The rule which adopts the form is 62-213.900.

Sandy has the info about fee notices sent and interest/penalty accruals and about what documents are needed...but we don't usually ask for these documents to be submitted to us. We always need them to be certified as true, accurate and complete by a "responsible official" (a federal requirement and a defined term in 62-210.200) of the permittee (which in this case is a problem because the permittee-meaning the entity which provided the notice under 62-213.300/62-213.900- is a corporation and the RO must be a corporate official for a corporation---and because Angela said the corporation is defunct but these Title V gps are not transferrable---so we ultimately will need info about whether the corporation exists and who is the RO) but usually we do not require that they be submitted to us. The certified documents usually must be kept on site and be available for review by inspectors.

-----Original Message-----

From: Vielhauer, Trina
Sent: Tuesday, May 15, 2001 3:54 PM
To: Bowman, Sandy
Cc: Diltz, Dotty; Rhodes, Howard; Comer, Patricia; Dempsey, Angela
Subject: draft Palmetto Cleaners letter

I am attaching a draft letter regarding the air violations for Palmetto Cleaners. I have noted in the text a lot of questions for you such as: due date for submittals, who signs the letter, are we charging interest on the annual fees, how are annual fees paid, etc. Please let me know your thoughts, comments and answers to the various questions.

Angela, does this language address your concerns?

Thanks!

Trina

<< File: palmetto letter 5-14-01.doc >>

May 14, 2001

Mr. Eui Kim, President
Palmetto Cleaners
1281 W. Palmetto Park Rd.
Boca Raton, Florida 33486-3301

Via certified mail-return receipt requested

RE: The Florida Department of Environmental Protection v. EYK Corporation and Eui Kim

Dear Mr. Kim:

As you are aware, the above referenced lawsuit has been filed against you in the Fifteenth Judicial Circuit Court for violations of the State's hazardous waste and air pollution control laws and rules. This letter reiterates the outstanding air pollution control violations at your facility. This letter does not address any outstanding hazardous waste violations nor does it affect the Department's pending lawsuit against you.

Section 403.161(1), Florida Statutes provides:

It shall be a violation of this chapter, and it shall be prohibited for any person:...(b) to fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit or certification adopted or issued by the department pursuant to its lawful authority. [emphasis added]

In July, 1997 [the permit in the file has at the bottom an effective date of 2/24/99-did we renew between 97 and 99? Why does this form have an effective date of 2/24/99 if it was issued and good for 5 years in 1997?] the Department issued a Title V General Air Permit to EYK Corporation. Conditions 2, 6 and 7 of that permit establish the annual fee, record keeping and leak detection requirements as follows:

Permit Condition 2(b) provides:

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 annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of this general permit. [did we send written notice for payment?] *copy*

Permit Condition 6-Recordkeeping Requirements provides:

- (a) The responsible official shall maintain the following records in a log kept on-site, for a minimum of five years: (1) All purchase receipts for determination of perchloroethylene solvent consumption and monthly consumption logs. (2) All leak detection inspection and repair reports. (3) All control equipment-monitoring data on perchloroethylene concentrations and exhaust stream temperatures.
- (b) On the first business day of the month, the responsible official shall record the total amount of perchloroethylene purchases in the previous month and calculate the total amount purchased in the preceding twelve months, as a measure of perchloroethylene consumption.

Permit Condition 7-Leak Detection Requirements provides:

- (a) The responsible official or equipment operator of a large area source facility must conduct a weekly leak detection and repair inspection of the facility; however, small area sources may conduct the inspection on a biweekly basis. The responsible official or equivalent operator shall enter the results of the inspection and repair log kept on-site.

The Department has not received the \$50 annual fee for calendar years 1997, 1998, 1999 and 2000. In addition, based upon recent inspections of your facility, the Department has determined that you are in violation of the Recordkeeping and Leak Detection requirements. Please submit a [how are annual fees paid? Check or money order?] in the amount of \$200 [are we charging a late fee/interest?] made payable to [who?] ^{DEP} on or before [date]. In addition, please submit [what documents/information do we want?] to [who] on or before [date]. Submittal of this information [documentation] and payment does not affect the hazardous waste components of the Department's pending lawsuit nor any air pollution control civil penalties the Department may pursue as a part of that lawsuit. In the event the Department does not receive the \$200 annual fee and/or the information/documentation, we will proceed accordingly. *check usually* *penalties?*

If you have any questions or would like to discuss this further, please feel free to call me at (850) xxx-xxxx.

Sincerely,

Bowman, Sandy

From: Comer, Patricia
Sent: Tuesday, May 15, 2001 4:18 PM
To: Vielhauer, Trina; Bowman, Sandy
Cc: Diltz, Dotty; Rhodes, Howard; Dempsey, Angela
Subject: RE: draft Palmetto Cleaners letter

Trina

The Department doesn't issue general permits (as the letter seems to say). FI Stat 403.814 says that the Dept can create general permits that persons who give proper notice can use as authorization without agency action. So the rule is the permit and the user gives notice of intent to use the rule authority (a registration of sorts). That's also why the notice/registration form has a different date than the date this facility was first authorized to operate under the gp. The form, which is adopted into another rule, has been changed since 1997. The rule which creates the dry cleaner Title V gp and its terms and conditions is 62-213.300. The rule which adopts the form is 62-213.900.

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Sent: Tuesday, May 15, 2001 3:54 PM
To: Bowman, Sandy
Cc: Diltz, Dotty; Rhodes, Howard; Comer, Patricia; Dempsey, Angela
Subject: draft Palmetto Cleaners letter

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Angela, does this language address your concerns?

Thanks!

Trina

<< File: palmetto letter 5-14-01.doc >>

Bowman, Sandy

From: Vielhauer, Trina
Sent: Friday, May 04, 2001 9:19 AM
To: Dempsey, Angela; Bowman, Sandy
Cc: Davis, William; Anderson, Lennon; Comer, Patricia; Rhodes, Howard; Diltz, Dotty
Subject: RE: RE: Palmetto Cleaners

I spoke with Larry Morgan this morning about the air portion of this case and the proposed permit revocation. First, instead of translating a letter into Korean he suggests that the translator and our inspector have an on-sight meeting with Mr. Kim in his own language. Any expense incurred would be paid by DARM. Second, I believe we [Larry and I] are in agreement that revoking the air permit is **not** our recommended approach [if need be we can revisit this issue after an on-site conversation with Mr. Kim].

For those who haven't been on the previous emails on this topic, the other option is to proceed with the enforcement case that Angela has filed in Court [both hazardous and air components]. Hopefully, we will get civil penalties and an Order requiring the submittal of all information/documentation. IF Mr. Kim does not comply-his general permit is up next year at this time. We can either not issue a new permit or make him go through Title V with a compliance plan attached.

Thanks,

Trina

Bowman, Sandy

From: Vielhauer, Trina
Sent: Wednesday, May 02, 2001 3:46 PM
To: Bowman, Sandy
Subject: RE: RE: Palmetto Cleaners

Sandy,

I would translate any warning letters, nov's or correspondence to the Defendant that identifies air violations out there. [we want to establish that the Defendant has notice of the violations] I would send the documents certified mail. I will check on what to do if there are charges for the translation and get back to you. After we provide the translated version, we will need to see if we get any response [i.e. does he write us back? Does he hire an attorney? Does he send in the \$ he owes us or the records?] IF he doesn't respond, then we will need to decide how to proceed [the two options we discussed via conference call the other day].

Hope that helps. If not, give me a call and we can chat.

Thanks,
Trina
s.c. 291-8875

-----Original Message-----

From: Bowman, Sandy
Sent: Wednesday, May 02, 2001 2:38 PM
To: Vielhauer, Trina
Subject: RE: RE: Palmetto Cleaners

Trina,

Since I have not done anything like this before (I do permitting, not compliance), I have a bunch of questions. Specifically, which documents need to be translated? If there is a charge for this service, who pays for it? Are the translated documents sent certified mail or are they served? What happens after the documents are translated?

-----Original Message-----

From: Vielhauer, Trina
Sent: Wednesday, May 02, 2001 11:21 AM
To: Bowman, Sandy
Cc: Davis, William; Anderson, Lennon; Comer, Patricia; Dempsey, Angela
Subject: RE: RE: Palmetto Cleaners

Sandy,

I spoke with Angela [our hazardous waste attorney for this case]. Since they have already filed the hazardous case it is NOT necessary to have their documents translated. Thanks for arranging this and just let me know what happens.

Trina Vielhauer
OGC
s.c. 291-8875

-----Original Message-----

From: Bowman, Sandy
Sent: Wednesday, May 02, 2001 10:15 AM
To: Vielhauer, Trina
Cc: Davis, William; Anderson, Lennon
Subject: RE: Palmetto Cleaners

Trina,

I wanted to let you know that we believe that we have located someone that is able to translate from English to Korean. As I understand it, Annette Pearce has a friend that is able to do this.

I sent an e-mail to the Palm Beach County air inspector, Martin Liebler, and to John Harris asking them to confirm Mr. Kim's language. Both said they spoke English with Mr. Kim. Both said they assumed Mr. Kim is Korean.

If you need additional information, please let me know.

Sandy

Annette JOSEE
Pearce in
staff Development
Office - 8-2996.
She has a friend in
Dept of Labor
Belva

Schmalfuss, Belva

From: Manning, June
Sent: Tuesday, May 01, 2001 1:37 PM
To: Schmalfuss, Belva; Hyde, Bonnie
Subject: FW: Interpreter

-----Original Message-----

From: ~~Compton, Elena~~
Sent: Tuesday, May 01, 2001 12:16 PM
To: Manning, June
Subject: RE: Interpreter

June,
I don't speak Korean, but I just contacted a Professor from FSU (Dr. Ree), he asked me to fax this letter at FSU [FAX # (850) 644-0524], Attn. Dr. Ree. He is at home right now (his home phone # 893-7596). He does not have classes at FSU right now, but he will pick up this fax. Also he wanted to make sure that all contact phone/ fax numbers are included, so he can reply.

Have a GREAT Tuesday, dear June!
Elena :)

-----Original Message-----

From: Manning, June
Sent: Tuesday, May 01, 2001 11:51 AM
To: Compton, Elena
Subject: FW: Interpreter

Elena,
I know you are multi lingual - can you read Korean?
June

-----Original Message-----

From: Hyde, Bonnie
Sent: Tuesday, May 01, 2001 10:52 AM
To: WRM
Subject: FW: Interpreter

Please see messages below. Please let me know ASAP if you can help. Thanks.

Bonnie Hyde
Division of Water Resource Management
Director's Office
850/921-9461
bonnie.hyde@dep.state.fl.us

-----Original Message-----

From: Parmer, Alyce
Sent: May 01, 2001 9:33 AM
To: Hyde, Bonnie; Lunn, Marilyn
Cc: Harvey, Linda
Subject: FW: Interpreter

Bonnie/Marilyn -- do you know if there is anyone on your staff who might be able to do this? Apparently there's no one in Bill Coppenger's shop who can. Alyce

-----Original Message-----

From: Harvey, Linda

Schmalfuss, Belva

From: Harvey, Linda
Sent: Tuesday, May 01, 2001 11:22 AM
To: Schmalfuss, Belva
Subject: FW: Interpreter

Belva,

See Tien-Shenn's message to me and advise. Thanks, LH

-----Original Message-----

From: Wu, Tien-Shuenn
Sent: Tuesday, May 01, 2001 11:09 AM
To: Harvey, Linda
Subject: RE: Interpreter

Dear Linda:

If you can not find some Korean people from the Department.

I could introduce one to you:

Mr. Swan Lee (owner)
Haw Yunn Oriental Market
2624-B W. Tennessee St.
Tallahassee, FL 32304
Phone # 906-9211 or 575-7168

T. S. Wu from WRM (phone #: 922-6977)

-----Original Message-----

From: Hyde, Bonnie
Sent: Tuesday, May 01, 2001 10:52 AM
To: WRM
Subject: FW: Interpreter

Please see messages below. Please let me know ASAP if you can help. Thanks.

Bonnie Hyde
Division of Water Resource Management
Director's Office
850/921-9461
bonnie.hyde@dep.state.fl.us

-----Original Message-----

From: Parmer, Alyce
Sent: May 01, 2001 9:33 AM
To: Hyde, Bonnie; Lunn, Marilyn
Cc: Harvey, Linda
Subject: FW: Interpreter

Bonnie/Marilyn -- do you know if there is anyone on your staff who might be able to do this? Apparently there's no one in Bill Coppenger's shop who can. Alyce

-----Original Message-----

From: Harvey, Linda
Sent: Monday, April 30, 2001 11:34 AM
To: Parmer, Alyce; Eshleman, Robert; Pearce, Annette
Cc: Schmalfuss, Belva
Subject: FW: Interpreter

0990507

p13

6. add title of Responsible Official

p14 1(a) Add date control device installed

1.(c) Should not be marked.
Mark out and initial

p16

Sign and date by R.O.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): EYK CORP
2. Site Name (For example, plant name or number): PALMETTO CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1281 W. PALMETTO PK RD City: BOCA RATON County: PALM BCH Zip Code: 33486
5. Facility Identification Number (DEP Use): 0990507

Responsible Official

6. Name and Title of Responsible Official: EUI M. KIM
7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (561) 395-0824 Fax: ()

Facility Contact (If different from Responsible Official)

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

RECEIVED

JUN 20 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit		<i>6/94</i>	<i>12/94</i>						
(1) w/ ref. condenser	<i>1</i>	<i>3/94</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

30 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

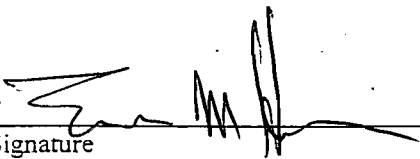
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature

5-23-97
Date

H₂O Environmental
Ruptured line

Fixed
(305) 565-7650

John
Worrell
Senior
Engineer

Were taking
soil samples
to monitor
when they hit
gas line

EOC
1990 N. Dix B.R

mobile gas

unk amt gas
spilled

pipe ruptured

days ago

Complaint 4/30/97

- H₂O dug up site
and soil sample

- called repair line
B.S. in to
Jim GAINBR
(954) 427-4886

05/21/97
10:00 AM

05:01 - 08:01 1:05 PM
0:42 EST -

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:50 TIME OUT: 11:20 AIRS ID#: 0990507

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Palmetto Cleaners DATE: 3/23/00

FACILITY LOCATION: 1281 W. Palmetto Park Rd.
Boca Raton, FL 33486

RESPONSIBLE OFFICIAL: Eui Kim PHONE NUMBER: 395-0824

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak inspection logs for the past year.	Facility will begin keeping leak inspection logs immediately.
No refrigerated condensate temperature logs for the past year.	Facility will begin keeping refrigerated condensate temperature logs immediately.
No record of rolling totals for monthly perchloroethylene purchases.	Facility will begin keeping a log of rolling totals for monthly perchloroethylene purchases immediately.
secondary containment for waste area is very poor.	DEP (SE District) has been notified.

RECEIVED
 APR 12 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: A notice to correct a violation letter has been sent to the facility. Owner was provided a DEP compliance calendar 2000 during this inspection.

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

DATE OF NEXT INSPECTION: April 2000 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Duzek (Please Print)

INSPECTOR'S SIGNATURE: *Jeffrey Duzek* PHONE NUMBER: 355-3070 XT 1139

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0990507 DATE: 3/23/00 TIME IN: 10:50 TIME OUT: 11:20
 FACILITY NAME: Palmetto Cleaners
 FACILITY LOCATION: 1281 W. Palmetto Park Rd.
Deeraton, FL 33486
 RESPONSIBLE OFFICIAL: EUI Kim PHONE: 395-0824
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 35 gallons. MAY 1999 TO MARCH 2000

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Not recorded! Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks? not tested

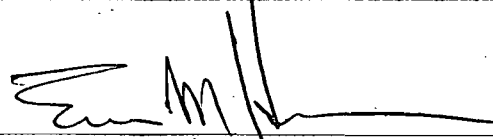
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

EUI KIM

Responsible Official's Name
(Please Print)



Responsible Official's Signature

Jeffrey Dizek

Inspector's Name (Please Print)

3/23/00

Date of Inspection

Jeffrey Dizek
Inspector's Signature

April 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(A) Secondary containment leak pool. A drum of perc was being stored behind machine without secondary containment.

- | | | |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- (A) MCF picks up the waste sludge.
- (B) Facility owner could not produce leak inspection logs during this inspection.
- (C) Mr. Kim also could not produce refrigerated condenser temperature logs during this inspection.
- (D) Rolling totals for monthly perchloroethylene purchases have not been performed within the past year.
- (E) Instructed Mr. Kim, the facility owner, on how to use his DEP Compliance Calendar for keeping mandatory logs.
- (F) Will reinspect in 1 month.

PALM BEACH COUNTY
ENVIRONMENTAL CONTROL HEARING BOARD
West Palm Beach, Florida

PALM BEACH COUNTY
HEALTH DEPARTMENT,

Petitioner.

vs.

EYK CORPORATION, a dissolved Florida
Corporation, d/b/a PALMETTO CLEANERS.

Respondent.

Case No. AP-52-00-12-00

ORDER and NOTICE OF LIEN

THIS MATTER came on to be heard before the Palm Beach County Environmental Control Hearing Board on February 1, 2001 pursuant to an Order to Show Cause, Notice of Hearing and Order of Continuance.

The Respondent was not present or represented at the hearing. The Hearing Board having heard testimony of the Petitioner and the Petitioner's witnesses, and being duly advised in the premises, makes the following:

FINDINGS OF FACT and CONCLUSION OF LAW

1. On December 28, 2000, Respondent was properly notified of the Hearing date by Sheriff's service of the Order to Show Cause and Notice of Hearing, together with the Notice of Activity Resulting in a Public Health Threat.
2. Palmetto Cleaners is located at 1281 W. Palmetto Park Road, Boca Raton, FL 33486, and is owned and operated by Respondent.
3. Respondent was alleged to have violated the Palm Beach County Environmental Control Act, Chapter 77-616, Special Acts, Laws of Florida, as amended and as adopted under Section 2 of Palm Beach Ordinance 78-5, as amended; and Section 11-19 of Palm Beach Code (Ordinance 78-5, as further amended); and more specifically, the below listed section of the Florida Statutes (2000) and the below listed rules of the Florida Administrative Code:
F.S. 403.161 (1)(b): To fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the department pursuant to its lawful authority; *to wit:* failure to comply with the provisions of F.A.C. 62-213.900(2) Operation Permits for Major Sources of Air Pollution, as follows:
FAC Rule 62-213.900 Forms and Instructions The forms used by the Department in the Title V source operation program are adopted and incorporated by reference in this section. The forms are

listed by rule number, which is also the form number, and with the subject, title, and effective date. (2) Perchloroethylene Dry Cleaner Air General Permit Notification Form, Form and Instructions (Effective February 24, 1999); *to wit:* respondent found to be in violation of Sections 6 (a)(1-3) record keeping requirements and (b) purchase records for perchloroethylene; and with Section 7 (a) leak detection requirements found in the permit form referenced in the FAC Rule. Owner of the business could not provide inspector with any records of purchases or leaks. Without this information, the inspector could not determine if the leak inspection requirement of the within permit was being complied with.

4. Respondent is guilty of the above-cited violation(s) as alleged, and continues to be in violation.

IT IS THEREFORE ORDERED

1. Pursuant to Chapter 77-616, Laws of Florida, as amended, when a violation of this act or the ordinances adopted pursuant to it is found to have occurred, the Environmental Control Hearing Board is authorized to issue orders imposing civil penalties of up to \$500 per day for each violation.
2. Respondent is hereby ordered to pay a civil penalty fine of \$500 by check payable to the order of "Palm Beach County" within thirty (30) days from the date of this Order.
3. Respondent is further hereby ordered to come into complete compliance with the violations cited above and to pay an additional fine of \$25 per day beginning February 1, 2001 until compliance is reached. The total fine shall be paid by Respondent upon obtaining compliance.
4. Pursuant to Section 18 of Chapter 77-616, Laws of Florida, as amended, if the fine ordered herein is not paid as required above, then, upon the expiration of the time for appeal and upon the filing of this Order with the Clerk of the Circuit Court, said fine shall become a statutory lien against any and all property of the Respondent. It is Respondent's burden to advise the Palm Beach County Health Department when Respondent has reached compliance.
5. Pursuant to Section 12 of Chapter 77-616, Laws of Florida, as amended, Respondent may seek review of this Order by filing a petition for certiorari in the Circuit Court of Palm Beach County within 30 days of the filing of this Order by the Clerk to this Board.

DONE and ORDERED this 19th day of February, 2001

Bernard A. Conko

Bernard A. Conko, Esq., Chairman
Palm Beach County Environmental
Control Hearing Board

Copies to:

Acting Environmental Control Officer
301 N. Olive Ave., Suite 601
West Palm Beach FL 33401

Palm Beach County Health Dept.
901 Evernia Street
West Palm Beach FL 33401

EYK Corporation, a dissolved Florida corporation
d/b/a Palmetto Cleaners
Attention: Eui Kim, Director
1281 W. Palmetto Park Road
Boca Raton FL 33486

G:\COMMON\ATTY\WPDATA\ENVIR\E.C.O\ECHEB\2001\2-1-01.hg\Orders\EYKCorporationOrder.wpd

FILED: 2/1/01 WITH THE PALM BEACH COUNTY
ENVIRONMENTAL CONTROL HEARING BOARD
BY: Mark [Signature]
CLERK OF THE BOARD



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 3/20/2001
TO: Angela
PHONE: _____

FAX: 850/488-2439

FROM: Sandy Bowman

PHONE: 850/921-9583

MOBILE SOURCE CONTROL SECTION

FAX: 850.922.6979

RE: _____
CC: _____

Total number of pages including cover sheet: 4

Message

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper

Angela

Fax

488-2439



Jeb Bush
Governor

Robert G. Brooks, M.D.
Secretary

FAX COVER SHEET

**PALM BEACH COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH & ENGINEERING
901 EVERNIA STREET
WEST PALM BEACH, FLORIDA 33401**

RECEIVED
MAR 20 2001
Div. of Air Monitoring
& Mobile Sources

FAX: (561) 355-2442 - SUNCOM: 273-2442

PHONE: (561) 355-3070

DATE: 3/20/01

PAGES: 4 with cover

TO: Sandy Bowman

FROM: Al Grassu

FAX#: 850-922-6979

COMMENTS: To date ~~we~~ we have not
received any records for Palmatto Cleaners
to demonstrate compliance with the attached
"order + notice of lien". Please call if you
have any questions (561) 355-3070 ext 1171.
I will have Martin call you upon his return
from vacation.

Regards,
AL

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990507

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Palmetto Cleaners DATE: 8/28/00

FACILITY LOCATION: 1281 W Palmetto Pk Rd Bldg 3390

RESPONSIBLE OFFICIAL: Eui Kim PHONE NUMBER: 395-0629

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED
 STATION
 10/20/00
 Bureau of Air Monitoring
 Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1 No leak log present	provide
2 no temp log	1, 2, 3
3 No Perc records	provide Sec. Container
No Secondary container for waste	provide closed container for Sep. water
open container for Sep. water	

COMMENTS:

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

DATE OF NEXT INSPECTION: 9/15/00 (Approximate)

INSPECTION CONDUCTED BY: M. Liebler (Please Print)

INSPECTOR'S SIGNATURE: M. Liebler PHONE NUMBER: 355 3020

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990507 DATE: 8/28/00 TIME IN: _____ TIME OUT: _____
 FACILITY NAME: Palmetto Cleaners
 FACILITY LOCATION: 1281 W. Palmetto PK Rd
Boca Raton 33486
 RESPONSIBLE OFFICIAL: Eui Kim PHONE: 395 0824
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

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 <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons. no log

Based on previous year's inspection

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
 - Halogen leak detector N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Responsible Official's Name
(Please Print)

Responsible Official's Signature

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

no log present

Sep. water in open 205 container

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N *mr*
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following: Y N N/A
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A *NO*
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A *10 g*
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Drum of waste behind
machine - no containment

- | | | |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Will Recheck 1 week

SED PALMETTO CLEANERS (PC) – CHRONOLOGY & FILE CONTENTS SQG

Operator: Eui Myung Kim

Case Mgr: John Harris

6/26/97 Kim began operating Palmetto Cleaners at 1281 West Palmetto Park, Rd, Boca Raton, Palm Beach County, Florida, per Air program (apparently he told Haz Waste that he began in 1995)

7/9/97 Title V General Air Permit Issued (0990507) to EYK Corporation

5/5/99 Inspection by Rasik Chokshi of Palm Beach County. Cover page says in compliance (per Chokshi this was mistake), violations noted:

- Failure to measure and record exhaust temperature of refrigerated condenser on weekly basis
- Failure to conduct temperature monitoring of coolant
- Failure to maintain PERC purchase receipts
- Failure to maintain rolling monthly PERC consumption records
- Failure to maintain leak log (but did have inspection & repair reports)
- Needs secondary containment for waste area

* DEP's SED notified about PC

5/6/99 Dry Cleaning Inspection, by Leslie Smith of DEP – Kim agreed to provide Haz Waste determination on Galaxy effluent(evaporator unit?) and lint – 9 photos

8/30/99 Memo from Rasik Chokshi to Leslie Smith requesting a site visit and compliance assistance for PC and several other cleaners

2/10/00 Haz Waste Inspection by John Harris & Mark McLean– 6 photos, 7 violations

- 1) Notification
- 2) Container Management
- 3) Modified Contingency Plan
- 4) LDR Documentation
- 5) Preparedness & Prevention
- 6) Haz Waste Determination on lint, filters, sludge & waste water
- 7) Container inspection

* Exit Interview requests information on prefilters and evaporation unit be sent to Harris within 14 days

3/14/00 Request for Information on prefilters and evaporation unit from Jeff Smith to Kim

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:15 TIME OUT: 10:50 AIRS ID#: 0990507
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Palmetto Cleaners DATE: 5-5-99
 FACILITY LOCATION: 1281 W. Palmetto PK Rd
Boca Raton, FL 33486
 RESPONSIBLE OFFICIAL: Eui M. Kim PHONE NUMBER: 395-0824

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Need Secondary Containment for waste area	WPB FDEP Will be informed

RECEIVED
 JUN 14 1999
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: May 2000 (Approximate)

INSPECTION CONDUCTED BY: A.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: A.V. Chokshi PHONE NUMBER: 355-3070
Ext 1174

✓ Arms

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990507 DATE: 5-5-99 TIME IN: 10:15 TIME OUT: 10:50
 FACILITY NAME: Palmetto Cleaners
 FACILITY LOCATION: 1281 W. Palmetto PK Rd
Boca Raton, FL 33486
 RESPONSIBLE OFFICIAL: EVI M. KIM PHONE: 395-0824
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

- | | |
|--|--|
| 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 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) <input checked="" type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/> |
5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

55 for 1998, For 1999 so far = 40 gal

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? *Advised to record on FDEP calendar* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely changed? *He seems He does not do monitoring* Y N

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? *Asked to keep on site* Y N
2. Maintained rolling monthly total of perc consumption? *Advised to keep Records* Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? *Asked to Keep Records on FDEP Calendar* Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

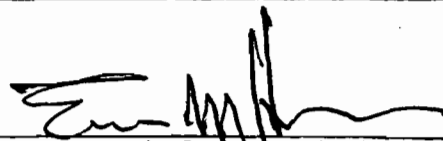
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
- Halogen leak detector N/A

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

EWI M KIM

Responsible Official's Name
(Please Print)



Responsible Official's Signature

R.V. Chokshi

Inspector's Name (Please Print)

5-5-99

Date of Inspection

R.V. Chokshi
Inspector's Signature

May 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Need Secondary Containment
for Waste area

- | | | |
|---|-------------------------------------|--------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

MCF picks up the
Waste when called

* Asked owner to keep records for
Peric purchase and leak check records
on FDEP Calendar

* Gave Mr. Kim a 1999 Calendar
for Record keeping.

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:45 TIME OUT: 10:15 AIRS ID#: 0990507
 TYPE OF FACILITY: Dry Cleaning
 FACILITY NAME: Palmetto Cleaners DATE: 7-22-98
 FACILITY LOCATION: 1281 W. Palmetto Park Rd
Boca Raton, FL 33486
 RESPONSIBLE OFFICIAL: EUI M. KIM PHONE NUMBER: 395-0824

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED
 AUG 17 1998
 Bureau of Air Quality Monitoring
 Solid Wastes

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
* Asked owner Mr Kim to keep record for perc purchase, leak check, & temperature reading.	Will be re inspected two months.
* Spotting area not sealed	Will be informed to FDEP
* Mr. Kim does not seem to care for record keeping requirement and spotting area sealed requirement.	→ May need enforcement to comply

COMMENTS:

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

DATE OF NEXT INSPECTION: July 1999
 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi
 (Please Print)

INSPECTOR'S SIGNATURE: R. V. Chokshi PHONE NUMBER: 355-3070

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

*ARMS
MNC*

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990507 DATE: 7-22-98 TIME IN: 9:45 TIME OUT: 10:15
 FACILITY NAME: Palmeto Cleaners
 FACILITY LOCATION: 1281 W. Palmeto Park Road
Boca Raton, FL 33486
 RESPONSIBLE OFFICIAL: EUI M. KIM PHONE: 395-0824
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

RECEIVED
 AUG 17 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART II: CLASSIFICATION

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

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

A.

- | | |
|--|--|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

No records He says less than 100 gal/year per owner

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? <i>Asked to keep receipt. He said he will send copies in 10 days.</i> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? <i>(for applicable direct reading instruments)</i> | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? *Asked to keep records* Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Sills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
- Halogen leak detector N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

EMI M KIM

Responsible Official's Name
(Please Print)



Responsible Official's Signature

R.V. Chokshi

Inspector's Name (Please Print)

7-22-98

Date of Inspection



Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Need Spotting area Sealed
 Advised to seal spotting area as soon as possible

- | | | |
|---|-------------------------------------|-------------------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| or contracted Wastewater service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

* Gave owner Mr. Kim FDEP Calendars for record keeping

* Asked Mr. Kim (Kim) to keep perc Purchase receipts, ~~leak~~ leak check record & Temperature measurement record
 On site, Also explained that these record keeping requirement is mandatory

* Called to send copies of perc Purchase receipts — He (Mr Kim) does not return the calls. —

BEST AVAILABLE COPY

08/05/1998 12:11 8136233558

PHENIX TAMPA

PAGE 01

ATTN: MR. RASIK CHOKSHI
ID # 0990507
FAX TRANSMITTAL

PHENIX SUPPLY COMPANY OF FLORIDA
1920 TAMPA EAST BLVD
TAMPA, FL 33619

PHONE: (813) 623-3553

FAX: (813) 623-3558

DATE: 8-5-98

TO: EYK - Palmetto Park

2 PAGES (INCLUDING THIS COVER PAGE)

COMMENTS:

If there is a problem please call
Jennie

08/05/1998 12:11 8136233558

PHENIX TAMPA

PAGE 02

08/05/98 (INV006)

PHENIX SUPPLY CO. - TAMPA
CUSTOMER PERC SALES REPORT

PAGE. 1

INVOICE#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
12670	E.Y.K. CORPORATION	F098689	01/31/97	1300013	PERC *DOWPER*	-	5-GAL
	PALMETTO CLEANERS	F100828	02/21/97			1.0	PL
	1281 W. PALMETTO	F104714	03/28/97			1.0	PL
	BOCA RATON, FL 33486	F108265	05/02/97			2.0	PL
		F111849	06/04/97			2.0	PL
		F115153	07/11/97			2.0	PL
		F118422	08/15/97			2.0	PL
		F119320	08/22/97			2.0	PL
		F122693	09/26/97			1.0	PL
		F001714	10/24/97			2.0	PL
		F004015	11/14/97			2.0	PL
		F006992	12/12/97			2.0	PL
		F009363	01/09/98			1.0	PL
		F012446	02/06/98			2.0	PL
		F015488	03/06/98			2.0	PL
		F018599	04/03/98			2.0	PL

1999

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



AIRS ID#: 0990507 DATE: 5/23/97 TIME IN: 10:40 TIME OUT: 11:25

FACILITY NAME: PALMETTO CLEANERS

FACILITY LOCATION: 1281 W. PALMETTO PARK RD.,
BOCA RATON, FL 33486

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- A
- | | |
|--|--|
| 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 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) <input checked="" type="checkbox"/> |
| 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) <input type="checkbox"/> | 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) <input type="checkbox"/> |

This is a correct facility classification.

Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs or, | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Maintained calibration data? (for direct reading instruments only) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Problem corrected? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

- | | |
|---|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|

2. 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)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N N/A

d. Kept in a clean and secure area when not in use? Y N N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N N/A

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Door gaskets and seating Y N

Filter gaskets and seating Y N

Pumps Y N

Solvent tanks and containers Y N

Water separators Y N

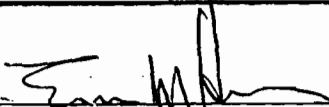
Muck cookers Y N N/A

Stills Y N N/A

Exhaust dampers Y N N/A

Diverter valves Y N N/A

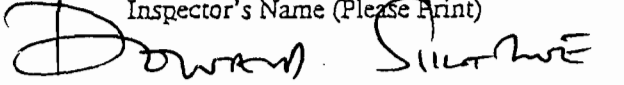
Cartridge filter housings Y N N/A


Name of Responsible Official (Signature)

EMIM.KIM 561-395-0824
Name of Responsible Official (Print) & Phone #

DONACO SIKAZWE
Inspector's Name (Please Print)

5/23/97
Date of Inspection


Inspector's Signature

5/23/98
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area

Yes [] No ON ORDER

Waste area

[] ON ORDER

Spotting area Sealed

[] ON ORDER

2. Disposal of Water from Water Separator using approved evaporator or Waste Handler Pickup Water

[]
[] []

HAS A GALAXY WASTE WATER TREATMENT WITH A CHARCOAL (A GOLD EVAPORATOR)

✓

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:40 TIME OUT: 11:25 AIRS ID#: 0990507

TYPE OF FACILITY: Dry CLEANER

FACILITY NAME: PALMETTO CLEANERS DATE: 5/23/97

FACILITY LOCATION: 1281 W. PALMETTO PARK ROAD,
BOCARATON, FL 33486

RESPONSIBLE OFFICIAL: EUI M. KIM PHONE NUMBER: (561) 395-0824

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
They failed to notify in 1996	Notification forms were given them in May 1997. Air ID# was issued in June 1997

COMMENTS:

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

DATE OF NEXT INSPECTION: 5/23/98

INSPECTION CONDUCTED BY: DONALD SIKAZWE
(Please Print)

INSPECTOR'S SIGNATURE: Donald Sikazwe PHONE NUMBER: (561) 355-4537



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 3/8/2001 - 3:35 PM
TO: Angela - OCC
PHONE: 921-2439

FAX: 488-2439

FROM: Sandy Bowman
Division of Air Resources Management

PHONE: 921-9583
FAX: 850.922.6979

RE: _____
CC: _____

Total number of pages including cover sheet: _____

Message

If there are any problems with this fax transmittal, please call the above phone number.

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

Printed on recycled paper.

Z 333 613 554

US Postal Service
Postage for Certified Mail

AIRS ID# 0990507

PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

PS Form 3800, April 1995

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

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0990507
 PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

4a. Article Number

Z 333 613 554

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6-25

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Blase J...*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

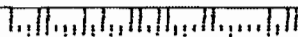
• Print your name, address, and ZIP Code in this box •

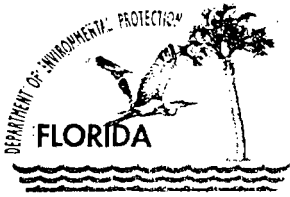
DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE FLORIDA 32399-2408

Bureau of Air Monitoring
& Mobile Sources

JUN 29 1998

RECEIVED





Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

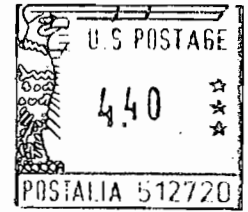
cc: District/Local program

CERTIFIED MAIL

**STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400**



7001 0320 0001 7975 9074



- RETURNED TO SENDER
- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO FORWARD - UNABLE TO FORWARD

RECEIVED

APR 25 2002
Bureau of Air Monitoring
& Mobile Sources

Blair
NAME _____
1st Notice _____
2nd Notice _____
Return _____

10 AIRS ID # 0990507
EUI M KIM
PALMETTO CLEANERS
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

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

OFFICIAL USE

7001 0320 0001 7975 9074

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

Receipt

Total P: 10 AIRS ID # 0990507

Sent To EUI M KIM
Street, Apt or PO Bo. PALMETTO CLEANERS
City, State 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0990507
 EUI M KIM
 PALMETTO CLEANERS
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? *(Extra Fee)* Yes

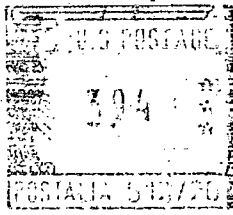
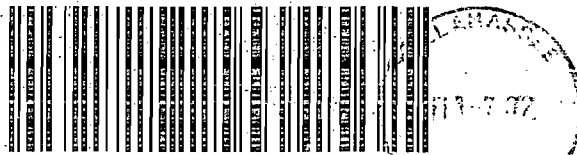
2. Article Number *(Copy from service label)*

7001 0320 0001 7975 9074

MS# 5510 MC Acct # 5521

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

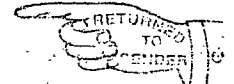
CERTIFIED MAIL



7000 0520 0020 9373 1579

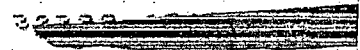
NAME _____
Notice _____
Notice _____
Return _____

AIRSB # 0990507
PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL
33486



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEIPTABLE

NOT DELIVERABLE AS
ADDRESSED - UNABLE
TO FORWARD
ROUTE NO. DATE 2/9/02
INITIALS *OK*



PLEASE STICKER MAIL TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL
 33486

2. Article Number (Copy from service label)

7000 0520 0020 9373 1579

COMPLETE THIS SECTION ON DELIVERY

- | | |
|--|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature | |
| X | <input type="checkbox"/> Agent
<input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?
If YES, enter delivery address below: | |
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | |
3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

02595-99-M-1789

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

7000 0520 0020 9373 1579

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

AIRS ID # 0990507

Rec	PALMETTO CLEANERS	Post Office
	EUI M KIM	
Street	1281 W PALMETTO PK ROAD	
City	BOCA RATON FL	
	33486	

Instructions

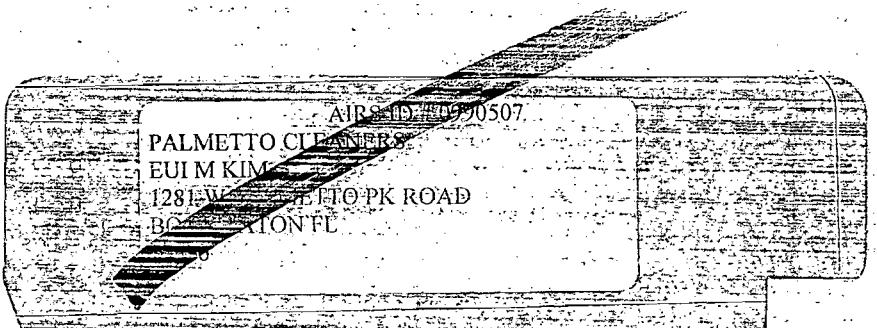
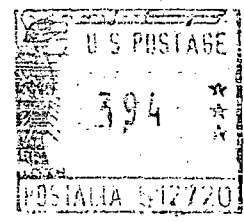
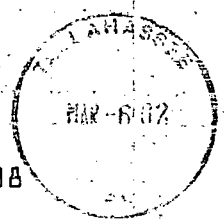
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



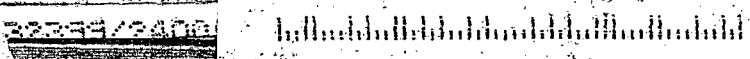
7001 0320 0001 7976 1138



RETURNED TO SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
 ROUTE NO. 101 DATE 3/18/02
 CARR/INITIALS JA

RECEIVED
 MAR 13 2002
 Bureau of Air Monitoring & Mobile Sources



SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL
 33486

2. Article Number (Copy from service label)

7001 0320 0001 7976 1138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X
 Agent
 Addressee

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	AIRS ID # 0990507
Sent to	PALMETTO CLEANERS
	EUI M KIM
Street, or PO	1281 W PALMETTO PK ROAD
City, S	BOCA RATON FL
	33486
Instructions	

7001 0320 0001 7976 1138

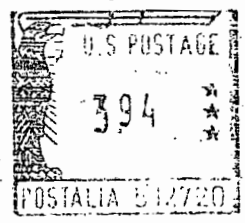
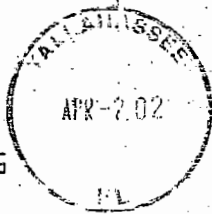
GENERAL MAIL

MS# 5510 MC Acct # 5521

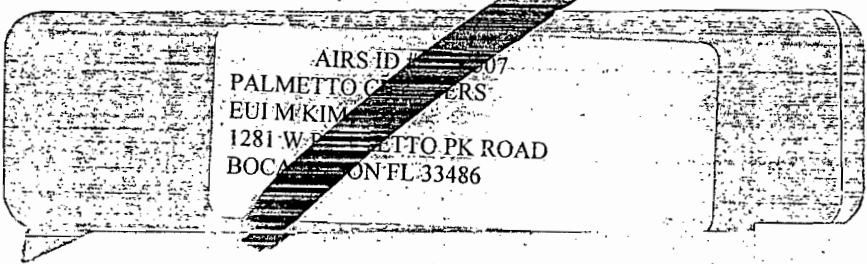
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7975 8145



NAME _____
1st Notice _____
2nd Notice _____
Return _____



RETURNED TO SENDER

INSUFFICIENT ADDRESS

NO SUCH NUMBER

UNCLAIMED REFUSED

ATTEMPTED NOT KNOWN

NO SUCH STREET

VACANT

NO RECEPTACLE

NOT DELIVERABLE AS ADDRESSED

TO FORWARD

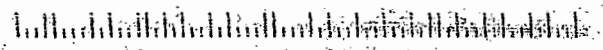
ROUTE NO. DATE

CARR/INITIALS

APR 8 2002

4/4/02

APR 8 2002
RECEIVED



SENDER

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 # 0990507
 PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (From service label)

7001 0320 0001 7975 8145

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 8145

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

Postmark Here

Total Postage PALMETTO CLEANERS
 Sent To EUI M KIM
 1281 W PALMETTO PK ROAD
 Street, Apt. No. or PO Box No. BOCA RATON FL
 33486
 City, State, Zip

AIRS ID # 0990507

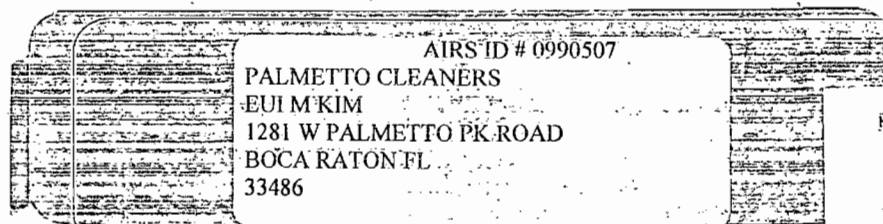
PS Form 3800, January 2001

See Reverse for Instructions

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



RETURN SERVICE REQUESTED



AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL
33486

RECEIVED
DEC 23 2001
Bureau of Air Monitoring
& Mobile Sources

PALMETTO CLEANERS 33486 FL 33486 1701 21 12/18/01
RETURN TO SENDER
PALMETTO CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32399-2400



Z 333 667 366

2000

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

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

SENDE

Fold at line over top of envelope to

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 # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

A. Received by (Please Print Clearly)

B. Date of Delivery

2-12

C. Signature

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below: No

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 (Copy from service label)

Z 333 667 366

Z 333 660 601

1999

US Postal Service
Receipt for Certified Mail

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

Fold at line over top of envelope to address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

4a. Article Number

Z 333 660 601

4b. Service Type

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

7. Date of Delivery

2/13/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Handwritten Signature]

Thank you for using Return Receipt Service.

P 174 052 126

1999

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

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

AIRS ID # 0990507

4a. Article Number

174 052 126

4b. Service Type

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

7. Date of Delivery

2/27/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Handwritten Signature]

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

Thank you for using Return Receipt Service.

P 174 052 318

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

AIRS ID # 0990507

4a. Article Number

P 174 052 318

4b. Service Type

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

7. Date of Delivery

4/6/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

Thank you for using Return Receipt Service.

Z 210 663 154

US Postal Service
Receipt for Certified Mail

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

3rd 2000

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

Z 210 663 154

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please, Print Clearly) B. Date of Delivery

EUI M KIM 4/3/00

C. Signature

X *[Signature]*

Agent

Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Z 210 662 445

US Postal Service
Receipt for Certified Mail

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

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

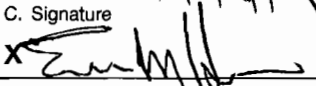
1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **EUI M KIM** B. Date of Delivery **2/26/00**

C. Signature  Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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 (Copy from service label)
Z 210 662 445

7 333 613 733

US Postal Service
Receipt for Certified Mail

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

AIRS ID# 0990507

EYK CORP
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

EYK CORP
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

AIRS ID# 0990507

4a. Article Number

7333613733

4b. Service Type

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

7. Date of Delivery

4-8

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Handwritten Signature]

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

Thank you for using Return Receipt Service.

Z 333 613 090

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0990507

EYK CORP
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990507

EYK CORP
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

4a. Article Number

Z 333613090

4b. Service Type

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

7. Date of Delivery

2-14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

E95E 27TH 9200 0090 0000

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID # 0990507
Recipient's Name	PALMETTO CLEANERS	
Street, Apt. No.,	EUI M KIM	
	1281 W PALMETTO PK ROAD	
City, State, ZIP	BOCA RATON FL 33486	
PS Form 3800, February 2000 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2-9-01

C. Signature Agent
x [Signature] Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Copy from service label)
 0900 0600 0026 4627 3563

Z 210 661 259

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990507

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PALMETTO CLEANERS
EUI M KIM
1281 W PALMETTO PK ROAD
BOCA RATON FL 33486

AIRS ID # 0990507

2. Article Number (Copy from service label)

Z 210 661 259

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *CLARA GREER* 4/4/01

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: Yes No

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR - 6 2001

RECEIVED



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

7000 0600 0026 4126 1508

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

AIRS ID # 0990507

PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

See Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990507

PALMETTO CLEANERS
 EUI M KIM
 1281 W PALMETTO PK ROAD
 BOCA RATON FL 33486

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

CLARA Gutierrez 3/5/01

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Copy from service label)
 70000600002641261508