

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

July 29, 1998

Mr. Jung B. Han Pace One Hour Dry Cleaners 3994 Highway 90 Pace, Florida 32571

Re: Facility No.: 1130167

Dear Mr. Han:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 6, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	^							
2.	Site Name (For example, plant name or number):							
2.								
	Hazardous Waste Generator Identification Number:							
3.	Hazardous Waste Generator Identification Number:							
	37 3 3							
4.	Facility Location: 3994 /twy 90							
	Street Address:							
	City: PACE County: JANM 165 A Zip Code: 5257/							
5.	Facility Identification Number (DEP Use):							
1.54								
	Responsible Official							
	Acspoils of Melai							
6.	Name and Title of Responsible Official:							
	Jung B. HAN (OWNER)							
7								
/.	Responsible Official Mailing Address: Organization/Firm:							
	Street Address: — SAME							
	City: Zip Code:							
8.	Responsible Official Telephone Number: Telephone: (850) 994 - 02 98 Fax: (850) 623 1268							
	Telephone: $(850)994 - 0298$ Fax: $(850)623 - 1268$							
	623-2060							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	SAME							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
	Zip Code.							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

JUL - 6 1998

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

1100/67
List air permits surrendered or
if there are no cin servit to surrenda
if there are no cui servit to surrenda, Markout surrender servit and mark
"Mo Clis permits."
R.O. sign and date for changes
/ /

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
m (), () ;		Initially	Device		Initially	Device	,,	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	מו	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	: 02-MAR-92	02-MAR-92
2		05 00. 70	121.01 30		00 200 7.		•		
ry-to-Dry Unit									
(1) w/ ref. condenser	1	NOV 91	NOV91]	
(2) w/ carbon adsorber				-					
(3) w/ no controls									
asher Unit		v.			•			•	_
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/no controls									
ryer Unit						•	•	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			_						
eclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber								_	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are requant gallo	equired to be ity of perchlors USIA TOTA ow many?	installed [_ proethylene (perc)	purchasęd ii nc14 / N G 15 / 34.	n the latest 12 WHICK Ygolo.	2 moi 1 W 14 5 not k	nths? AS PMO 7.2 gals TART N Leep records:	hnsoli www.us wm
,			•						
	2	i FFG	CTIVE	i	15 AGG	for 10	21	nonta	5 WA
3. What is the facility's so (Indicate with an "X".	urce	classification	based on the	e defi					
Existing small ar	ea so	urce.	Ne	w sn	nall area sou	rce []		

New large area source

DEP Form No. 62-213.900(2)

Existing large area source [____]

4. What control technology is required on (Indicate with an "X".)	machines pursuant to section (5) of Part II of this notification form?					
Existing large area source Carbon adsorber	Refrigerated condenser []					
New small area source Refrigerated condenser						
New large area source Refrigerated condenser						
	emissions units shall not be eligible to use the general permit pursuant steam and hot water generating units on-site meet the following ist 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 e No such units on-site	xempt []					
	·					
Equipment Mo	nitoring and Recordkeeping Information					
Check all logs which are required to be ke	pt on-site in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchase	s					
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature me	onitoring []					
(d) Carbon adsorber exhaust perc concentr	ration monitoring []					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

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

DEP Form No. 62-213.900(2)

BESTAVALLABLE COPY

Seconder of Existing Air Permit(s)

the legislate will an 'X" the appropriate selection:



I hereby surrer der all existing air permits authorizing operation of the receibty indicated in this notification form; specifically, permit number(s)

zir permits currently exist for the operation of the facility indicated in notification form.

RECEIVED HAR NOTICES AND AND AND THE SOURCES

Responsible Official Certification

If the undersigned, on the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I berely certify, based on information and belief formed after reasonable inquiry, that the statements medical configuration is true, accorded and complete. Further, I agree to operate and individual the sile pollutant emissions while and air pollution control equipment described above so as to comply while all terms and amalitions of this general permit as set forth in Part II of this notification form.

values of the Department of any changes to the information contained in this notification.

Juste Han

7 - 9 - 98

u Provincia de Caustinos; Bilitativo; e italia de

BEST AVAILABLE COPY

7130167

, .	
ρ16	7
List air permits surrendered or	Bu
if there are no cun services to surre	SEP & M
Markout surrender permit and ma	nobile Source
"My dis ferrits."	1998
14 cm permis.	ces
R.O. sign and date for changes	
V	
Corrected Cory-Seo page	? 257
9/92/00	76
1166198	$-\omega$
	and to take
There are two page 16.	
One is cope forgina.	
20 nis new/re tone	
	· .
	lode:
	268
	166
SAME	
0. Facility Contact Address:	
Street Address: City: County: Zip	Code:
Facility Contact Telephone Number:	
Telephone: () - Fax: ()	•

RECEIVED

JUL - 6 1998

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number): TACE ONE HOUR DAY CLEANER. 3. Hazardous Waste Generator Identification Number: 3994 /twy 90 Street Address: County: SAWM Ros A Zip Code: 3257 City: PACE 5: Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: Responsible Official Mailing Address: (OWNER) Organization/Firm: Street Address: — SAME Zip Code: City: County: 8. Responsible Official Telephone Number: Fax: (850) 623 1268 Telephone: (850) 994 - 0298 623 - 2060 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:

RECEIVED

JUL - 6 1998

Telephone:

(

)

Fax: (

)

Facility Information

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

Date

Date

Date

Date

Date

Date

		Machine Initially	Control Device		Machine Initially	Control Device		Machine Initially	Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	1	#3	 02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>		<u></u>	_					
(1) w/ ref. condenser	1	NOV91	NOV91				1		
(2) w/ carbon adsorber		10017	140 0 17				+	 	
(3) w/ no controls		 					 -		
Vasher Unit				L	<u> </u>				
(4) w/ ref. condenser		<u> </u>					T		
(5) w/ carbon adsorber						<u> </u>			
(6) w/ no controls		 						1	
Dryer Unit	<u> </u>	1							-
(7) w/ ref. condenser									
(8) w/ carbon adsorber									i Toman
(9) w/ no controls						_			
Reclaimer Unit									
(10) w/ ref. condenser							[
(11) w/carbon adsorber		1					i	•	
(12) w/ no controls	•	1					Ī		
(b) Control devices are (c) No control devices (d) What was the total of the control devices (e) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are requant galle	equired to be ity of perchlors (1516) To The own many? [12]	installed [proethylene (proe	perc)	purchased in the Honey As 134.] New store	WHICK 4galo. ::[]Did	1 ω 19 5 not k	NS PAR 1.2 gabs TART N teep records:	
	2	S FF C	CTT VG	1	15AGE	for 1	2 1	nonta	5 WA
What is the facility's so (Indicate with an "X".	urce	classification	based on the	e def					
Existing small ar	ea so	urce	Ne	w sn	nall area sou	rce [J		
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] 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 Manitoning and Decardlessing Information
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
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
L X I	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	emptly notify the Department of any changes to the information contained in this notification.						

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

P. 02/02

Best Available Copy

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

N 9-22-58 hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

2 00:5

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

ECENER WORTH SOURCES

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.

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

9-22-88

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

Page 16 of 16

Jul 9,98 8:02 Nro001 P.01 Jul 9'98 9:58 P.02/02

BEST AVAILABLE COPY

	!	Surrender of Existing	Air Permit(s)				
lease indicat	te with an "X" the appro	priate sejection:					
l 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				

this notifi statement maintain	cation. I hereby certify, is made in this notification the air pollutant emission	based on information on are true, accurate a ons units and air pollut	d in Pari II of this form, of the facility addressed and belief formed after reasonable inquiry, that nd complete. Further, I agree to operate and ion control equipment described above so as to mit as set forth in Part II of this notification for the control equipment as set forth in Part II of this notification for the control equipment as set forth in Part II of this notification for the control equipment as set for the part II of this notification for the control equipment as set for the	the			
I will pro	mptly notify the Depc	ent of any changes to	the Information contained in this notification.	.:			
Signature	aa Gloc	- Hav.	7-9-98 Date				
7							

FAX

			Date 7/	/9/1998
		Į	Number of page	es including cover sheet 2
то:	Jung B Han	[FROM:	Rick Butler
	Pace 1 Hour Dry Cleaners 3994 Hwy 90			Florida Department of Environmental Protection
	Pace, FL			2600 Blair Stone Rd.
	,, , _			MS 5510
				Tallahassee, FL 32399
Phone	850-623-2060			
Fax Phone	850-623-2166			
_			Phone	(850) 921-9586
CC:		L	Fax Phone	(850) 922-1362
page, choose to me by facs any questions Sincerely,	☐ Urgent ☐ For your and date the sheet in the Response the corresponding question for imilie at the number listed aboves, please call me @ 850-921-95	nsible Offi your facil e and by r	ity. The comp	ovided. Also at the top of the bleted sheet should be sent

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINTADISCOVERY)	RE-INSPECTION []
TIME IN: 1035	тіме оцт: 12 3	O AIRS ID#:	3D02446
TYPE OF FACILITY: DRY	1 CLEAN		
FACILITY NAME: PAC	E ONE HOUR]	RYCLEANERS	DATE: 6/30/98
FACILITY LOCATION: 3	994 Hwy 90		
\\	ace_FL 3257/	<u>(850)</u>	00// 100
RESPONSIBLE OFFICIAL:	ung B. HAN	PHONE NUMBER:	994-0298
L	ne compliance requirements evalu ule 62-213.300, Florida Administ	ated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
ب ند ر	•	ated during this inspection, the follo	owing compliance
discrepancies were noted COMPLIANCE REQU	:: IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
DID NOT SUBMIT		comply ded on Si	Le.
Form.		& submitted to	ansaecher,
DIDNOT HEEP.	rolling totals	manfair asy	plained.
DIDNOT HEEP.	ue,		/ /
		-	
·			
COMMENTS:			
<u> </u>			
The Annual Compliance Certifica		fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		oproximate)	
INSPECTION CONDUCTED B	BY: C. NORMAN	· · · · · · · · · · · · · · · · · · ·	
INSPECTOR'S SIGNATURE:	hus & M Horne	lease Print) PHONE NUMBER:_	595-836Y

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: DATE: 6/30/98 TIME IN: 1035 TIME OUT: 230 TACILITY NAME: PACE ONE HOUR DOWN CLETAN EPONE FACILITY LOCATION: 3994 HOUR 190	
AIRS ID#: DATE: 6/30/98 TIME IN: 1035 TIME OUT: 1230 FACILITY NAME: PACE ONE HOUR DOLY CLEANED	
, '	
, '	<u></u> _
, '	_
ELCHITTY LOCATION. 3996/ /tal 1/9/)	_
FACILITY LOCATION: 37747 7760 17 70	-
MACE 3257/	-
RESPONSIBLE OFFICIAL: JUNG B 14AN PHONE: 994-0298	-
CONTACT NAME: Same PHONE: 623-2060	-
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	
The state of the s	
Facility indicated on notification form that it is: (check appropriate box) No notification form Drop store/out of business/petroleum	
(check appropriate box) Drop store/out of business/petroleum A.	
(check appropriate box) \square Drop store/out of business/petroleum	
(check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
(check appropriate box) 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 Drop store/out of business/petroleum	
(check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	
(check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source 4. New large area source	
(check appropriate box) 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 both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
(check appropriate box) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
(check appropriate box) 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 both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
(check appropriate box) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
(check appropriate box) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr (constructed on or after $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr (constructed on or after $12/9/91$)	
(check appropriate box) A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $140 \le x \le 2,100$ gal/yr transfer only, $140 \le x \le 1,800$ gal/yr transfer only, $140 \le x \le 1,800$ gal/yr transfer only, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification $1 \ge 1$ 1	

up News

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/MEZ NO YO 1. Storing perchloroethylene in tightly scaled and impervious containers? ANNE NO YO 2. Examining the containers for leakage? NO YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at A'NO NO YO least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY. ON DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\square Y \square N$ DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YO

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

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DN NØ YO 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: A/NO NO YE a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days A/NO NO YE and parts installed w/in 5 days of receipt? A/NE NO YO 4. Maintained calibration data? (for applicable direct reading instruments) A/ME MO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MO YO

PART V: RECORDKEEPING REQUIREMENTS

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

AND NO YO

A/NØ NO YO

PART VI: LEAK DETECTION AND REPAIRS

_							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			YE	□N		
2.	Has the facility maintained a leak lo	g?		ΣZY	ПN		
3.	Does the responsible official check t	he following areas for leaks	s?				
	Hose connections, fittings,	_	i i	_			
	couplings, and valves	MY ON ON/A	Muck cookers		IN ≅N/A		
	Door gaskets and seating	DY ON ON/A	Stills	OY C	N □N/A		
	Filter gaskets and seating	A/NO NO YE	Exhaust dampers		A/NB NC		
	Pumps	N/A	Diverter valves	□¶ C	N 🖾 N/A		
	Solvent tanks and containers	→BY ON ON/A	Cartridge filter housings	ŊY □	IN □N/A		
	Water separators	A/MO NO YES					
4.	Which method of detection is used b	by the responsible official?					
	Visual examination (condense	d solvent on exterior surfac	es)	Ø			
Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)			<u>_</u> a			
	Use of direct-reading instrume	entation (FID/PID/calorimet	tric tubes)				
	Halogen leak detector		_				
	If using direct-reading in	strumentation, is the equi	pment:	A/NE			
	a. Capable of detection	ng perc vapor concentration	as in a range of 0-500 ppm?	DY C	אנ		
	b. Calibrated against	a standard gas prior to and	after each use				
	(PID/FID only)?			DY C	M		
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?		ИĮ		
	d. Kept in a clean an	d secure area when not in u	se?		אנ		
	e. Verified for accura	acy by use of duplicate samp	oles (calorimetric only)?		אנ		

Inspector's Name (Please Print)

Inspector's Signature

6/30/98 Date of Inspection

Approximate Date of Next Inspection

ALL SOUTH Supply, INC.

334-433-1671

Tel SONA Mobile AL ADDITIONAL SITE INFORMATION: 5/28/98 260 lb. Compile 260 lb 2/13/98 260 lb 3/27/78 19.2 galin Irum June to MAY 8 Irums. OLTAINED DIA 153.6 gal Calling NUSBUHL SUDALY INc. on 6/30/98 This encludes old machine which was replaced with another one in Sep 1997. The newest machine à using less pere. use of to Lelp fiel new mo chino 1 OCT 10 CK 1 NOV 21 1 FEB 13 98 NUTE: 1 MW 27 ald squy ment is no larger 15.13. used - Purchased a. newer used machine in 15,29-Sep 97. Perc perchases 16/24 Lecreasing. Behin Lo Lea 1.34:4 gal. Smal efistery Sep 97- June 98 Explained to Mr

1/1 N 17 Nerc randon 5 of 5 140 gal/12 montes servid 5 tatus would clarge. Ken

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pace One Hour Dry Cleaners DATES/30/98
FACILITY LOCATION: 3994 1+W-190, PACE FL 3257/
FACILITY LOCATION: 3994 1+W-190, PACE FL 3257/ PACE FL 3257/
Annual Reporting Period: 430 1977 TO 4/30/ 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not Submix notification form
Did not Submit notification form Exact period of non-compliance: from 6/30 1967 to 6/30 1988 Action(s) taken to achieve compliance: Submitted to Finspector
Action(s) taken to achieve compliance: Submitted to Fnspector
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above \$1.00 to \$
Exact period of non-compliance: from to to Action(s) taken to achieve compliance:
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: JUNG B. HAN Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1140 TIME OUT: 130	0 AIRS ID#: 1 13 0167
TYPE OF FACILITY: DC	
FACILITY NAME: Pace One House Chevers.	DATE: 3/22/99
FACILITY LOCATION: 349 4 (1-00 1 50	
VICI FL 32571	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
FAILED to be rolling to to 1s correctle	1) Contact ALL South & get
Enclod to de rolling to to Is correctle.	1998 purchase monds by mon
	@ Campled records & Keep 10111
	Demples records & Keep 10 11.
-	
COMMENTS: HAN been Keeping #s close	erun ed intered it have here bus
Mote: There have have bused an	ver 140 mas/10 11 0. 1
· classification Charges & comment	have to Measure your authorized
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspectol. YES NO
DATE OF NEXT INSPECTION: Early Florer	
(Ap	proximate)
INSPECTION CONDUCTED BY: hands Non	1000 N L
(PI	ease Print)
INSPECTOR'S SIGNATURE Machine // COM	PHONE NUMBER: 575 -856

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>A</u>	COMPLAINT/D	ISCOVERY	
AIRS ID#: 1130167 FACILITY NAME: Page	DATE: 3/22/99	TIME I	N: /////	TIME OUT: <u>/</u>	307)
FACILITY LOCATION: RESPONSIBLE OFFICIAL	Parci Fr 32 : Arma B. H	5-7/	PHONE: GG	11-679	<u></u>
CONTACT NAME:	V		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARN	1 30 days prior to startup)			
2. Facility failed to notify DAI	RM to use general permi	t			۵
PART II: CLASSIFICATIO	N				
Facility indicated on notificate (check appropriate box) A.	ion form that it is:		☐ No notificatio☐ Drop store/ou		troleum
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	/yr dr r tra bo	ansfer only, x oth types, $x < x$, x < 140 gal/yr < 200 gal/yr		
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	2,100 gal/yr dr 00 gal/yr tr gal/yr bo	ansfer only, 2 oth types, 140	area source , $140 \le x \le 2,100$ g $00 \le x \le 1,800$ gal/ $\le x \le 1,800$ gal/yr or after $12/9/91$)	-	
5. This is a correct facility of	classification \Box	., N□ YI	MCan not determ	nine	in complete
☐ faci	appropriate classification city qualified for a generality exceeds above limits	on: al permit as n	umber a	bove	
B. The total quantity of perch facility was gallons		nased within t	he preceding 12 mo	onths by this dr	y cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also: \(\Lambda' \lambda' \))		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	□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?	$\Box Y$	ИП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repai	r	
	inspection?			BY	ПN	
2.	Has the facility maintained a leak log	;?		Y	ПN	
3.	Does the responsible official check th	e following areas for leak	:s?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	. Muck cookers	OY C	אועם עכ	
	Door gaskets and seating	DY ON ON/A	Stills	ØY (ON □N/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	םא נ	DN/A	
	Pumps	OY ON ON/A	Diverter valves	ďΥ C	אום מכ	
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	: DY C	DN/A	
	Water separators	OY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surface	ces)	٦		
	Physical detection (airflow felt t	through gaskets)		Ď	·	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	itation (FID/PID/calorime	etric tubes)			
	Halogen leak detector		_			
	If using direct-reading ins	trumentation, is the equ	ipment:	DN/A		
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?		אכ	
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	d after each use		אכ	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?		אכ	
	d. Kept in a clean and	l secure area when not in t	use?		אכ	
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?		ИС	

Inspector's Signature

3/22/99

3/22/99

Date of Inspection

Early 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Was tracking to tals of primiting e instead of.

Perc. Had some percent and had had last we incomplete

Advisor him to contact all South & get his purchases

Fin 1998 by month. I showed him laggin how to

use the colon day.



AIRS ID#: 1130167

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

-						
FACILITY NAME: PAC FACILITY LOCATION: 3	el Hou	r Dry	Cleo	mers	DATE: 3	2-22-55
FACILITY LOCATION:	994 1	1WY	7	·		VED
	ace.	TC 3	250	<u>/</u> .	MAR 2	4 1999
Annual Reporting Period:	14.	1	98 TO	Marh	Sureau of Air 2& Mobile	Monitoring Source§9 9 9
Based on each term or condition of 62-213.300, Florida Administrative					<i>-</i> -	Rule INO
If NO, complete the following:					1	
#1. Term or condition of the gener				ance during the rep	orting period	stated above:
Due to lack	07 V.W	J-W Kery	<u> </u>			
Exact period of non-compliance: fi	rom			_ to		
Action(s) taken to achieve complian	nce:					
Method used to demonstrate compl	iance: I'll	Cal Con	tract of	f supply	for all	recural d
•	Pur	chase,	FIX M	1.		
#2. Term or condition of the gener	•	•	-			
Exact period of non-compliance: f	rom			to		
Action(s) taken to achieve compliant	nce:	. <u> </u>				
Method used to demonstrate compl	iance:					
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase year for transfer or combination fa	accurate and com receipts, does no	plete. Further, m	y annual cons	umption of perchlo	roethylene so	lvent, based
RESPONSIBLE OFFICIAL:	JUNG	B. Han	M	MSfor	ten	3-22-99
	Name (Plea	se Print)	//	Signature		Date

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

TIT V AIR QUALITY GENERAL PEI IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/DISCOVERY RE-INSPECTION
		AIRSID#: 1/30/67 DAY CLEANERS DATE: 6/30/98 0 7/ (850)
RESPONSIBLE OFFICIAL:	Jung B. HAN	PHONE NUMBER: 994-0298
compliance with DEP Based on the results or discrepancies were no COMPLIANCE REQ	Rule 62-213.300, Florida Adn f the compliance requirements ted: UIREMENT/PROBLE	evaluated during this inspection, the following compliance M FOLLOW-UP ACTION REQUIRED
DID NOT SUBMIT	NOTIFICATON	omply ded on site. Submitted to inspective.
DIDNOT HEEP	rolling totals	maintain asepplained.
		Burral Oct - 8 199 E Durcas Sourcas Sourcas Controlling
COMMENTS:		
The Annual Compliance Certific DATE OF NEXT INSPECTION CONDUCTED	ON: 9 m 99	(Approximate)
INSPECTOR'S SIGNATURE	00 02-11	(Please Print) PHONE NUMBER: 595-8364

Page___of__

Revised 10/96

434~1718

PERC...LOROETHYLENE DRY CLL. .NERS

COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	· <u> </u>		
· ,·	· · · · · · · · · · · · · · · · · · ·	,		
4136467	1/2/05)	1.15	17

AIRS ID#: 1130167 DATE: 6/30/98 TIME IN: 1035 TIME OUT: 230

FACILITY NAME: PACE ONE HOUR DRY CLEANED

FACILITY LOCATION: 3994 HOU 1/90

PACE 3257/

RESPONSIBLE OFFICIAL: JUNG B 1+AN PHONE: 994-0298

CONTACT NAME: Same PHONE: 623-2060

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)
A.

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

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- a 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 134-6 gallons. EFFECH VE USAGE

NOTE another 19.2 gals was finchoasita hely short

Is the responsible official of the dry cleaning facility: (check appropriate boxes) AVAR Y NO YO 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? A'NEE NO YO 3. Closing and securing machine doors except during loading/unloading? NO YE 4. Draining cartridge filters in their housing or in sealed containers for at A/NO NO least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? $\Box Y_* \Box N$ DN/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) \square Y \square N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ND YD verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□Ν	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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,	ΟV		
	if machines are equipped with a carbon adsorber?	ΩY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠИ	□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?	ΠV	□N	
	of expansion, and downsdeam from no outer met?	u,		UNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	N	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	אם צעם				
2. Maintained rolling monthly averages of perc consumption?	NE YO				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	BY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צפ				
4. Maintained calibration data? (for applicable direct reading instruments)	אומע אם אם אם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אומם אם אם אם				
6. Maintained startup/shutdown/malfunction plan?	DX DX				
7. Maintained deviation reports?	ох ой думу				
Problem corrected?	אאן או אם אם אס				
8. Maintained compliance plan, if applicable?	אומב אם צם				

P.	ART VI: LEAK DETECTION AN	D REPAIRS					
1.	Does the responsible official conduc	es the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			YBY	ΠN	1	
2.	Has the facility maintained a leak lo	g?		YØ		1	
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ΟY	ם אם	IN/A	
	Door gaskets and seating	DY ON ON/A	Stills	√ BY	ON C	IN/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ΠY	DN E	IN/A	
	Pumps	BY ON ON/A	Diverter valves	σΫ́Υ	ם אם	IN/A	
	Solvent tanks and containers	A/אם אם צו <i>ם</i>	Cartridge filter housings	Y	ם אם	IN/A	
	Water separators	A/NO NO YE					
4.	Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)				\Q .			
	Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			ם			
	Halogen leak detector		_			٠	
	If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			NNE	A		
				\Box Y	ПN		
				ΩY	ПN		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				ΠN		
	d. Kept in a clean an	d secure area when not in u	se?	ΠY	ΠN		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ΠN		

Charles Mozman	6/30/98
Inspector's Name (Please Print)	Date of Inspection
What In Tour	Dun 99.
Inspector's Signature	Approximate Date of Next Inspection

ALL SOUTH Supply INC.

334-433-1671

TILL SOLA H Mobile AL ADDITIONAL SITE INFORMATION: 5/28/98 260 lb. Compile 260 lb 2/13/98 260 lb 3/27/98 19.2 galin Irum June to MAY 8 Irums. OLTAINED by 153.6 ga Calling NUSSUHL SUDALY INc. on 6/30/98 This encludes old machine which was replaced with another one in Sep 1997. The newest machine is using less pere. use of to Lelp fiel new mochino 1 OCT 10 CK 1 NOV 21 1 FEB 13 98 NUTE: 1 mm 27 ald egging ment is no large 1515. used - Purchased a never used machine in 15.29-Sip 97. Pere perituses 16/24 Lecreasing. Believe Lo Le a 1.34.4 gal. Small efis tom Sep 97- Jime 98 Explained to Mr

1/10 pal/12 montes services 5 to lis would clarge.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pace One Hour Dry Cleaners DATES/30/9	8
FACILITY LOCATION: 3994 1+W190, PACE FL 3257/ PACE FL 3257/	_
PACE FL 32571	_
Annual Reporting Period: 430 1977 TO 6/30/ 1997	8
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
Did not Submix modification form	
Exact period of non-compliance: from 6/30 1967 to 6/30 1988	
Action(s) taken to achieve compliance: Silbmitted to Fnspector	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	: .
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	_
· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	
RESPONSIBLE OFFICIAL: TUNG B. HAN Signature Date	' \$

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

AIRS ID#: 1130167	Has	REC	Revised 10/10/96
DRY CLEANER AIR QU ANNUAL COMPLIANC	JALITY GENER CE CERTIFICATI	ON FORM (F8 1	30-
FACILITY NAME: Poce one How Dry FACILITY LOCATION: 3994 & HWY	Cleanus	& Mobination	onitoring rces
Pace FL 325			
Annual Reporting Period: 23 Mar 99	19 TO	11 Feb pp	19
Based on each term or condition of the Title V general air perm 62-213.300, Florida Administrative Code (F.A.C.), during the	•	·/	EP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been i	in continuous compliand	ee during the reporting peri	iod stated above:
Exact period of non-compliance: from	1	o	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been i	in continuous compliand	e during the reporting per	iod stated above:
Exact period of non-compliance: from	NTERED to		. <u>.</u>
Action(s) taken to achieve compliance:	B 1 1 2000		
Method used to demonstrate compliance:			
FEB 1 1 2000)		
As the responsible official, I hereby certify, based on informati made in this notification are true, accurate and complete. Fur upon rolling averages of purchase receipts, does not exceed 2, year for transfer or combination facilities.	ther, my annual consum 100 gallons per year fol	ption of perchloroethylene	e solvent, based
RESPONSIBLE OFFICIAL: JUUG B. Name (Please Print)	1-12av /	MS Signature	Date Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TITLE V AIR QUALIT INSPECTION SUM	
TYPE OF INSPECTION: ANNUAL \(\sum_{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tiliex{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texit{\texi}\tiex{\text{\texi{\texi{\texit{\text{\texi{\text{\texi}\texit{\texi{\texi{\text{\	IPLAINT/DISCOVERY TENSPECTION
TIME IN: 1250 TIME OUT: 133 TYPE OF FACILITY: DC FACILITY NAME: Pare One Hour Dr Clar FACILITY LOCATION: 3994 Hay 90	AIRS ID#: 1 (2) (5) (6) (6) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
Par FL 3257/	
RESPONSIBLE OFFICIAL: June B Han	PHONE NUMBER: 994-0298
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ENTERED	
LED I I Zoos	
- Repair water enage - Cover your Seperator	retur de vie. T wa her bucket. La helo
The Annual Compliance Certification form has been properly certification	// W 2/10
DATE OF NEXT INSPECTION: 6-12 mas	nuovimata)
INSPECTION CONDUCTED BY HARLOS NORM	proximate) M 10 ease Print)
INSPECTOR'S SIGNATURE Link Molecular	PHONE NUMBER: 595-8364
Page	_of \(\times 1222_\) Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	₽	COMPLAINT/DISCOVE	ERY 🗅
	RE-INSPECTION	Ò		
	KE-INST LC HON	J		
AIRS ID#: 1130167 DEFACILITY NAME: PACE	DATE: 2/11/00	TIME	IN: 1250 TIME OF	UT: 1330
B =	^ 1	<u> </u>		
FACILITY LOCATION:3	agy Hu	UV 90	· ·	
	(1) 30°			
II ()				
RESPONSIBLE OFFICIAL:	1. R H	0.4	PHONE: 994-08	298
RESPONSIBLE OF FICIAL .	1 9			
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	to days prior to startur	•		a
				_
2. Facility failed to notify DARM	1 to use general permi	t	•	
	ENTI	ERED		
PART II: CLASSIFICATION	1,11111			
Traditivitadicated on notification	FED 1	1 2000	☐ No notification form	
Facility indicated on notification (check appropriate box)	a form that it is.		Drop store/out of busing	ness/petroleum
A.			a brop store and a case	ress, petrores.
1. Existing small area source	/ \	. New small		
dry-to-dry only, $x < 140 \text{ gal/y}$	r d		, x < 140 gal/yr	
transfer only, x < 200 gal/yr		ransfer only, x		
both types, $x < 140 \text{ gal/yr}$		oth types, x <		
(constructed before 12/9/91)	(0	constructed on	n or after 12/9/91)	
3. Existing large area source	4	. New large a	area source	
dry-to-dry only, $140 \le x \le 2.1$			x , 140 \le x \le 2,100 gal/yr	
transfer only, $200 \le x \le 1,800$			$100 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ ga		•	$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)			or after 12/9/91)	
's		h		
5. This is a correct facility cla	ssification	DY Æ N	□Can not determine	
If no, please check the a	ppropriate classification	on:		
· •	qualified for a gener		umber 3 above	
1	-	-	igible for a general permit	
		7 47.0 70 7.0	Store to: a Source barren	
B. The total quantity of perchlore	oethylene (perc) purch	nased within t	he preceding 12 months by t	his dry cleaning
facility was 172.8 gallons.	γ		Fr 1999 > 140	. 0/
	Ferc Oums		1999 2 140	Call

1/2 NON PO Revised 9/15/97

(check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	אם אם	BN/A
2. Examining the containers for leakage?	ΩY	מאם	N/A
3. Closing and securing machine doors except during loading/unloading?	YES Y	ПИ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<u>~</u> •2) Y		IN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ם אם	A/A
PART IV: PROCESS VENT CONTROLS			
In Part II-A:		<u> </u>	
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 re (complete A below).	frigerated	conden	ser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber prior to September 22, 1993			stalled
		aandan	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	trigerated	conden	ser
,		conden	ser
(complete A and B below). A. Has the responsible official of all new sources and existing large area sources.	ces:	□N:	ser
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:		
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls?	Ses:	□N	3N/A
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated	es: Say Say	0 K 0 K	3N/A
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ses: Sey Sey Sey Sey Sey Sey Sey Se		3N/A
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Last inspection I to I may have not because I have the chack temperature of the exhaust temperature of the exhaust temperature of the chack temperature of the exhaust temperature of the	Say Say Say Say Say Say Say Say		IN/A
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Last inspection I to la machine I have not because the way of the condenser exceeded 45°F? Purchases to 2140 Gastlar now	Ses: Ses:		IN/A
(complete A and B below). A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Last inspection I to I may have not because I have the chack temperature of the exhaust temperature of the exhaust temperature of the chack temperature of the exhaust temperature of the	Say Say Say Say Say Say Say Say		IN/A

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	,		
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Do = 6 NO U - did not require lar year - Beco use perse usage 2140 gal.		אם א	00v & 14
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	X N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	\$PN/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?	ΩY	ПN	□ X ⁴ /A
	Is the perc concentration equal to or less than 100 ppm?	ΩY		EXN/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?	ΠY	ПN	A/i/K
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	∑ SKV/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	_ אם	XN/A
_				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	NO VE			
2. Maintained rolling monthly total of perc consumption?	אם צום			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ארם אם צופ <i>י</i>			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)				
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan? →□Y □N				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ŊΥ inspection? ŪΝ 2. Has the facility maintained a leak log? $\mathbf{Q}\mathbf{Y}$ DN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, A'NO NO YO A/ME NO YO couplings, and valves Muck cookers AINO NO YE Door gaskets and seating DY ON ON/A Stills DY DN DN/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY DN DN/A DY DN DN/A Pumps Diverter valves Solvent tanks and containers A/MO MO YE Cartridge filter housings DY ON ON/A OY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **₹**N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? אם צם DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Charles Norman	2/11/08
Inspector's Name (Please Print)	Date of Inspection
(In a Moma	8-12 mp
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	EINFORMATION:			
MR HAN	1 is prullin	او ۱۷ کم	mp choc	Icina NIW
TAKT	the Fra	ilety is	> 140 god	leing NIW 12-months.
		•		•
				·

Bowman, Sandy

From:

Sullivan, Ann

Sent: To:

Wednesday, June 20, 2001 1:29 PM Bowman, Sandy Stephens, Ernest L.; George, Jared Cashlist #27067

Cc: Subject:

I have moved \$50.00 on payment # 445471 from STCM/2287 to 3755/2273. This is for DDN# 94275 on deposit number 210692 dated 2-16-01. Ann

Bowman, Sandy

From:

Sullivan, Ann

Sent:

To: Cc:

Subject:

Wednesday, June 20, 2001 1:29 PM Bowman, Sandy Stephens, Ernest L.; George, Jared Cashlist #27067

I have moved \$50.00 on payment # 445471 from STCM/2287 to 3755/2273. This is for DDN# 94275 on deposit number 210692 dated 2-16-01.

Ann

AIRSID# 1130167-001

1



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

TOTAL AMOUNT DUE: \$50.00

TDUE: \$50.00

Thave paid 1/31/2001

Cheek # 6054 \$50,

Do NOT Remove Label

AIRS ID # 1130167

PACE ONE HOUR DRY CLEANERS JUNG B HAN

3994 HWY 90 WEST PACE FL 32571

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

TITLE V - General Permit

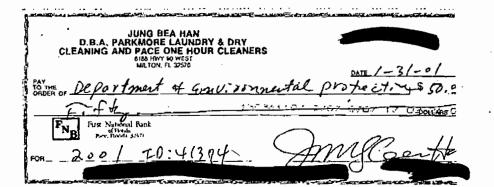
Receipts

Post Office-Box-3070

Tallahassee, FL 32315-3070

The is a Copy of cancelled Check #6054 to be applied to Pace. Ore Laur Cleaners. ID# 1130167, Me. Han prouded me this capy, but it has hat phoun up on Our Cash listing Hease apply this \$50,00 tothe ritle Vgp (Oly Code 2273) plogean, skuk egoie, Saudy Baccona bet the bound of the or

ATTENTION: Sandy Bowman



NIATZ

NIATZ

STOCODO CONTRACTOR STOCODO

FEB 16 01

HANDINGSAM HONDAS SIATE RESSERT CONCERNATION ACCE, E1000469611 TOTAL 4437. RECENTION OF ALL MOTHORS

		<u></u>	1
	Z 094 216 US Postal Service Receipt for Cert No Insurance Coverage Do not use for Internation	tified Mail Provided.	
3	PACE ONE HOUR DR UNG B HAN 1994 HWY 90 WEST PACE FL 32571	AIRS ID # 1130 Y CLEANERS	0167
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
900	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Délivery 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 # 1130167 PACE ONE HOUR DRY CLEANERS JUNG B HAN 3994 HWY 90 WEST	A. Received by (Please Print Clearly) C. Sighature X D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PACE FL 32571	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Copy from service label) 2. O94 212 764 PS Form 3811, July 1999 Domestic Re	4. Restricted Delivery? (Extra Fee) Yes

			7
	Z 333 L US Postal Service	rtified Mail \int_0^0	
	Receipt for Ce No Insurance Coverage Do not use for Internation	Provided.	
; 1	Sent to PACE ONE HOUR DR	AIRS II) # 1140 611	
3	UNG B HAN 1994 HWY 90 WEST PACE FL 32571	· CDD/HALKS	
	Corunos , Co	i	
	Special Delivery Fee		
10	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

SENDER: COMPLETE STATE OF ON STATE OF S	TE 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 # 1130167 PACE ONE HOUR DRY CLEANERS JUNG B HAN 3994 HWY 90 WEST	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
PACE FL 32571	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Artigle Narmoer (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

.

í			
	US Postal Service Receipt for Co No Insurance Coverage Do not use for Internal	B 660 51, ertified Mai ge Provided. tional Mail (See re	1999
	PACE ONE HOUR DE JUNG B HAN 3994 HWY 90 WEST PACE FL 32571	AIRS ID RY CLEANERS	# 1130167
	Certified Fee Special Delivery Fee		
0, April 1995	Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address		
PS Form 3800 , April 1995	TOTAL Postage & Fees Postmark or Date	\$	

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4e, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mallpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address d Delivery
AIRS ID # 1130167 PACE ONE HOUR DRY CLEANERS TING B HAN SA4 HWY 90 WEST CE FL 32571	4a. Article No. 2 3 4b. Service 1 Registere 1 Express I Return Rec 7. Date of Dec	umber 3 660 Type ed Mail peipt for Merchandise	5 ⊃
5. Received By: (Print Name) + mma HAV 6. Signature: (Addressee or Agent) X mma Han	8. Addressee and fee is	's Address (Only i paid)	if requested

Parkers Chares 90%.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov.	
7247	OFFICIALLUS	
ω.	Postage \$	\sim \sim
297	Certified Fee	← ∖ \
	Return Receipt Fee (Endorsement Required)	
000	Restricted Delivery Fee (Endorsement Required)	
	AIRS ID#1130167	
	PACE ONE HOUR DRY CLEANERS	
0320	IS TING R HAN	
	3994 HWY 90 WEST	
7007	or PACE FL	
00	−ë 32571	erse for Instructions
	PS Form 3800, January 2001	
1	PS FOIL 30001	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: PACE ONE HOUR DRY CLEANERS JUNG B HAN	A. Signature X	
3994 HWY 90 WEST PACE FL 32571	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7001 0320 (Transfer from service label)	0001 7975 7247	
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-103	

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 FLOIR ONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLARASSEE, FLORIDA 32399-2400

TO SOURCES

OF THE MONITORING & MOBILE SOURCES

NO OF THE MONITORING & MOBILE SOURCES

OF THE MODILE SOURCES

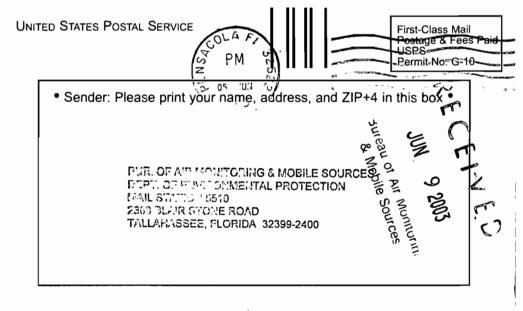
OF THE MODILE SOURCES

OF THE MONITORING & MOBILE SOURCES

OF THE MODILE S

72	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	والتدم
197	Article Sent To:	
	<i>X</i>)	
53	Postage \$	
Ļ	Certified Fee	
0000	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
400	Total Postage	-
Ή	Name (Please Pi JUNG B HAN	1
<u>_</u>	Street, Apt. No.; PACE ONE HOUR DRY CLEANERS	-
709	3994 HWY 90 WEST City, State, ZIP+ PACE FL 32571	
	PS Form 3800, July 1999	ilionis,

ವ<u>E</u>NDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1 Article Addressed to: □ No If YES, enter delivery address below: 10 AIRS ID # 1130167001AG JUNG B HAN PACE ONE HOUR DRY CLEANERS 3994 HWY 90 WEST 3. Service Type PACE FL 32571 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 70993400000014531972 4. Restricted Delivery? (Extra Fee) ☐ Yes 2 Article Number (Transfer from service label)



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 882 'n \$ Postage 43,23 Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) 0026 Restricted Delivery Fee (Endorsement Required) AIRS ID # 1130167 AIRS ID # JUNG B HAN 3994 HWY 90 WEST PACE FL 32571 See Reverse for Instructions

11/2 0			
PLACE STICKER AT 10P OF THE STANDER SOLD THE RESERVENCE AND THE RESERVENCE TO THE STANDER SOLD THE STANDER S	PLETE 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. AIRS ID # 1130167 PACE ONE HOUR DRY CLEANERS	A. Received by (Please Print Clearly) C. Signature X Agent D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
JUNG B HAN 3994 HWY 90 WEST			
PACE FL 32571	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 2000 6600 0026 4/25	8829		
PS Form 3811 July 1999 Domestic Re	eturn Receipt 102505-09.M-1789		

UNITED STATES POSTAL SERVICE

r

> . >_{M1}

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

AND BLAIR STONE ROAD TELAHASSEE, FLORIDA 32399-2400

MAR - 7 2001

Bureau of Air Monitoring
& Mobile Sources

Lallanda (Hallanda Hallanda Hannadd

RECEIVED

ETURN ADDRESS.	OU TA BANDIRS BOAJA EFINERA 8 AO THEIR HIT OT 10 TA DIOA
■ 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 # 1130167 PACE ONE HOUR DRY CLEANERS JUNG B HAN 3994 HWY 90 WEST PACE FL 32571	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 - 0 C. Signature X
2. Article Number (Copy from service label) 700000000000000000000000000000000000	4127 3365 urn Receipt 102595-99-M-1789

Postage \$ Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Recipie PACE ONE HOUR DRY CLEANERS JUNG B HAN Street, F 3994 HWY 90 WEST PACE FL 32571 City, Sta		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total I AIRS ID # 1130167 Recipie. PACE ONE HOUR DRY CLEANERS JUNG B HAN Street, / 3994 HWY 90 WEST PACE FL 32571 PACE FL 32571	3365	of the last the last the	a description of the same		
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total f AIRS ID # 1130167 Recipie. PACE ONE HOUR DRY CLEANERS JUNG B HAN Street, / 3994 HWY 90 WEST PACE FL 32571 PACE FL 32571	751	_	\$		
Total f AIRS ID # 1130167 Recipie. PACE ONE HOUR DRY CLEANERS JUNG B HAN Street, / 3994 HWY 90 WEST PACE FL 32571 City, Sta	920	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		· - - ·	
	00 00 00	Recipie: PACE ONE JUNG B HA Street, / 3994 HWY PACE FL 3	HOUR DRY CLEANE N 90 WEST	ID # 1130167 RS -	



422876 FEB12 2003

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID#1130167

PACE ONE HOUR DRY CLEANERS JUNG B HAN 3994 HWY 90 WEST

PACE FL

32571

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



035.9991

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

TOTAL AMOUNT DUE: \$50.00m Sureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 1130167

PACE ONE HOUR DRY CLEANERS JUNG B HAN

3994 HWY 90 WEST PACE FL 32571

66 6- AAM

MOOR JIAN RECEIVED

FOR COVERNMENT USE ONLY

Org.: 37650101000 EO: B1 Fund: 29-2-035001

Obj.: 002273



4**12807 JAN** 92002₁

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1130167
PACE ONE HOUR DRY CLEANERS
JUNG B HAN
3994 HWY 90 WEST
PACE FL
32571

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392600

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1130167

PACE ONE HOUR DRY CLEANERS

JUNG B HAN

3994 HWY 90 WEST

PACE FL 32571

FOR GOVERNMENT USE LY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

469289 FEB15207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1130167
PACE ONE HOUR DRY
CLEANERS
3994 Hwy 90 West
PACE, FLORIDA 32571

FLAIR ACCT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

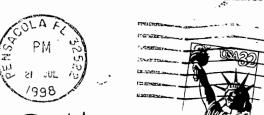
OBJECT: 002273

Printed on recycled paper.

PENSACOLA FL 325

OB FEB 2007 PM 1 L

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 J. B. HOW)
3994 HW 49°
pace R. 32571
pace 1 Hr Dry Clemes



Rick Butler
Florida Dep.
Sonvinon meantel protection
2600 Blair Stone Rd,
MS 5510
Tallahassee, Pr. 32399