

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 27, 1996

Mr. Ui Duck Lee Wymore Cleaners 250 S. Wymore Road Altamonte Springs, Florida 32714

Re: Facility I.D. No. 1170070

Dear Mr. Lee:

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

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

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

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, 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. Louis Nichols, Central 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): |
|------|---|
| | Ui Duck Lee |
| 2. | Site Name (For example, plant name or number): |
| | Wymore Cleaners |
| | vy more creavers |
| 3. | Hazardous Waste Generator Identification Number: |
| | FLD 134060 359 |
| 4. | Facility Location: Street Address: 250 S. Wymore Rd. |
| | City: Altamonte Springs County: SemiNole Zip Code: 32714 |
| 1.73 | Facility Identification Number (DEP Use): |
| | ····································· |
| | Responsible Official |
| 6. | Name and Title of Responsible Official: |
| | Ui Duck Lee Owner |
| | |
| 7. | Organization/Firm: 200 S Wymore Pd |
| | Street Address: 2000, Wymore Kar. City: Attamonte Springs County: SemiNole Zip Code: 32714 |
| 8. | |
| 0. | Telephone: $(407)862 - 9611$ 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: |
| 11. | Telephone: () - Fax: () - |
| | receptione. () - |
| | |

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Bureau of Air Monitoring & Mobile Sources

#1170070

| | Wymore Cleaners |
|--------|--|
| · | Spoke with Manager Sun Hwang) who helped with |
| | the form |
| P.14 | 1.(a) add date control device installed, if any |
| P.15 | 5/C) not required, mark out |
| P.16 - | -add "X" to "No air permits currently exist" |
| | currency oxisi |
| | |
| | |
| | |
| | |

Facility Information

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

| | | Date | Date | | Date | Date | | Date | Date |
|--|-------------------|---|---|---------|----------------|-----------|-------|-----------|-----------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | 7 | 08-DEC-91 | | | | | | | |
| (2) w/ carbon adsorber | | | | | | _ | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | _ | | | 1 |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | • | • | • | | | | • |
| (7) w/ ref. condenser | | | | | | | | 1 | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | • | | | • | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | , | , |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr | are ruluant gallo | equired to be ity of perchlo ons ow many? [_ | installed [_ proethylene (] months | X_perc) | purchased in | | | | |
| 3. What is the facility's so (Indicate with an "X". | Selec | t one classifi | cation only.) | | | · | B) of | Part II? | |
| Existing small ar | ea so | urce [X] | Ne | w sm | nall area sour | ce [] | | | |
| Existing large are | ea soi | urce [] | Ne | w lar | ge area sour | ce [] | , | | |

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| What control technology is required on machine (Indicate with an "X".) | s 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 [] | |
| | |
| | |
| | s units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following e: |
| |) have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Fauinment Monitoring | and Recordkeeping Information |
| | e in accordance with the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | [X] |
| (b) Leak detection inspection and repair | [X] |
| © Refrigerated condenser temperature monitoring | [X] |
| (d) Carbon adsorber exhaust perc concentration mo | onitoring [] |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |
| | |

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

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Signature

#1170070

| . Wymore Cleaners | 00 |
|--|-----------|
| -spoke with Manager (Sun Hwang) who helped with the form | · |
| 3. H p 14 1 (a) add date control device installed, if any 4. F p 15 5 (c) not required, mark out "X" and initial | - |
| p./le -add "X" to "No air permits currently exist" | 32714 |
| 6. N | |
| 7. R 0 S C Corrections made 11/18/96 8. R | ie: 32714 |
| 9. Name and Title of Facility Contact (For example, plant manager): | |
| 10. Carilla Canan Addun | |
| 10. Facility Contact Address: Street Address: City: County: Zip Code. | : |
| 11. Facility Contact Telephone Number: Telephone: () - Fax: () - | |

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|---|
| | Ui Duck Lee |
| 2. | Site Name (For example, plant name or number): |
| | Wymore Cleaners |
| 3. | Hazardous Waste Generator Identification Number: |
| | FLD 134060 359 |
| 4. | Facility Location: Street Address: 250 S. Wymore Rd. City: Sin Code: 2.2011/ |
| | City: Altamonte Springs County: SemiNule Zip Code: 32714 |
| 35. | Facility Identification Number (DEP/Use): |
| | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| | Responsible Official |
| 6. | Name and Title of Responsible Official: |
| | Ui Duck Lee Owner |
| 7. | |
| | Organization/Firm: Street Address: 250 S. Wymore Rd. |
| | City: Altamonte Springs County: SemiNole Zip Code: 327/4 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (407) 862 - 96 11 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: () - |
| _ | |

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Bureau of Air Monitoring & Mebile Sources

Facility Information

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

| | | Date Machine | Date Control | | Date Machine | Date Control | | Date Machine | Date Control |
|--|--------|-----------------|-----------------|-------|-----------------|-----------------|-------|-----------------|-----------------|
| ` | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | 1 | #3 | 02-MAR-92 | 02-MAR-9. |
| Dry-to-Dry Unit | | | U. L. 18 | 2-NOV | 1.96 | | | | |
| (1) w/ ref. condenser | | 08-056-91 | | | | | | | |
| (2) w/ carbon adsorber | | 7. | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | I | ı | | I | · | | <u>,l</u> | |
| (4) w/ ref. condenser | | T | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | 1 | |
| (6) w/ no controls | | | | | | | | <u> </u> | |
| Dryer Unit | | • | | • | | 1 | | | |
| (7) w/ ref. condenser | | 1 | | | | | | | |
| (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 (c) No control devices 2.(a) What was the total of [70] | are re | equired to be | installed [_ | X | | n the latest 12 | ? mor | nths? | |
| (b) If less than 12 mont Check why it is less | | | | | _] New store | : [] Did | not k | eep records: | |
| 3. What is the facility's so (Indicate with an "X". | | | | | nitions found | d in section (1 | 3) of | Part II? | |
| Existing small ar | ea so | urce [X] | Ne | w sn | nall area sour | -ce [|] | | |
| Existing large are | a sou | arce [] | Ne | w lai | ge area sour | ce [| J | | |

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| What control technology is required on machines pursuant to section (5 (Indicate with an "X".) |) of Part II of this notification form? |
|---|---|
| Existing large area source Carbon adsorber [] Refrigerated conden | ser [] |
| New small area source Refrigerated condenser [] | |
| New large area source Refrigerated condenser [] | |
| | |
| | |
| 5. A facility which contains non-exempt emissions units shall not be eligito Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site: | |
| All steam and hot water generating units on-site (1) have a total heat inpuboiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent sul | periods of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring and Recordkeeping I | nformation |
| Check all logs which are required to be kept on-site in accordance with the | e requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | LX _X |
| (b) Leak detection inspection and repair | 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| (c) Refrigerated condenser temperature monitoring | E E |
| (d) Carbon adsorber exhaust perc concentration monitoring | |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | [X] |

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

Surrender of Existing Air Permit(s)

| | . Suffered of Existing At | 1 |
|--|--|---|
| Please indicate | e with an "X" the appropriate selection: | • |
| | I hereby surrender all existing air permits author facility indicated in this notification form; speci | |
| () W | No air permits currently exist for the operation this notification form. | of the facility indicated in |
| | Responsible Official Ce | rtification |
| this notific statements maintain i | ersigned, am the responsible official, as defined in cation. I hereby certify, based on information and is made in this notification are true, accurate and the air pollutant emissions units and air pollution tith all terms and conditions of this general permit | d belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to |
| I will pro | mptly notify the Department of any changes to the | information contained in this notification. |
| Signature | e Tri Dust | Date 27. 1996 |
| 7 | 20 ci Quel | 18-XOV 96 |

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | Ø COMP | LAINT/DISCOVERY | |
|---|--|---|--------------------------------------|-------------|
| AIRS ID#: <u>//70070</u> D FACILITY NAME: <u>Wymo</u> | RE CLEANER | | O TIME OUT: | 4:45 |
| FACILITY LOCATION: 25 | O S. WYMORE | c Ro | | |
| AL | TAMONTA SPRI | NBS FZ, 32-714 | <i>f</i> | |
| PART I: NOTIFICATION | | <u> </u> | | |
| (check appropriate box) | | | | |
| 1. Existing facility notified DARI | M by 9/1/96 | | | × |
| 2. New facility notified DARM 30 | 0 days prior to startur |) | | ´ |
| 3. Facility failed to notify DARM | to use general permi | t | | |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification (check appropriate box) | form that it is: | | | |
| 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) | di tr bo | New small area sour y-to-dry only, x<140 ga ansfer only, x<200 gal/y oth types, x<140 gal/yr onstructed on or after 1 | al/yr yr | |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr di l/yr tr r bo</td><td>New large area sourcy-to-dry only, 140<x<2 140<x<1,800="" 1<="" 200<x<1,8="" after="" ansfer="" on="" only,="" onstructed="" or="" oth="" td="" types,=""><td>., 100 gal/ут 00 gal/ут gal/ут</td><td></td></x<2></td></x<2,> | gal/yr di l/yr tr r bo | New large area sourcy-to-dry only, 140 <x<2 140<x<1,800="" 1<="" 200<x<1,8="" after="" ansfer="" on="" only,="" onstructed="" or="" oth="" td="" types,=""><td>., 100 gal/ут 00 gal/ут gal/ут</td><td></td></x<2> | ., 100 gal/ут 00 gal/ут gal/ут | |
| This is a correct facility classification | ition | Y ON | | |
| If no, please check the appropriat | e classification: | | | |
| II | l for a general permit above limits and is no | as number ab ot eligible for a general | ove permit | |
| B. The total quantity of perchloro facility was 70 gallons. | pethylene (perc) purcl | nased within the preced | ing 12 months by this d | ry cleaning |

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

PART III: GENERAL CONTROL REQUIREMENTS

| B. Has the responsible official of an existing large or new large area source also: | |
|--|--|
| Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | located |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | QY QN |
| Is the temperature differential equal to or greater than 20° F? | QY QN |
| 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? | □Y □N |
| 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? | ı, OY ON |
| 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? | OY ON ON/A |
| | |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| Has the responsible official: (check appropriate boxes) | |
| Has the responsible official: | XÍY □N |
| Has the responsible official: (check appropriate boxes) | NO NO |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | ХÎY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | Y ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | MY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | MY ON MYNA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | A A □N |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) | OY ON TANA TAY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN MYNA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | ************************************** |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? | Х А ОИ ОА ОИ ОА ОИ Х АЙА |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? | ************************************** |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? | ************************************** |

| 2. | Which method of detection is used by | the respor | sible officia | 1? | | | |
|--|---|---|---------------|-----------------------------|-----------------|-----|--|
| | Visual examination (condensed solvent on exterior surfaces) | | | | × | | |
| | Physical detection (airflow felt through gaskets) | | | | ዾ` | | |
| | Odor (noticeable perc odor) | | | | Y X | | |
| | Use of direct-reading instrument | strumentation (FID/PID/calorimetric tubes) | | | | | |
| | If using direct-reading instrum | rect-reading instrumentation, is the equipment: | | | | | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | ΩΝ | |
| | b. Calibrated against a (PID/FID only)? | standard į | gas prior to | and after each use | □y Δ (n) | | |
| | c. Inspected for leaks a | nd obviou | s signs of w | ear on a weekly basis? | XX ON | | |
| d. Kept in a clean and secure area when not in use? | | | | | ØY □N | | |
| | e. Verified for accuracy | by use of | duplicate s | amples (calorimetric only)? | $\Box Y$ | □и | |
| 3. | Has the facility maintained a leak log? | | | | $\Box Y$ | ⊔א□ | |
| 4. | 4. Does the responsible official check the following areas for leaks? | | | | | | |
| | Hose connections, fittings, couplings, and valves | X | □N | Muck cookers | Y | □и | |
| | Door gaskets and seating | YY | ПN | Stills | YY | □и | |
| | Filter gaskets and seating | Y | □N | Exhaust dampers | ΠY | □N | |
| | Pumps | Y | □N | Diverter valves | Y | □и | |
| | Solvent tanks and containers | YY | □N | Cartridge filter housings | YY | ח□ | |
| | Water separators | XΥ | □N | | | | |

Name of Responsible Official

Inspector's Signature

Approximate Date of Next Inspection

UI DUCK LEE

Manager

WYMORE CLEANERS

250 S. Wymore Rd. Altamonte Springs Fla. 32714

(305) 862-9611

| ADDITIONAL SITE INFORMATION: |
|------------------------------|
| |
| |

ECONOMATIC 4T CWI Luthwice INSTACL COMAINMENT PAN 11/30/96 \$1702

du

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | N 0 | COMPLAINT/DISCOVER | Y 🗅 | | |
|---|----------------------|---|---|---------------------------|--|--|
| AIRS ID#: 1170070 D | • | | | т: <u>१ ′, 5</u> д | | |
| FACILITY NAME: WY | | | | ` | | |
| facility location: 2 | | | | | | |
| Air | amonto | Spgs, | 16 32714 | | | |
| RESPONSIBLE OFFICIAL: | real thro | ang | PHONE: 467-8 | 62-9611 | | |
| <u>'</u> | | \mathcal{O} | | | | |
| | | | | | | |
| PART I: NOTIFICATION | | <u> </u> | | | | |
| (check appropriate box) 1. New facility notified DARM 30 |) days prior to star | מיל | | | | |
| New facility floating DARWI St. Facility failed to notify DARMI | - | | | | | |
| 2. I don't fund to notify D'I'd in | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification (check appropriate box) | form that it is: | · | ☐ No notification form☐ Drop store/out of busines | ss/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/yτ (constructed before 12/9/91) | 2 \ | 2. New small a dry-to-dry only transfer only, x both types, x < (constructed on | x < 140 gal/yr < 200 gal/yr | | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$) | 00 gal/ут gal/ут | transfer only, 2 both types, 140 | rrea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) | | | |
| 5. This is a correct facility class | sification | MAY ON | □Can not determine | | | |
| | qualified for a ger | ieral permit as n | umber above gible for a general permit | | | |
| B. The total quantity of perchloro facility was 70 gallons. | oethylene (perc) pu | rchased within t | he preceding 12 months by th | is dry cleaning | | |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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). Curbon 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) | • |

| l. | Equipped all machines with the appropriate vent controls? | ÀX □N |
|----|--|------------|
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | YY ON ON/A |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door 3rd Gen machine | DY X DN/A |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | MA ON |

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

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

Shorgh Soust ceris

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

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|---|----------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | XY ON | | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | DY DN | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AY 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? | AVO NO \$\$ | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON 🔯 VA | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | A DY DN DYA | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | Жа ои | | | | | |
| 7. Maintained deviation reports? | MY ON ON/A | | | | | |
| Problem corrected? | OY ON DAVIA | | | | | |
| 8. Maintained compliance plan, if applicable? | . אואם אם אואם | | | | | |

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON ON/A couplings, and valves AVAC NO YO Stills Door gaskets and seating DY ON ON/A DY DN DN/A DY ON ONA Exhaust dampers Filter gaskets and seating DY DN DN/A Diverter valves DY ON ONA Pumps Cartridge filter housings DY DN DN/A DY ON ONA Solvent tanks and containers DY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A 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? 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)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

12/148

Approximate Date of Next Inspection

9conomatic 45 - (1991)

MCF > HAZardousq waste Removal

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | annual 📉 | COMPLA | UNT/DISCOVERY | RE-IN | SPECTION |
|---|---|--------------|--|-------------------------|--------------|
| TIME IN: 1:20 | TIME OUT:/ | :50 | AIRS II |)#: 11700 | 70 |
| TYPE OF FACILITY: 1 | RYCleaning. | | | · | |
| FACILITY NAME: WYM | DRE CLEANT | ERS | ······································ | DATE:_ | 12/4/97 |
| FACILITY LOCATION: 2 | 00 5 Wy | mo | e Kd. | 20- | |
| A1 | tamonte 3 | DAIN | ~ | 32714 | |
| RESPONSIBLE OFFICIAL: | | | PHONE NU | MBER: (407)86 | 2-9611 |
| | the compliance requirement tule 62-213.300, Florida Ad | | | n, the facility is four | nd to be in |
| Based on the results of t discrepancies were note | he compliance requirements d: | s evaluated | during this inspection | n, the following con | ıpliance |
| COMPLIANCE REQU | JIREMENT/PROBLE | M | FOLLOW-UP | ACTION REC | UIRED |
| | | | | | |
| | | | | | |
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| COMMENTS: | • | | ···· | | |
| Good leco | nd Keepin | j. | | · | |
| | | | | | |
| The Annual Compliance Certifi | cation form has been proper | ly certified | and submitted to the | inspector. YE | SON D |
| DATE OF NEXT INSPECTIO | IN: Dec- | 1998 | | · | |
| | Snar | (Appro | ximate) | 25/21 | |
| INSPECTION CONDUCTED | BY: | (Pleas | Print) | 2011 | |
| INSPECTOR'S SIGNATURE | | · | PHONE N | UMBER: 40 7 | 1-894-75 |
| | 7 | age of | . —· — · | Es. | Revised 10/9 |

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | Wy | more | clean | ers | D. | ATE: 10-4-97 |
|---|---|-------------------|----------------|---------------|-------------------|----------------------|
| FACILITY LOCATION: _ | 250 | S. Wy | more | Rd. | | ATE: 10-4-97 |
| AHamonte | | | | 32714 | | |
| Annual Reporting Period: | Dec | | 19 <i>_96</i> | то |)ec | 19 <u>97</u> |
| Based on each term or condit 62-213.300, Florida Adminis | _ | _ | - | • | | th DEP Rule |
| If NO, complete the following | g: | | | | | |
| #1. Term or condition of the | general permit tha | t has not been in | continuous co | ompliance dur | ing the reporting | period stated above: |
| Exact period of non-complian | nce: from | _ | | to | | |
| Action(s) taken to achieve co | mpliance: | | | | | |
| Method used to demonstrate | compliance: | | | | | |
| #2. Term or condition of the | general permit tha | t has not been in | continuous co | ompliance dur | ing the reporting | period stated above: |
| Exact period of non-complian | nce: from | | | 'to | RECE | IVED |
| Action(s) taken to achieve co | mpliance: | | | | JAN | 6 1998 |
| Method used to demonstrate | compliance: | · | • | | Bureau of A | ir Monitoring |
| As the responsible official, I made in this notification are upon purchase receipts, does combination facilities. RESPONSIBLE OFFICIAL | true, accurate and s not exceed 2,100 g | complete. Furthe | er, my annuai | consumption | of perchloroethy | vlene solvent, based |
| / / / / / / / / / / / / / / / / / / / | | Please Print) | $\overline{/}$ | Sig | nature | Date |
| | SUK | HWANG | | | | |

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^{*}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.

WRONG R.O.

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 1170070 UI DUCK LEE UI DUCK LEE 250 S WYMORE ROAD **ALTAMONTE SPRINGS FL 32714** Do NOT Remove Label S.H Dec Annual Reporting Period: 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. \(\times\) YES **□**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: SUN HWANG Name (Please Print)

*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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 1170070 UI DUCK LEE UI DUCK LEE 250 S WYMORE ROAD **ALTAMONTE SPRINGS FL 32714** Do NOT Remove Label nec Annual Reporting Period: 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. \(\simeg \text{YES}\) **□**NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: SUN HWANG 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.

somindle

1170070

PERCHLOROETHYLENE DRY CLEANERSATE 6-30-99

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BY Re

TYPE OF INSPECTION:

150

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

| AIRS ID#: 1170070 DATE: 5/21/99 TIME IN: 12:08 TIME OUT: 12:34 |
|--|
| FACILITY NAME: Wymore Chaners |
| FACILITY LOCATION: Wymare |
| FACILITY LOCATION: Wymare Rd, Altamonte, FL 32714 |
| RESPONSIBLE OFFICIAL:PHONE: |
| CONTACT NAME:PHONE: |
| |

| PART I: NOTIFICATION | |
|---|---|
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to startup | Q |
| 2. Facility failed to notify DARM to use general permit | ٥ |

| PART II: CLASSIFICATION | | |
|---|---|---|
| Facility indicated on notification form that it is: (check appropriate box) 1989 | ☐ No notification form ☐ Drop store/out of business/petroleu | m |
| 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/vr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) | |

4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2.100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ 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) (constructed on or after 12/9/91)

 $\Box Y$ И□ 5. This is a correct facility classification □Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _

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 70-8 Qgallons.

Bureau of Air Monitoring & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CY ON ON/A

| PART IV: PROCESS VENT CONTROLS | | |
|--|------------------|--|
| In Part'II-A: | | |
| | / | |
| Classification 1 has been checked, no controls are required. Proceed to Part V. | | |
| If classification 2 has been checked, the machine should be equipped with a refrige (complete A below). | erated condenser | |
| If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993 | | |
| If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). | | |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) | | |
| 1. Equipped all machines with the appropriate vent controls? | OY ON | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | OY ON ON/A | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | QY QN QN/A | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | OY ON | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | QY QN QN/A | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | DA ON | |

| ∦₿. | 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? | /2Y | \ □X | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ПN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠV | ΩX | □N/A |
| | Is the perc concentration equal to or less than 180 ppm? | | | □N/A |
| 4 . | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | | | |
| | or expansion; and downstream from no other inlet? | ΩY | ПИ | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | ПN | □N/A |
| 6. | Routed airilow to the carbon adsorber (if used) at all times? | QY | -QN | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|-------------|
| Has the responsible official: (check appropriate boxes) | , |
| 1. Maintained receipts for perc purchased? | DN DN |
| 2. Maintained rolling monthly total of perc consumption? | ON ON |
| 3. Maintained leak detection inspection and repair reports for the following: | , |
| a. documentation of leaks repaired w/in 24 hrs? or, | AND ND YE |
| 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 ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN SONIA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | אוא שם אם |
| 6. Maintained startup/shutdown/malfunction plan? | A DN |
| 7. Maintained deviation reports? | DY ON ANIA |
| Problem corrected? | DY DY TONIA |
| 8. Maintained compliance plan, if applicable? | DY DU THA |

PART VI: LEAK DETECTION AND REPAIRS

| 1. Doc | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | |
|--|--|-----------------------------|-----------------------------|---------------|
| | ection? | | 2 weeks | OF ON |
| 2. Has | the facility maintained a leak lo | g? | | WY ON |
| 3. D∞ | s the responsible official check t | he following areas for leak | s? | , |
| | Hose connections, fittings, couplings, and valves | Y QN QN/A | Muck cookers 2 | BY ON ON/A |
| | Door gaskets and seating | QY DN CN/A | Sulls | 'OY ON ON/A |
| | Filter gaskets and seating | OF ON ONIA | Exhaust dampers | ON ON ON/A |
| | Pumps | מואם מים דים | Diverter valves | IZY ON ON/A |
| | Solvent tanks and containers | אומם מם אם | Cartridge filter housin | gs OY ON ON/A |
| | Water separators | AND NO KO | | , |
| 4. Wh | ich method of detection is used b | y 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: | | | SA A | |
| | a. Capable of detection | ig perc vapor concentration | is in a range of 0-500 ppm? | DY M N/A |
| | b. Califorated against a standard gas prior to and after each use (PID/FID only)? | | | |
| | c. Inspected for leaks | and obvious signs of wear | on a weekly basis? | L dx px h(U |
| | d. Kept in a clean and | d secure area when not in t | 15 e ? | AY UN PA |
| | e. Verified for accura | cy by use of duplicate samp | ples (calorimetric only)? | DY DN PIR |
| | | | | |

Inspector's Name (Please Print)

Linguistic Signature

Approximate Date of Next Inspection

- 1) Does have the waste manifest
- 2) Records sufficient in regard to Air Regulations
- 3) Has pan present
- 4) Needs to expoxy floor in vicinity of dry cleaners and spot board.
- 5) Needs pan under waste containers
- 6) MCF is waster fransporter 7) Kept records (Halogen detector)

PERCHLOROETHYLENE DRY CLEANERS

🤄 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS UPDATED 4-26-00

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

X

COMPLAINT/DISCO

AIRS ID#: 1170070 DATE: 4-26-00 TIME IN: 11:30 TIME OUT FACILITY NAME: Wymall Cleaners FACILITY LOCATION: 250 RESPONSIBLE OFFICIAL: Sun Hwang PHONE: CONTACT NAME: PHONE:

| | <u> </u> |
|---|----------|
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| New facility notified DARM 30 days prior to startup | |
| 2. Facility failed to notify DARM to use general permit | ٥ |
| | <u> </u> |

PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) $\square N$ □Can not determine 5. This is a correct facility classification 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 70 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? □N □N/A □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? NO YO 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F?

DY DN

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

| 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 loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ated DY UN |
| 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? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ONA |
| | ar an ana |
| 5. Equipped fransfer 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? | OY ON ON/A |

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON ONA couplings, and valves Door gaskets and seating DY ON ON/A Stills TY ON ON/A DY ON ON/A ФY ON ON/A Filter gaskets and seating Exhaust dampers AVAD AD YD Pumps. Diverter valves DY ON ON/A OY ON ON/A Solvent tanks and containers Cartridge filter housings AVAC NC YO A'NO NO YO Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: 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? 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)? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATION: | |
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AIRS ID#: 1170070

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Wymore Cleanis | DATE: 4-26-00 |
|---|---------------------------------|
| FACILITY LOCATION: 353 250 5 Wymare Rd, | |
| Altamonte Springs FL 32714 | |
| 1499 | |
| Annual Reporting Period: April 28 TO | 20_60 |
| Based on each term or condition of the Title V general air permit, my facility has remained in complian | ce with DEP Rule |
| 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. | res 🗖no |
| If NO, complete the following: | |
| #1. Term or condition of the general permit that has not been in continuous compliance during the repo | orting period stated above: |
| | |
| Exact period of non-compliance: fromtoto | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | · |
| #2. Term or condition of the general permit that has not been in continuous compliance during the repo | orting period stated above: |
| | |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | Au |
| | |
| As the responsible official, I hereby certify, based on information and belief formed after reasonable inc | quiry, that the statements made |
| in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per y | ene solvent, based upon |
| combination facilities. | |
| RESPONSIBLE OFFICIAL: SUN HWANG | <u> 4-26-00</u> |
| 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

| TIME IN: 1180 TIME OUT: 12',00 AIRS ID#: 1170070 TYPE OF FACILITY: Dry (lean FACILITY NAME: Wymate Cleaners DATE: 4-26-00 FACILITY LOCATION: 250 S. Wymate Rd. Altamante Springs, Ft- 32.714 RESPONSIBLE OFFICIAL: Sun IT wans PHONE NUMBER: 407-862-811 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 | | | |
|--|--|--|--|
| FACILITY NAME: Wymare Cleaners FACILITY LOCATION: 250 S, Wymare Rd. AltamanteSprings, FL 32714 RESPONSIBLE OFFICIAL: Sun II wang PHONE NUMBER: 407-862-411 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: | | | |
| FACILITY LOCATION: 750 S, Wymare Rd. Altamonte Spring S, FL 32714 RESPONSIBLE OFFICIAL: Sun II wang PHONE NUMBER: 407-862-4611 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: | | | |
| RESPONSIBLE OFFICIAL: Sun II wang PHONE NUMBER: 407-862-8611 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: | | | |
| 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: | | | |
| 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 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: | | | |
| Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: | | | |
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| COMMENTS: | | | |
| Top Com diagram | | | |
| In Compliance | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. | | | |
| DATE OF NEXT INSPECTION: 4-200 (Approximate) | | | |
| INSPECTION CONDUCTED BY: Kandall Conningham | | | |
| INSPECTOR'S SIGNATURE: WILL PHONE NUMBER: 407-893-3333 | | | |
| Page of . Revised 10/96 | | | |



Department of Environmental Protection

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

David B. Struhs Secretary

July 13, 2001

Mr. Sun Mo Hwang Wymore Cleaners 250 South Wymore Road Altamonte Springs, Florida 32714

Dear Mr. Hwang:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 13.

In reviewing your submittal, it was noted that Wymore Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1170070). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

0391892

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 # 1170070

WYMORE CLEANERS UI DUCK LEE 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714 FOR GOVERNMENT USE ON TO Org.: 37550101000 EO: B1 O TO Fund: 20-2-035001 Obj.: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358709

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 28 99

Do NOT Remove Label

AIRS ID # 1170070

WYMORE CLEANERS UI DUCK LEE 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

| the right of the return address | OMPLETE THIS SECTION ON DELIVERY | | | |
|--|---|--|--|--|
| o) adolanua jo dol jano auij je ploditem 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, | Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent | | | |
| or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 1170070001AG UI DUCK LEE WYMORE CLEANERS | D. Is delivery address different from item 1? | | | |
| ALTAMONTE SPRINGS FL 32714 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. | | | |
| | 4. Restricted Delivery? (Extra Fee) | | | |
| 2. Article Number (Copy from service label) 2. 21/10:16.61.211977111 1111 1111 1111 1111 | | | | |
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| Certified Fee | | | | |
| Special Delivery Fee | | | | |
| Restricted Delivery Fee | | | | |

PS Form **3800**, April 1995

Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees Postmark or Date

| on the reverse side? | SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we 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. | | ceipt Service. |
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| Is your RETURN | 5. Received By: (Print Name) SUN HWHVG 6. Signature Addressee or Agent) PS Form 3811, December 1994 | | essee's Address (Only if requested fee is paid) | | Thank |

US Postal Service Receipt for Certified Mail AIRS ID 1170070 UI DUCK LEE UI DUCK LEE 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714 Postage Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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| 7 222 /60 5 | 209 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
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| | Z 333 E US Postal Service Receipt for Cel WYMORE CLEANE UI DUCK LEE 250 S WYMORE RO ALTAMONTE SPRII | dified Mail AIRS ID # 1170070 RS AD |
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| n the reverse side? | ■ 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. | | Addressee's Address Restricted Delivery Consult postmaster for fee. | |
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID# 1170070

WYMORE CLEANERS
UI DUCK LEE
250 S WYMORE ROAD
ALTAMONTE SPRINGS FL 32714

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405675 FEB20 2001

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1170070

WYMORE CLEANERS UI DUCK LEE 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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RECEIVED MAIL ROOM FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170061

TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE TYLER TX 75710 FOR GOVERNMENT USE ONLY

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

Obj.: 002273