

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Moo Boo Kim Red Bug Cleaners 5275 Red Bug Lake Road 101 Winter Springs, Florida 32708

Re: Facility I.D. No. 1170073

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Red Bug Cleaner.
3.	Hazardous Waste Generator Identification Number:
	·
4.	Facility Location:
7.	Street Address: 5275 Red Bug Lake Rd. 101
	Facility Location: Street Address: 5275 Red Bug Lake Rd. 101 City: Winter Springs County: Seminole Zip Code: 32709.
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use):
111	
	Responsible Official
(6)	Name and Title of Responsible Official:
	Moo Boo Kim Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: 5275 Red Bug Lake Rd. 101
	Organization/Firm: Street Address: 5275 Red Bug Lake Rd. 101 City: WinterSprings County: Seminole Zip Code: 32708.
8.	Responsible Official Telephone Number:
	Telephone: 467)676-4440 Fax: () -
	Facility Contact (If different from Responsible Official)
	Facility Contact (if unferent from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
	Eng. Zip Couc.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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SEP 3 1446

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Bureau of Air Menitoring & Mobile Sources

#1170073

Red Bug Cleaner
-spoke W/-the translator, Hannah-9/30/96
Hannah-9/30/96
p./3 6.add title—Owner
•
P.14 1.(a) add date control device installed
installed
<u> </u>
<u> </u>
······································

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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	/	29-ARR-98					<u> </u>		
(2) w/ carbon adsorber		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(3) w/ no controls				<i></i>					
Washer Unit					•				•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					•			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber		-							
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions found nall area sour	ce 💢	ŕ	Part II?	

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 What control technology is required on machines (Indicate with an "X".) 	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 []					
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following				
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 **I natural gas.**					
Equipment Monitoring a	and Recordkeeping Information				
	in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair	L\(\sigma\)				
(c) Refrigerated condenser temperature monitoring	'				
(d) Carbon adsorber exhaust perc concentration mon	itoring []				
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan	(X)				

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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)							
Ľ	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 in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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.						
comply v							
	omptly notify the Department of any changes to the information contained in this notification.						

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BEST AVAILABLE COPY Red Bug Cleaner

		- Stoke, W/ the translator.	•
1.	Facili	-spoke W/-the translator, Hannah-9/30/96	-
		/. 1W1.11-1UJ-C 1/ W/./ W	· <i>••</i>
2.	Site N	p.13 6.add title-Owner	
		•	
3.	Hazar	TILL I (A) Add date motor desure	
	Facil:	P14 1 (a) add date control device installed	
4.	Facili Stree	UISTAURO	
	City:		_°CJ.
₂5.≅	Facili		
		NOV 27 1996	
		Depart Ovirous at Protection SouthWEST DISTRICT	
		SOUTHWEST DISTRICT	
(6)	Name		
// @ /			
7.	Respe		
	Organ	and the little	
	Stree City:	Corrections node /1/14/97	-32708.
		JaMichal)	
8.	Respo Telep	XW nucy or s	
	Telep		
	İ		
9.	Name	and Title of Facility Contact (For example, plant manager):	
10.	Facilit	y Contact Address:	
		Address:	
	City:	County: Zip Code:	
11.		y Contact Telephone Number:	
	Teleph	one: () - Fax: () -	

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Bureau of Air Meniterins
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
	Red Bug Cleaner.						
3.	Hazardous Waste Generator Identification Number:						
1	Facility Location:						
٦.	Street Address: 5275 Red Bug Lake Ril - 101						
	City: Winter Springs County: Seminale Zip Code: 32708.						
	Winter springs						
5.	Facility Identification Number (DEP Use):						
i i sessi							
	Responsible Official						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	11 0 6						
	Moo Boo Kim (owner) Responsible Official Mailing Address:						
7.	Responsible Official Mailing Address:						
	Organization/Firm:						
	Organization/Firm: Street Address: 5275 Red Bug Lake Rd. 101 City: Winter Springs County: Seminole Zip Code: 32708.						
	City: Wintersprings County: Seminole Zip Code: 32708.						
8.	Responsible Official Telephone Number:						
	Responsible Official Telephone Number: Telephone: 467 676 - 44440 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	,,						
	·						
10.	Facility Contact Address:						
	Carross Address.						
	Street Address: City: County: Tip Code:						
	City: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

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Bureau of Air Manitoring & Mobile Cources

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
,		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		29-AB2-48	08-Apr96	-					
(2) w/ carbon adsorber			,						
(3) w/ no controls	_								
Washer Unit					•	•			
(4) w/ ref. condenser					T .				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•			_	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	-	<u> </u>	٠.					• .	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(c) No control devices 2.(a) What was the total of the least than 12 mont	(b) Control devices are required, but not yet installed								
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source New large area source									
					J		•		

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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 [\(\sigma\)]					
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 **I natural gas**.					
Equipment Monitoring and Recordkeeping Information					
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction plan					

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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)									
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
I the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in								
this notif statemen maintain	dersigned, am the responsible official, as defined in Fart II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits 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 promptly notify the Department of any changes to the information contained in this notification.									
I will pro	emptly notify the Department of any changes to the information contained in this notification.								
I will pro									
I will pro	comptly notify the Department of any changes to the information contained in this notification. $1 - 14 - 97$ $J, 28.96$								

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

MOO BOO KIM MOO BOO KIM

WINTER SPRINGS FL 32708

Bureau of Air Monitoring & Mobile Sources AIRS 1D 1170073 5275 RED BUG LAKE ROAD #101

70

		Do <u>NOT</u> Remove	Label		
Annual Reporting Period:	Join.	19 <u>97</u>	то	De c.	19 <u><i>91</i></u>
Based on each term or condition of 62-213.300, Florida Administrative	=	•		<u> </u>	EP Rule
If NO, complete the following:					
#1. Term or condition of the gene	ral permit that has not	been in continuous	compliance during	g the reporting per	iod stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve complia	ince:	•			
Method used to demonstrate comp	liance:				
#2. Term or condition of the gene	ral permit that has not	been in continuous o	compliance during	g the reporting per	od stated above:
Exact period of non-compliance: f	rom		to		
Action(s) taken to achieve complia	nce:				
Method used to demonstrate comp	liance:				
As the responsible official, I hereby on notification are true, accurate and condoes not exceed 2,100 gallons per year.	omplete. Further, my an ur for dry-to dry facilities	nual consumption of s or 1,800 gallons per	perchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:	Mor. B. Name (Please Pr	$\frac{Kin}{m}$	Signat	ure	$\frac{276-98}{\text{Date}}$

^{*}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.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

K

COMPLAINT/DISCOVERY

AIRS ID#: #170073 DATE: 1/14/97 TIME IN: 9:50 TIME OUT: 10:30

FACILITY NAME: RED BUG CLEANERS

FACILITY LOCATION: 5275 RED BUG LAKE RD # 101

WINTER SPRINGS FZ 32708

PART I: NOTIFICATION	
(check appropriate box)	./
1. Existing facility notified DARM by 9/1/96	ita
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	٥

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) This is a correct facility classification $\square N$ If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

1 of 4 Revised 10/28/96

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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)

- Equipped all machines with the appropriate vent controls?
 Equipped dry-to-dry machines with a closed-loop vapor venting system?
 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 basis?
- 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?

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?	ОУ ОИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
	Is the temperature differential equal to or greater than 20° F?	□Y □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	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?	ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
_		
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H:	as the responsible official:	MY □N
H: (c)	as the responsible official: heck appropriate boxes)	NO YX
H: (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	NO Y
H: (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	NO YE
H: (c) 1. 2.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	MY ON A
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	MY ON AND AND ON
H. (c) 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	/\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
H: (cl 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	DY DN DN/A
H: (c) 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON DINA
H: (c) 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON DINA DY ON ON ON
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY ON DIN/A
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	AY ON DAYA
H: (cl 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	AY ON DAYA

2. Which	method of detection is used by th	e respons	sible official?			
v	isual examination (condensed so	lvent on	exterior surfaces)		X	
PI	Physical detection (airflow felt through gaskets)				R	•
ll .	dor (noticeable perc odor)				À	
U	se of direct-reading instrumentate using direct-reading instrume.	ion (FID	PID/calorimetric	tubes)	9	
If	using direct-reading instrume	ntation, i	s the equipment	:		
	a. Capable of detecting p	erc vapor	concentrations is	n a range of 0-500 ppm?	$\Box Y$	□N
,	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and af	ter each use	ΠY	□N
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	$\Box Y$	□N
	d. Kept in a clean and se	cure area	when not in use?	,	ΠY	ПИ
	e. Verified for accuracy b	y use of	duplicate samples	s (calorimetric only)?	ΠY	□N
3. Has the	facility maintained a leak log?				A Y	□и
4. Does th	e responsible official check the f	ollowing	areas for leaks?		()	
ll .	ose connections, fittings, couplings, and valves	YY	□N	Muck cookers	X Y	ПN
ם	oor gaskets and seating	Æ Y	□и	Stills	Z Y	□N
Fi	lter gaskets and seating	XY	ПИ	Exhaust dampers	ΠY	ПΝ
Pı	ımps	XY.	□N	Diverter valves	Å Y	□И
So	olvent tanks and containers	Y	ПΝ	Cartridge filter housings	Y	ПΠ
W	ater separators	χY	ПИ		·	
Sin	ION, SON MANAGES	w 513	TER HANN	44		
Mon	10N, SON MANAGES BOOKIM OWNER					
	Name of Responsible Officia					
	LOUIS A. NICHOL	5		1/14/9	7	
	Inspector's Name (Please Prin	-		Date of Inspe	ction	
	Louis a Much	rely				
	Inspector's Signature	-		Approximate Date of	Next I	nspection
		-	MO0 800	KIM		
	∕ ¶h		NOORDI	N-O-MOMIN		
	-1Y1>		69	6-4440		

Red Bug Cleaners

Dry Cleaning & Laundry

Quality Is The Difference

5275 Red Bug Lake Rd. #101 Winter Springs, FL 32708

Quick Alterations

ADDITIONAL SITE INFORMATION:

- MULTIMATIC MERCURY F 45 LB
- SAFETY ALKEN PICKS UP HAZAROUS WASTE
- THERMO-TEX RECYCLING SYSTEM FOR WASTR WATER MPL A 600
- HAS CONTAINMENT PAN
- EPOXY AROUND SPOTTING
- FACILITY DOING EXCELLENT JOB OF TRYING TO COMPLY WITH ALL ENVIRONMENTAL REGULATIONS.
- FAMILY BUSINESS. GOOD PROPLE, BEST FACILITY
 INSPECTED TO DATE!

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \nearrow COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:45 - TIME OUT: 11:15	AIRS ID#: 117007-3
TYPE OF FACILITY: Dycleaning	
FACILITY NAME: Lea Bue Cleaners	DATE: 11/6/97
FACILITY LOCATION: 527 50 Red Pary	- Late Rd. + 101
Winter Springs, F	L. 32708
RESPONSIBLE OFFICIAL: SIMM SIM	PHONE NUMBER: 407-696-4440
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1
COMMENTS:	
Very Good record Keeping.	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/98	
	oproximate)
INSPECTION CONDUCTED BY: (P)	(VUPESH) lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894-7558
Page	of Revised 10/96

Enlared in ARHS 11/6

SQ.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

~~~		73.70 W. T.		
TVPL	1 1 L	INCOL	/ "I"I/ 1 NI •	
1111	Or.	11131 1	CTION:	

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 1170073 DATE: 11 697 TIME IN: 10'. 45 TIME OUT: 11'.15
FACILITY NAME: RED BUG CLEANERS
FACILITY LOCATION: 5275 Red Bug Lake Ed #101
WINTER SPRINGS, FQ. 32708
RESPONSIBLE OFFICIAL: SIMON KIM PHONE: 407-696-4440
CONTACT NAME:

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	٥

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source  dry-to-dry only, x < 140 gal/yr  transfer only, x < 200 gal/yr  both types, x < 140 gal/yr  (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	ourchased within the preceding 12 months by this 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). 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)

(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?

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?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØÝ □N
2. Maintained rolling monthly averages of perc consumption?	ATY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	CS OY ON <b>X</b> W/A
4. Maintained calibration data? (for applicable direct reading instruments) NEWM ACTINE	oy on ∕ <b>x</b> √v/a
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIN/A
6. Maintained startup/shutdown/malfunction plan?	× γ □N
7. Maintained deviation reports?	AVAZ NO YO
Problem corrected?	AVA <b>X</b> ND YD
8. Maintained compliance plan, if applicable?	OY ON ANIA

### PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a we	ekly (for	small sources, b	i-weekly) leak detection ar	nd rep	air
	inspection?				MY	ПИ
2.	. Has the facility maintained a leak log?				<b>M</b> Y	□и
3.	. Does the responsible official check the fol	lowing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	фү □и	□N/A	Muck cookers	ĠΥ	□N □N/A
	Door gaskets and seating	ч ои	□N/A	Stills	фY	□N □N/A
	Filter gaskets and seating	ио ч	□N/A	Exhaust dampers	dY	□N □N/A
	Pumps	NO Y	□N/A	Diverter valves	фY	□N □N/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	фл ои	□N/A	•		
4.	. Which method of detection is used by the	responsil	ole official?	•		
	Visual examination (condensed solv	ent on ex	nerior surfaces)		X	l
	Physical detection (airflow felt throu	igh gaske	ets)		X	
	Odor (noticeable perc odor)				O X X X	'
	Use of direct-reading instrumentation	on (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector		•		×	
	If using direct-reading instrum	nentation	, is the equipm	ent:	M	'A
	a. Capable of detecting per	rc vapor o	concentrations in	a range of 0-500 ppm?	ΠY	□и
	b. Calibrated against a star (PID/FID only)?	ndard gas	prior to and aft	er each use	ΟY	□и
	c. Inspected for leaks and	obvious s	igns of wear on	a weekly basis?	ΠY	□и
	d. Kept in a clean and sect	ure area v	vhen not in use?	•	ΠY	ПИ
	e. Verified for accuracy by	use of d	uplicate samples	(calorimetric only)?	ΠY	ПИ
	·					

Inspector's Name (Please Print)

Inspector's Signature

10 n

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Aerokch USA ESDOZO

IN Compliance

AنRک ID#. _

1170073

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	19 <b>!</b> &
Annual Reporting Period: Nov. 19 P7 TO Oct  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	19 <i>LS</i> :
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	_19 <b>/S</b>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	_19 <b>/S</b>
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:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u></u>
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period states	i above:
Exact period of non-compliance: fromtoto	
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 star made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transcombination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	t, based

Page _____ of ____.

^{*}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.

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY 10
· 	RE-INSPECTION	Joseph J. L.
AIRS ID#: 1700 7-3	DATE: 10/20/98	TIME IN: 12,45 TIME OUT: 4,345
FACILITY NAME:	Ked Bug (	yeapers 30
FACILITY LOCATION:	5275 R	ed Bug Lake Rd #101
_	the Wint	y Springs 12. 32/08
RESPONSIBLE OFFICIAL	: Simon K	Cem PHONE: 696-4440
CONTACT NAME:	_	PHONE:
<u></u>		
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM	M 30 days prior to startup	p
2. Facility failed to notify DA	RM to use general permi	it
PART II: CLASSIFICATIO	N	
Facility indicated on notificat		☐ No notification form
(check appropriate box)		☐ Drop store/out of business/petroleum
A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)	l/yr di r tr bo	2. New small area source dry-to-dry only, x < 140 gal/yr ransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area sou dry-to-dry only, $140 \le x \le 3$ transfer only, $200 \le x \le 1.8$	2,100 gal/yr di	1. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr ransfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ (constructed before 12/9/91	gal/yr be	both types, $140 \le x \le 1,800$ gal/yr constructed on or after $12/9/91$ )
	) gal/yr bo	
(constructed before 12/9/91  5. This is a correct facility of the last check the facility of the facility of the last check th	gal/yr be classification classificat	constructed on or after 12/9/91)

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ØXRA 1. Storing perchloroethylene in tightly sealed and impervious containers? ) pumped A/NØ NO YO 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? ØŶ □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? A/N/ED NO YOU 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? 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 □N □N/A cendenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? XY 🗆N 🗆N/A 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:		$\overline{>}$	
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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□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?	ΩY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΔÀ	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly total 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;	XY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	' DY ON MIN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON BIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SON/A			
6. Maintained startup/shutdown/malfunction plan?	MO AK			
7. Maintained deviation reports?	A/NO NO YOK			
Problem corrected?	A/M/EG NO YO			
8. Maintained compliance plan, if applicable?	YAY ON ON/A			

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? $\square N$ 2. Has the facility maintained a leak log? 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 Door gaskets and seating DY ON ON/A Stills DY DN DN/A DY ON ON/A DY DN DN/A Filter gaskets and seating Exhaust dampers ÜY □N □N/A Diverter valves ΔY □N □N/A Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN/A ÚY □N □N/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? $\Box$ Y $\Box$ N 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? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Sazdia Dureshi	10/20/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection
Chispector's dignature	ripproximate Date of Next Inspection

Keeping good logo in Rei to Air is sives A perc recept for test Eyears * Necord of leaks + condenser also.

Safetythan - hazardons wagte

mealtimatizmerun

nas pan + epoxy)

sater vi open bin's

master vi open bin's

master vi open bin's

machine

stoims (mound)

stoims (mound)

int street of supplacement that its harardous waster.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	СОМ	IPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 2:45	TIME OUT:	45	AIRS ID#:	1706 73		
TYPE OF FACILITY:	Ruckamina					
FACILITY NAME: LO	LBug Cleaner	2		DATE: 10/20/98		
FACILITY LOCATION:	5275 Ked	Bug	Lake Road +	701		
	Winter Spr	roge	5 Fr. 32708			
RESPONSIBLE OFFICIAL:	Simmi Kin	n	РНОМЕ NUMBE	R: 407-196-4440		
لكت	the compliance requirement Rule 62-213.300, Florida Ad		ited during this inspection, the fative Code (F.A.C.).	facility is found to be in		
Based on the results of discrepancies were note	•	s evalua	ted during this inspection, the f	following compliance		
COMPLIANCE REQU	UIREMENT/PROBLI	EM	FOLLOW-UP AC	TION REQUIRED		
				RE		
				Bureau of August A		
				Sources Sources Sources		
				₩.		
COMMENTS:						
IN COM	pliance.	in	regard to;	Acr Rule.		
The Annual Compliance Certific	ation form has been properl	ly certifi	ed and submitted to the inspect	or. YES NO		
DATE OF NEXT INSPECTIO	19/09					
INCRECTION CONDUCTED		$A_{p}$	proximate)	7		
INSPECTION CONDUCTED	NSPECTION CONDUCTED BY: (Please Print)					
NSPECTOR'S SIGNATURE: PHONE NUMBER: 893-3333						

Page___of___.

Revised 10/96

### **Best Available Copy**

ARMS UPDATED

PERCHLOROETHYLENE DRY CL TITLE V GENERAL PERMITS COMPLIANCE INSPECTION CHECKLE

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

AIRS ID#: 1170073 DATE: 11-4-99 TIME IN: 11:45 TIME OUT: 12!15					
FACILITY NAME: Red Bug Cleaners					
FACILITY LOCATION: 52 75 Red Bug Latte Rd #101					
Winter Springs, FL 32708					
RESPONSIBLE OFFICIAL: 57mon PHONE: (407) 696-4440					
CONTACT NAME: 5 (MON) KIM PHONE: 1407) 696-4440					

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 facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was 20 gallons.	urchased within the preceding 12 months by this dry cleaning				

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN TANA 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON MIN/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 ANAD ND A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON **#**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) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\mathbf{A}$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? ANONO NO YAN 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
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° 7°?	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 ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MO YES 1. Maintained receipts for perc purchased? **₩**Y □N 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ANO NO VA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN #N/A and parts installed w/in 5 days of receipt? DY DN **X**V/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DEVA 5. Maintained exhaust duct monitoring data on perc concentrations? AYY DN 6. Maintained startup/shutdown/malfunction plan? DY ON ANA 7. Maintained deviation reports? DY DN ZN/A Problem corrected? DY DN **G**WA 8. Maintained compliance plan, if applicable?

77.4	DADT VII. I PAIC DETECTION AND DEDAIDS						
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?	₹	ПN				
2.	2. Has the facility maintained a leak log?	<b>7</b> €Y	ND				
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves  DN DN/A  Muck	cookers	ON ON/A				
	Door gaskets and seating YY ON ON/A Stills	<b>∕⊠</b> Y	□N □N/A				
!	Filter gaskets and seating YOY ON ON/A Exhaus	st dampers	ON ON/A				
	Pumps Diverte	er valves <b>X</b> Y	□N □N/A				
	Solvent tanks and containers TAY ON ON/A Cartrid	lge filter housings 🔯	ON ON/A				
	Water separators	•	;				
4.	4. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector	A					
	If using direct-reading instrumentation, is the equipment:	<b>X</b> N/A	4				
	a. Capable of detecting perc vapor concentrations in a range	e of 0-500 ppm? □Y	ПИ				
	b. Calibrated against a standard gas prior to and after each to (PID/FID only)?	use QY	ПИ				
c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and secure area when not in use?						
	e. Verified for accuracy by use of duplicate samples (calorin	netric only)?	מם				

Randall Cunningham Inspector's Name (Please Print)	10-4-99
Inspector's Name (Please Print)	Date of Inspection
Roball TI	10-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	·

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Red Bug	Cleaners				_DATE: _	10-4-99
FACILITY LOCATION: 5275	Red Bug					
	Springs;					
Annual Reporting Period: Octobri		19 <i><b>9%</b></i>	TO _ <i>0</i>	ctober		19 <u><b>99</b></u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.						Rule INO
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been in	ı continuous co	mpliance d	luring the repor	ting period	stated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:		_				
#2. Term or condition of the general permit	that has not been in	n continuous co	ompliance o	during the repor	ting period	stated above:
Exact period of non-compliance: from			, to			
Action(s) taken to achieve compliance:					<u> </u>	
Method used to demonstrate compliance:						
As the responsible official, I hereby certify, is made in this notification are true, accurate a upon purchase receipts, does not exceed 2,1 combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Furt	her, my annual for dry-to dry	consumpti	ion of perchloro	oe!hylene so	lvent, based

Page ____ of ____.

^{*}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 COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/145am TIME OUT: 12:15am  TYPE OF FACILITY: Dry Cleaner	AIRS ID#: 1170073
TYPE OF FACILITY: Dry Cleaner  FACILITY NAME: Red Bug Cleaners	DATE: 11-4-94
FACILITY LOCATION: 5275 Red Byg Lake	
Winter Springs FL 32	
RESPONSIBLE OFFICIAL: Simon Kim	PHONE NUMBER: 1407) 696-4440
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
-	
COMMENTS:	
In compliance	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: October 20	700
INSPECTION CONDUCTED BY: Randall Co	nning ham
INSPECTOR'S SIGNATURE: Phill CA	phone number: <u>[467] 893-333</u>

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

MARLLS MARLLS SISTER

RE-INSPECTION

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	CRANCE Red Bus Clanus
FACILITY LOCATION: 5848 Red	Spige Fr. 32708
RESPONSIBLE OFFICIAL: Karn	Patel PHONE: 699-5507
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	RECEIVED
(check appropriate box)	,
New facility notified DARM 30 days prior to star     Facility failed to notify DARM to use general per	ひとし 1 谷 1777
	8. Mohile Sources
PART II: CLASSIFICATION	
is in the state of	<b>—</b>
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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	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 both types, x < 140 gal/yr (constructed on or after 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
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source of the second	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 both types, $x < 140$ gal/yr (constructed on or after 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)  2Y $\square N$ $\square Can$ not determine

#### 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? The purple of the containers for leakage?

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?

AVAD ND Y**X** 

DY DN

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

AND ND YX

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

AYY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

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

AND ND YE

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:		
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?	מס אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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,	O O.	
	if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON	
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,	CI UN	UN/A
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY OX	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	NO YO	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	מם עם	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased? \(\time{Y}\'\ \mathre{\text{UN}}\'\)					
2. Maintained rolling monthly total of perc consumption?	MO JÀ				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	AND NO YA				
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	фе ои оила				
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אל אם עם				
6. Maintained startup/shutdown/malfunction plan?	X(Y □N				
7. Maintained deviation reports?	אוא) אַ אם אם				
Problem corrected?	ANDE NO YO				
8. Maintained compliance plan, if applicable?	AND NO YA				

### PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection? DN  Has the facility maintained a leak log? DN							
2. Has the facility maintained a leak log?							ПN	
3.	Does the responsible official check the fo	llowi	ing ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	ľΥ	ПN	□N/A	Muck cookers	Ωk	□N □N/A	
	Door gaskets and seating	ΩY	ПN	□N/A	Sulls	dy	□N □N/A	
	Filter gaskets and seating	QY	ПN	□N/A	Exhaust dampers	фY	A/ND ND	
	Pumps	PY	ΠИ	□N/A	Diverter valves	αY	□N □N/A	
	Solvent tanks and containers	by	ПΝ	□N/A .	Cartridge filter housings	QY	□N □N/A	
	Water separators	þΥ	ПN	□N/A				
4.	Which method of detection is used by the	resp	опѕід	ole official?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt thro	ough	gaske	:5)		<u> </u>	,	
	Odor (noticeable perc odor)				,	Ø		
	Use of direct-reading instrumentati	ion (I	TID/P	ID/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	men	tation	, is the equipm	ent:	□N/	'A	
	a. Capable of detecting p	erc va	apor o	oncentrations is	n a range of 0-500 ppm?	ΠY	N	
	<ul><li>b. Calibrated against a statement (PID/FiD only)?</li></ul>	andaı	rd gas	prior to and aft	er each use	ΩY	□и	
ľ	c. Inspected for leaks and	l obvi	ious s	igns of wear on	a weekly basis?	ΩY	ПN	
	d. Kept in a clean and se	cure :	area v	vhen not in use?	,	ΩY	ПN	
	e. Verified for accuracy b	y use	of di	uplicate samples	(calorimetric only)?	QΥ	ПN	

Inspector's Signature

3) 10 | 9 8 Date of Inspection

3)99

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

Wailed on permit no response will call

1996 Machini (no leaks) documents gasket replacement

Condenser temp ~450, w

19.5 gal 1/8/98 penchased Muetimoric Shop star Epoxy yes.

Maspan for hazardous wise

### INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION ³
TIME IN: 11:25	TIME OUT: 12: 25	AIRS ID#:	1170073
TYPE OF FACILITY: DYUE	Maning		
FACILITY NAME:	willow Clean	1015	DATE: 3/10/08
FACILITY LOCATION: F	7 - 7	lake load	
racini Docanon	Winter Signs.	11, 3278	
	Datol Datol	PHONE NUMBER	: 699-5507
RESPONSIBLE OFFICIAL:	am ina	rnone nones.	011 5.504
Eased on the results of the compliance with DEP Rule	compliance requirements evalu e 62-213.300, Florida Adminisu	ated during this inspection, the intime Code (F.A.C.).	facility is found to be in
Eased on the results of the discrepancies were noted:	compliance requirements evalu	ated during this inspection, the	following compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
			·
		<u> </u>	
•			
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		1	
		i	
	·	İ	
COMMENTS:	•	- 1 - 8 cdan	in system - so
DUMEN MOUSEN	received an	y acknowledgen	CIM YNCC
Coler roos.	$\alpha = \alpha = 0$	hadred arms	in system - so
mutt application v	Jus received 5	OK	
The Annual Compliance Certifica			
<u>-</u>	2100		
DATE OF NEXT INSPECTION	:(A	pproximate)	
TVCBCCTTAX CAXMITCTTA T	inno o	(1) INFSHI	
INSPECTION CONDUCTED B	1:	Please Print)	00 (
INSPECTOR'S SIGNATURE:	The	PHONE NUMB	ER: 894-7555
MOTECTOR 5 SIGNATURE:	0	THOUS NOME	
	Page	of	Revised 10/96

Revised 09/15/97

AIRS ID#: 1170073

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME:	<u>سمت</u>	CLEAR	1557			_DATE: _	3.10	S.98
FACILITY LOCATION: SEAR	600	Que	Love	150	AQ.			
WINTER SARIN	ς.Σ	<u> </u>	3370					
Annual Reporting Period:			_19 <u>47</u> _ 7	·o	MA	SCHI	0	19 <u>58</u>
Based on each term or condition of the Total Administrative Code	_	_					P Rule □NO	
If NO, complete the following:	·							
#1. Term or condition of the general per	mit that has i	not been in co	ntinuous cor	npliance du	ring the repo	rting perio	d stated	above:
Exact period of non-compliance: from				to				
Action(s) taken to achieve compliance:		•	_		_			
Method used to demonstrate compliance:	:							
#2. Term or condition of the general per	mit that has	not been in co	ontinuous co	mpliance du	ring the repo	orting perio	od stated	above:
Exact period of non-compliance: from				, to			_	
Action(s) taken to achieve compliance:			•		_			
Action(s) taken to achieve compliance:  Method used to demonstrate compliance	:	· · · ·						
As the responsible official, I hereby cert made in this notification are true, accur upon purchase receipts, does not exceed combination facilities.	tify, based on ate and comp	olete. Furtherns per year fo	r, my annual	consumption	n of pereplo	roethylene	solvent,	based Jer or

T	_	
Page	of	
1050	U.	

^{*}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.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS UPDATED DATE

YPE OF INSPECTION:

ANNUAL (INS1, INS2) 💆

COMPLAINT/DISCOVERY (C) ___

RE-INSPECTION (FUI) □

AIRS ID#: 1170073 DATE: 10-6-00	0 TIME IN: 4:45 TIME OUT: 10:15
FACILITY NAME: <u>Red Bug</u> Clea	1815
FACILITY LOCATION: 5275 Red	
· Winter Sp	rings, FL 32708
RESPONSIBLE OFFICIAL: Simon K	îm phone: 407-696-4440
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to start	tup 🗆 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general per	mit 🖸 SNC 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
	Diop stole/out of busiless/ betroleum
A.	Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
A. 1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
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)  3. Existing large area source	2. New small area source dry-to-dry only, x < 140 gal/yr
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr</li> </ul>	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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr</li> </ul>	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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>This is a correct facility classification</li> <li>If no, please check the appropriate classification</li> </ol>	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 $12/9/91$ )  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 $12/9/91$ ) $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$ $\square$
<ul> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classification</li> <li>facility qualified for a general facility facility facility qualified for a general facility qualified for a general facility qualified for a general facility facility qualified for a general facility facility facility facility qualified for a general facility qualified for a general facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility facility fac</li></ul>	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)  4. New large area source  dry-to-dry only, 140 \(\text{ x} \leq 2,100\) gal/yr  transfer only, 200 \(\text{ x} \leq 1,800\) gal/yr  both types, 140 \(\text{ x} \leq 1,800\) gal/yr  (constructed on or after 12/9/91)  \[ \text{On it in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } \text{On it or in } On it or in
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### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □Y □N ØN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □Y □N ØN/A 2. Examining the containers for leakage? ZY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MAN/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) MY DN 1. Equipped all machines with the appropriate vent controls? OY ON ON/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 CY 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 ON ON/A 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?

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d QY QN
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° E2	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?	□Y □N □N/A
Is the perc concentration equal to of less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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?	ON DA
2. Maintained rolling monthly total of perc consumption?	ŒY □N
3. Maintained leak detection inspection and repair reports for the following:	<i>-</i>
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	_
and parts installed w/in 5 days of receipt?	DY DN ØN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	tery on
7. Maintained deviation reports?	. DY DN ØN/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	DY DN XN/A

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ir	nspection?					ΩY	N
2. H	as the facility maintained a leak log?					DY	□И
3. D	oes the responsible official check the fo	ollowing	areas for leak	ks?	,		
	Hose connections, fittings, couplings, and valves		n □n/a		Muck cookers	фү	□N □N/A
	Door gaskets and seating	dY 0	N □N/A		Stills	ф	□N □N/A
	Filter gaskets and seating	dy o	N □N/A		Exhaust dampers	ф	□N □N/A
	Pumps		N □N/A		Diverter valves	ďΥ	□N □N/A
	Solvent tanks and containers	dy o	N □N/A		Cartridge filter housings	qХ	□N □N/A
	Water separators	by o	N □N/A		·		
4. W	hich method of detection is used by the	e respon	sible official?				
	Visual examination (condensed sol	vent on	exterior surfac	ces)	•		
	Physical detection (airflow felt thro	ough gas	kets)				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					<b></b>	
	If using direct-reading instrumentation, is the equipment:			nt:	M/V	4	
	a. Capable of detecting pe	erc vapoi	concentration	ns in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a sta (PID/FID only)?	ndard ga	s prior to and	after	each use	ΠY	□N .
c. Inspected for leaks and obvious signs of wear on a weekly basis?			· □Y	□N			
d. Kept in a clean and secure area when not in use?			ΠY	_N .			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΠY	□N			
					<u> </u>		

Rundall Conningham	10-5-00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	10 - 200   Approximate Date of Next Inspection



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Red Bug Cleaners  FACILITY LOCATION: 5275 Red Bug Lake Rd #10  Winter Springs, FL 32708	DATE: <u>{</u>
	<u>/                                    </u>
Annual Reporting Period: Uctober 1949 TO Uc	tuber 2000
Based on each term or condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit (a) and the permit (b) air permit (b) air permit (b) air permit (c) air	· . /
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: fromtoto	
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 reason in this notification are true, accurate and complete. Further, my annual consumption of perchlopurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallocombination facilities.	oroethylene solvent, based upon
RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	ure 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 CO	OMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 9:45am TIME OUT: 10:15	AIRS ID#: 1170073			
TYPE OF FACILITY: Dry Cleaning				
FACILITY NAME: Red Bug Cleaners	DATE: 10-5-00			
FACILITY LOCATION: 5275 Red Big	Lake Rd.			
Winter Springs, F	L 32708			
RESPONSIBLE OFFICIAL: 5, man Kim	PHONE NUMBER: 407-696-4440			
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	duated during this inspection, the facility is found to be in strative Code (F.A.C.).			
Based on the results of the compliance requirements eva discrepancies were noted:	luated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
COMMENTS:				
In Compliance				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.				
DATE OF NEXT INSPECTION: 10-2001				
INSPECTION CONDUCTED BY: Randall Coning ham (Please Print)				
INSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-3333				
Page of Revised 10/96				

Ad at line over ton of envelope to	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  Agent  Addressee  D. Melejiery agrees different from item 12 Yes		
1. Article Addressed to:  10 AIRS ID # 1170073001AG MOO BOO KIM RED BUG CLEANERS	D. Reliefry accress different from item 1? Yes If YES, enter delivery address tellow. No		
5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708	3 Service type Air Monitoring Certified Walle Saltaxpess Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label)  2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

Z. 210, 662 908

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

AIRS ID # 1170073001AG
MOO BOO KIM
RED BLO GO RED BUG CLEANERS 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

	Postage	ا ع
PS Form <b>3800</b> , April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3	Postmark or Date	

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$\frac{1}{2}

Do NOT Remove Label

AIRS ID # 1170073

RED BUG CLEANERS MOO BOO KIM

5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

395437

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170073

RED BUG CLEANERS MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE O Org.: 37550101000 EOBI Fund: 20-2-035001

Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HAN DLING

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

303397

Do NOT Remove Label

AIRS ID 1170073

MOO BOO KIM MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ON Org.: 37550101000 EO: BI Fund: 20-2-035001 Obi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

JAN 17 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170073

**RED BUG CLEANERS** MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

[	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 card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered and elivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
N ADDRESS completed	MOO BOO KIM	4a. Article Number  2 3361328  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery		ou for using Return Rece
la voiir BETIIG	6. Signature: (Addressee or Agent)	and fee is	's Address (Only if requested paid)	I nank you

### . Z 333 PJ3 588 US Postal Service Receipt for Certified Mail AIRS ID 1170073 MOO BOO KIM MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**. TOTAL Postage & Fees Postmark or Date

# Z 333 LL7 211 US Postal Service Receipt for Certified Mail AIRS ID # 1170073 ED BUG CLEANERS

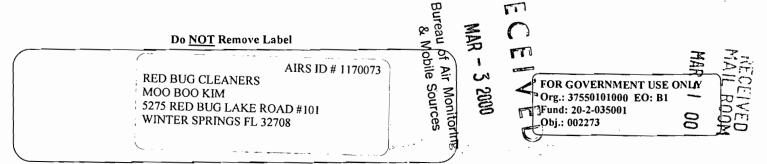
RED BUG CLEANERS MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708

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10	Restricted Delivery Fee	
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, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

SENDER: COMPLETE THIS S.	heav. Fold at line over top of a
■ 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. 2000.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 1170073  RED BUG CLEANERS  MOO BOO KIM	C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
5275 RED BUG ŁAKE ROAD #101 WINTER SPRINGS FL 32708	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
.Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

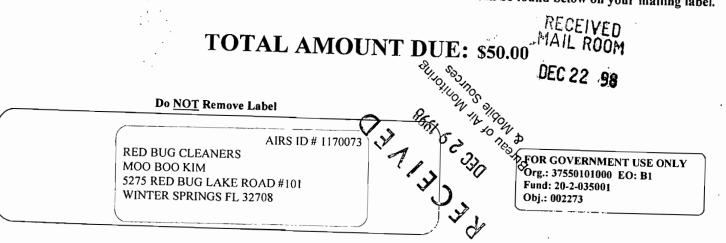
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

### TOTAL AMOUNT DUE: \$50,00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



### Z 333 667 249 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 1170073 RED BUG CLEANERS MOO BOO KIM 5275 RED BUG LAKE ROAD #101 WINTER SPRINGS FL 32708 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

ot adolavna to dot	TOID at line over
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
RED BUG CLEANERS MOO BOO KIM 5275'RED BUG LAKE ROAD #101 WINTER SPRINGS I'L 32708	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
2333667249	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	HIMM I MILL HIM
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-99-M-1789