

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 27, 1997

Mr. Joong S. Kim Countryside Cleaners 7601 Causeway Boulevard Hillsborough, Florida 33619

Re: Facility No. 0571168

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 3, 1997.

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

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

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

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

Sincerely

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

JUN 30 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): EPC of HC
Joona Seo Kim AIR MANAGEMEN
2. Site Name (For example, plant name or number):
Countryside Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 981 92 1679
4. Facility Location: 78th & Courseway Street Address: 760 Cause way BLVD City: Zip Code:
City: Zin Code:
Tampa Hillsborough 33619
City: Zip Code: Tamma Hill 6 borough 33619 5. Facility Identification Number (DEP Use):
Responsible Official
6) Name and Title of Responsible Official:
JOONG S KIM 7. Responsible Official Mailing Address:
Organization/Firm: SAME AS ABOVE
Street Address: 54/1/C / County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (8B) 628 - 8877 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
JOONG S KIM OWNER
10. Facility Contact Address:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Street Address: SAME AS ADOVES. City: County: Zip Code:
City. Zip Code.
11. Facility Contact Telephone Number:
Telephone: (913) 628 880). Fax: () -
RECEIVE
KEC -
JUL 3 1997

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

Bureau of Air Monitoring & Mobile Sources

#0571168

.. Countryside Cleaners

```
-spoke with Joong kim-7/7/97-
from Feb.-June-70gal of perc.

P.13. 6 add title - Owner (from !)

P.14. I. (a) Machine is approx. (7) yr. s.

Old-if this can be verified,

Correct date — add date

Control device installed

I. (c) if not existing small,

mark out and initial

3. add "X" to correct classification

P.15. 4. correct according to classification

5. (c) if new, required—add "V"

5. (f) required

P.16—Add permit number(s)
```

Facility Information

(Na) 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

Γ			Date	Date	Τ	Date	Date		Date	Date
			Machine	Control		Machine	Control		Machine	Control
			Initially	Device		Initially	Device		Initially	Device
Γ	ype of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
E	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Ţ	Dry-to-Dry Unit		21- F	FD - 91	1				· · · · · · · · · · · · · · · · · · ·	
_	(1) w/ ref. condenser		1	7	/]		
	(2) w/ carbon adsorber								 	
	(3) w/ no controls									
Ī	Vasher Unit		0-0-				· · · · · · · · · · · · · · · · · · ·			·
L.	(4) w/ ref. condenser				Γ				1	1
	(5) w/ carbon adsorber								l	
•	(6) w/ no controls									 -
Īī	Oryer Unit				L		L	L	L	L
	(7) w/ ref. condenser		T			T	T			
	(8) w/ carbon adsorber				-	 				
	(9) w/ no controls					 				
Ā	eclaimer Unit		<u> </u>		<u> </u>		L			
	(10) w/ ref. condenser		I			ī			I	
	(11) w/carbon adsorber		<u> </u>							
	(12) w/ no controls						<u> </u>			
2	(b) Control devices are (c) No control devices (a) What was the total quanta (b) If less than 12 montrol (c) Check why it is less	uanti gallo	equired to be ity of perchlons	installed [_ proethylene (perc)					
	What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)		nitions found	,	3) of [Part II?	
emility/ore Small none/f.e.	Existing large are	a sou	irce []	Ne	ew lar	ge area sour	ce []		

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

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

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

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)
ا ا	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	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 stander in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notij statemen maintain comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that t us made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to

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

.\/

180001061

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	COVERY
	RE-INSPECTION	٥	
AIRS ID#:	ATE: 3/25/97	_ TIME IN: 13.00 TIM	ле оит: <u>15', 30</u>
FACILITY NAME:C	UNTRY SIDE	CLRANERS	 -
FACILITY LOCATION:	MOOI CAI	SEWBY BLUD.	
	·		
		·	
PART I: NOTIFICATION			
(check appropriate box)	M. h 0/11/07		
1. Existing facility notified DAR	•		
2. New facility notified DARM 3	•		<u> </u>
3. Facility failed to notify DARM	f to use general permit		
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry- tran both	New small area source to-dry only, x<140 gal/yr sfer only, x<200 gal/yr types, x<140 gal/yr astructed on or after 12/9/91)	×
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr dry- l/yr tran yr both</td><td>New large area source to-dry only, 140<x<2, 100="" gal="" yr<br="">sfer only, 200<x<1,800 gal="" yr<br="">a types, 140<x<1,800 gal="" yr<br="">astructed on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>0</td></x<2,>	gal/yr dry- l/yr tran yr both	New large area source to-dry only, 140 <x<2, 100="" gal="" yr<br="">sfer only, 200<x<1,800 gal="" yr<br="">a types, 140<x<1,800 gal="" yr<br="">astructed on or after 12/9/91)</x<1,800></x<1,800></x<2,>	0
This is a correct facility classification	ation XY	OΝ	
If no, please check the appropria	te classification:		
		number above eligible for a general permit	
B. The total quantity of perchlore facility was (1) gallons.	oethylene (perc) purchas	sed within the preceding 12 month	hs by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MO YES 1. Storing perchloroethylene in tightly scaled 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 מס אם צם beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? XY 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 AYU 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 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?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:			ļ			
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	ПΝ				
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ				
Is the temperature differential equal to or greater than 20° F?	ΠY	Пи				
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?	ΟY	□и	□N/A			
Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ				
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□и				
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A			
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Ωи	□N/A			
PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)			_			
1. Maintained receipts for perc purchased?	XY	ПИ				
2. Maintained rolling monthly averages of perc consumption?	YY	ΩИ				
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	MY	ПΝ				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	AA.	ПN				
4. Maintained calibration data? (for direct reading instruments only)	ΩY	ПN	DN/A,			
5. Maintained exhaust duct monitoring data on perc concentrations?	ΩY	ΩИ	DENY			
6. Maintained startup/shutdown/malfunction plan?	XX	ПN	[,			
7. Maintained deviation reports?	ΩY	ПΝ	MW			
Problem corrected?	ΩY	ПN	MIND			
8. Maintained compliance plan, if applicable?	ΩY	ΠИ	DAV/A			
,						
PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ŽÝ	ΩИ				

2.	Which method of detection is used by the	he respo	nsible offic	cial?				1
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)	×		ŀ				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N							
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks an	d obvio	us signs of	wear on a weekly basis?	ΩY	ПN		
	d. Kept in a clean and se	ecure ar	ea when no	ot in use?	ΠY	ПΝ		
	e. Verified for accuracy	by use o	of duplicate	e samples (calorimetric only)?	ΟY	ПΝ		
3.	Has the facility maintained a leak log?				MY	ПΝ		
4.	Does the responsible official check the	followir	ng areas for	r leaks?				
	Hose connections, fittings,							.,
	couplings, and valves	ΠY	ПN	Muck cookers	ΠY	ПΝ	Ø	M/3
	Door gaskets and seating	ΠY	ПΝ	Stills	M	ПИ		
	Filter gaskets and seating	ΠY	□и	Exhaust dampers	YY	ΠN		
	Pumps	ΠY	ПN	Diverter valves	X(Y	. □N		
	Solvent tanks and containers	ΩY	ПN	Cartridge filter housings	ΣΥ	ΠN		
	Water separators	ΠY	ПИ					
	JOONE 5 KIN	\ al		, ,	į			
_	NEAL B. JANIS 1/28/97 2 3/25/97							
	Inspector's Name (Please Print) Date of Inspection							

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

IN THE PROCESS OF PURCHASING A NEW DRYCLEANING MACHINE 1/28/97, WILL BE IN PLACE IN APPROX 60 DAYS

NEW MACHINE INSTALLED & IN SERVICE

3/25/97. SUPREMB 850 S2 SUPER.

NEEDS TO SUBMIT AIR PERMIT TO FOEP.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					<u> </u>
FACILITY NAME:	UNTRY!	SIDE	CLEAN	ERS	_date: <u>3/243/9"7</u>
FACILITY LOCATION:	601 (A	IVSR W	RY BEV.	D	
				<u> </u>	
Annual Reporting Period:	XCT		_19 <u>16</u> TO	MURCH	194/
Based on each term or condition o 62-213.300, Florida Administrativ		-	-		_
If NO, complete the following:					
#1. Term or condition of the gene	ral permit that has	not been in c	ontinuous compli	iance during the repo	orting period 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 c	ontinuous compli	iance during the rep	orting period stated above:
Exact period of non-compliance:	from	-		_ to	
Action(s) taken to achieve complia	ince:				
Method used to demonstrate comp					
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination fo	accurate and compression receipts, does not	plete. Further	r, my annual con	sumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL:	JOONS	75.K	1M -	ong!	3-25-97
	Name (Pleas	se Print)		Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT / INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL Z COM	PLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 13',00 TIME OUT: 15',00 AIRS ID#: NOW. TYPE OF FACILITY: DRY CLEANER FACILITY NAME: COUNTRY SIDE CLEANERS DATE: 3/25/97 FACILITY LOCATION: 760 CAUSE WAY BLVD							
RESPONSIBLE OFFICIAL: JOONG S. KIM PHONE NUMBER: 628-8807							
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED							
AIR PERMIT	SUBMIT AIR PERMIT TO						
COMMENTS:							
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO							
	FNR proximate)						
INSPECTION CONDUCTED BY: NEAC	PHONE NUMBER: 272-5530						
Page	of / Revised 10/96						



Department of

Environmental Protection

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

Toology

Tallahassee, Florida 32399-2400

Lawton Chiles Governor

Mr. Leroy Shelton Hillsborough County Environmental Protection Commission 1410 North 21 Street Tampa, Florda 33605

Dear Mr. Shelton:

G 9 1998

EPO d NO AIR WANAGERENT

One requirement for a facility to maintain its eligibility for the Title V Air General Permit is the submittal of an Annual Compliance Certification to the Department. This year, the certifications were sent to each active facility along with the annual invoices. The certification form is provided as an aid in submitting the statement of compliance.

Upon review of the Title V Air General Permit Annual Compliance Certifications recently submitted by the facilities, discrepancies were found. The discrepancies involve the Annual Reporting Period dates and/or the Responsible Official certification.

For the Annual Reporting Period, the "ending date" should be the date the annual certification is being completed. The annual reporting period should extend from the "ending date" back 10-12 months to the most recent of these three "beginning dates": the permit notification effective date, the inspection date, or the annual certification date. Annual Compliance Certification forms are designed to certify compliance for a "past" period of time. They cannot be used to certify compliance for future dates, that is, beyond the date the certification form is completed. The Responsible Official certification must be signed by the same person who signed as the responsible official on the notification form for that facility.

Please review the enclosed Annual Compliance Certification forms for your area and have them corrected during your scheduled annual inspections. Once the forms are corrected, send them to my attention in the Title V Air General Permit section, mail station 5510. If there are any questions concerning this matter, feel free to call me at 850/921-9586 or Suncom 291-9586.

Rick Butler

Bureau of Air Montoring and Mobile Sources

CRB/

COMMISSION

DOTTIE BERGER JOE CHILLURA +CHRIS HART JIM NORMAN IAN PLATT THOMAS SCOTT **ED TURANCHIK**



ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION 1900 - 9TH AVENUE TAMPA, FLORIDA 33605 TELEPHONE (813) 272-5960 FAX (813) 272-5157

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT: DIVISION

EXECUTIVE DIRECTOR

ROGER P. STEWART

March 25, 1998

Joong Seo Kim Country Side Cleaners 7601 Causeway Blvd Tampa, FL 33619

Dear Sir:

We recently received the enclosed letter from the Florida Department of Environmental Protection (FDEP) concerning your Annual Compliance Certification, also enclosed. As pointed out by FDEP, you need to make the following corrections to the form:

Your permit application indicated that the Responsible Official is Joong Seo Kim. Please have that person sign the Annual Compliance Certification.

The dates on your form were not filled in properly. According to our records, the correct dates should be March 28, 1997, the date of your last annual certification, to the date the annual certification is being signed.

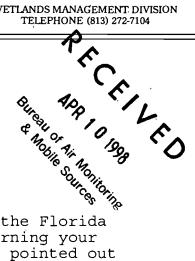
Once you have made the above corrections, please mail the form back to:

Title V Air General Permits Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Attention: Rick Butler

If you have any questions, please call Rick Butler at (850) -921-9586.

Sincerely,

Roger Zhu Air Toxics Engineer



all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FEB 2 & Monitoring Bureau of Air Monitoring

Joong seo kim

AIRS ID 0571168

JOONG SEO KIM
JOONG SEO KIM
7601 CAUSEWAY BLVD
TAMPA FL 33610

.

Do NOT Remove Label

RECEIVED

RECEIVED

MONITORING

Bureau of Air Monitoring

Bureau Mobile Sources

Date

منتم				
Annual Reporting Period: MAR Cf	128	19 <u>9</u> TO	MARCHIB	19 .9.5
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I	-	•	<i></i>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in	continuous complia	ance during the reporting p	eriod 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	t that has not been in o	continuous complia	ance during the reporting p	eriod stated above:
Exact period of non-compliance: from			to	<u></u>
Action(s) taken to achieve compliance:				· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:			-	
			·	
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-i	urther, my annual cons	sumption of perchlo	roethylene solvent, based up	on purchase receipts,

Signature

Name (Please Print)

RESPONSIBLE OFFICIAL:

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11=15 TIME OUT: 12=6	AIICS ID#
TYPE OF FACILITY: PERC DRY CLEAN	
FACILITY NAME: COUNTRY SIDE CL	CANERS DATE: 3/17/98
FACILITY LOCATION: 7601 CAUSEWAY	DLVID
TAMPA FL 336	519
RESPONSIBLE OFFICIAL: SOONG KIM	PHONE NUMBER: (813) 628-3307
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	· ,
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO TEMP. LOG	BEGIN THE RECORD KEEPING
NO LEAK LOG	RE-INSPECT IN GO DAYS.
	\mathcal{P}
	₽ M
	& E P C
	APR 1 3 APR 1 3 Mobile
	in Diagram
	1998 Monitorit Sources
	inito in to
	•
COMMENTS:	
•	
	•
The Annual Compliance Certification form has been properly certifie	
ALE OF REAL INSPECTION.	DAYS
	roximate)
NSI ECITON CONDUCTED BI.	SER ZHU
	e Print)PHONE NUMBER: (\$13) 272 - 5530
, , ,	1

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEINED RED

JOONG SEO KIM JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619 AIRS ID 0571168

Do NOT Remove Label

Annual Reporting Period:	19 9 TO	19 .9 9
Based on each term or condition of the Title V g	general air permit, my facility has remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C	C.), during the period covered by this statement. YES	□NO
If NO, complete the following:		
#1. Term or condition of the general permit that	t has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	toto	
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 reportir	ng period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:		
notification are true, accurate and complete. Further	n information and belief formed after reasonable inquiry, that t er, my annual consumption of perchloroethylene solvent, based of facilities or 1,800 gallons per year for transfer or combination	d upon purchase receipts,
RESPONSIBLE OFFICIAL:		
	Please Print) Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT	DISCOVERY	RE-INSPECTION 🔀
TIME IN: 9:00	TIME OUT:	10:15	AIRS ID#:	571168
[erc Dry cle			
FACILITY NAME:	OUNTRYSIDE	CLEANE	RS	DATE: 5/20/98
FACILITY LOCATION:	1601 CAUSEWI	44 BLUE	7	
	Ampa, FL			
RESPONSIBLE OFFICIAL:	JOUNG KIM		PHONE NUMBER	1. (813) 628 -8307
	the compliance requirement Rule 62-213.300, Florida Ad			acility is found to be in
Based on the results of discrepancies were not	the compliance requirement	s evaluated during	g this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FO	LLOW-UP ACT	ION REQUIRED
				4
			-	7
			٨	,C
			الله و	
			A Molie of Ri	15 4 K
			Sure Modilie Source	Control in the second s
				-
COMMENTS:	-			
		¢		
he Annual Compliance Certifica	tion form has been properly	certified and subt	nitted to the inspector	YES NO NO
ATE OF NEXT INSPECTION	i:	(YEA-K	_	,
		(Approximate)		
NSPECTION CONDUCTED B	Y:	200ER	ZHU	
	Cerx 1	(Please Print)		(813)272-5530
SPECTOR'S SIGNATURE:_	7-109-1	1	FHORE NUMBER:	
	Page			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/	DISCOVERY	
	RE-INSPECTION	9 Ž			
		/			
AIRS ID#: 571168 FACILITY NAME: FACILITY LOCATION:	DATE: 5/20/98	TIME I	N: 9:00	TIME OUT: _	10:15
FACILITY NAME:	COUNTRYSIDE	CLEA	WERSON	y C	
FACILITY LOCATION: _	7601 CAUSE	WAY !	3LVD & 8		
_	TAMPA, PL	33619	7	16 1/2 19g	<u>``</u>
RESPONSIBLE OFFICIAL	L: JOCKIG KI	n	_PHONE: <u>(81</u>	39 G 8 -	8807
CONTACT NAME:	SAME		_PHONE:	SAME	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	RM 30 days prior to startup		N/a		
2. Facility failed to notify Da	ARM to use general permi	t			a a
					
PART II: CLASSIFICATION	ON				
			☐ No notification	on form	
PART II: CLASSIFICATION Facility indicated on notific (check appropriate box)		_	☐ No notificatio		roleum
Facility indicated on notific (check appropriate box) A.	ation form that it is:	Newscalle	☐ Drop store/ou	nt of business/per	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so	ation form that it is:	New small a	☐ Drop store/ou		roleum
Facility indicated on notific (check appropriate box) A.	ation form that it is: ource \(\simega \) 2. al/yr dr	y-to-dry only,	□ Drop store/ou rea source x < 140 gal/yr	nt of business/per	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g.	ation form that it is: ource \(\simega \) 2. al/yr dr 'yr tra		□ Drop store/ou rea source x < 140 gal/yr <: 200 gal/yr	nt of business/per	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/	ation form that it is: ource \(\sigma \) 2. al/yr \(\text{dr} \) yr \(\text{tra} \) bo	y-to-dry only, ansfer only, $x < 1$ oth types, $x < 1$	□ Drop store/ou rea source x < 140 gal/yr <: 200 gal/yr	nt of business/per	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on o	□ Drop store/outrea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	nt of business/per	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	ation form that it is: ource	y-to-dry only, ansfer only, x oth types, $x < 1$ onstructed on the New large at	□ Drop store/ource source x < 140 gal/yr < 200 gal/yr 40 gal/yr	it of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,	ation form that it is: Durce	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on one with the large at y-to-dry only, ansfer only, 20	Prop store/outrea source: $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source: $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/y}$	it of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is: Durce	y-to-dry only, ansfer only, x on the types, x < 1 on the types, x < 1 on the type and the type only, ansfer only, 20 th types, 140 <	Drop store/outrea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/s}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	it of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,	ation form that it is: Durce	y-to-dry only, ansfer only, x on the types, x < 1 on the types, x < 1 on the type and the type only, ansfer only, 20 th types, 140 <	Prop store/outrea source: $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source: $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/y}$	it of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is: Durce	y-to-dry only, ansfer only, x oth types, x < 1 onstructed on one of the property only, ansfer only, 20 th types, 140 sonstructed on other property on the property on the types, 140 sonstructed on other property on the types, 140 sonstructed on other property of the prop	Drop store/outrea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/s}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	it of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	ation form that it is: Durce	y-to-dry only, ansfer only, x on the types, x < 1 on tructed on the very constructed on the types, 140 sonstructed on the type	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determined.	at of business/pet	roleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	אומם מם צם
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS /	
In Part II-A:	
In Part 11-A: If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B.	. Has the responsible official of an existing large or new large area source also:	/		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩΥ	□и	□N/A
	ls the temperature differential equal to or greater than 20° F?	ШΥ	ПΝ	□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?	ЦΥ	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	Пи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
	/			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Πи	□N/A
_		ΩY	ΠN	□N/A
_	Rouled airflow to the carbon adsorber (if used) at all times? ART V: RECORDKEEPING REQUIREMENTS	ΩY	ПИ	□N/A
PA Ha		ΩΥ		□N/A
PA Ha	ART V: RECORDKEEPING REQUIREMENTS as the responsible official:	ОУ		□N/A
P./ H: (cl	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)			□N/A
P / (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	СΥ		□N/A
P / (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY OY	Пи	□N/A
P / (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS 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:	OY OY		
P.A. (cl. 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS 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			□N/A
P.A. H.: (cl. 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS 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?		л Ои Ои	□N/A
P/ H: (cl 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS 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 applicable direct reading instruments)			□N/A □N/A □N/A
P.A. (cl. 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS 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 applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?			□N/A □N/A □N/A

OY ON ON/A

8. Maintained compliance plan, if applicable?

PART VI: LEAF	DETECTION AND R	EPAII	RS				
1. Does the respon	nsible official conduct a v	vcekly	(for	small sources, b	i-weekly) leak detection as	nd repa	ir ·
inspection?						ΠY	N
2. Has the facility	maintained a leak log?					ДÝ	ПN
3. Does the respor	nsible official check the f	ollowi	ng ar	eas for lcaks?			
	nections, fittings, s, and valves	ΩY	ПΝ	□N/A	Muck cookers	OY (ON ON/A
Door gask	eets and seating	ΠY	ПΝ	□N/A	Stills	□Y !	□N □N/A
Filter gasl	kets and seating	ŪΥ	ИП	□N/A	Exhaust dampers	UY (□N □N/A
Pumps		ΠY	ПΝ	□N/A	Diverter valves	OY (□N/A
Solvent ta	nks and containers	ПY	ПИ	□N/A	Cartridge filter housings	□Y (A/ND NC
Water sep	arators	QY	ПN	DXIA			
4. Which method	of detection is used by the	e respo	onsib	le official?			
Visual exa	amination (condensed so	ivent ø	n exi	terior surfaces)			
Physical d	letection (airflow felt thro	ough g	asket	s)			
Odor (not	iceable perc odor)						
Use of dir	ect-reading instrumentati	ion (Fl	D/PI	D/calorimetric	tubes)		•
Halogen le	eak detector						•
. If usir	ng direct-reading instru	menta	tion,	is the equipme	ent:	□N/A	L
а	. Capable of detecting po	erc vap	or co	oncentrations in	a range of 0-500 ppm?	□Y (□и
ь	. Calibrated against a sta (PID/FID only)?	andard	gas	prior to and afte	er each use	□ Y (ח□
9	. Inspected for leaks and	obvio	us si	gns of wear on a	a weekly basis?	DY (□и
d	. Kept in a clean and sec	cure ar	ea w	hen not in use?			ВИ
e	. Verified for accuracy b	y use c	of du	plicate samples	(calorimetric only)?	□Y (□и
							<u> </u>
	ROGER Z	H	J		5/20/	198	
Inspec	ctor's Name (Please Print	.)			Date of Inspe	ction	·
/	Cut/6	hr	_		1 Y@	AR	
In	spector's Signature				Approximate Date of I	Next In	spection

•							
INSPECTION RE ENVIRONMENTAL PROTECTION COMM		BOROUGH (COUNTY				
FACILITY: Countryside Cleaners	medicition initiation	PAGE	1 OF 1				
FACILITY ADDRESS: 7601 Causeway Blvd CITY: Tampa							
			(813) 628-8807				
MAILING ADDRESS: Same	CITY: Tampa	FLA					
INSPECTION DATE: TIME IN: TIME OUT:)		STATUS:				
Mar 17, 1998 11:15 12:00	non-CDS	S	Minor Out Compliance				
NEDS NUMBER: 571168			^				
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Joong Kim							
Today's visit was to conduct the annual inspection. The dry cleaning machine, SUPREMA 850 S2 SU 3/25/97. The machine was not in operation today. No lean and apparently well maintained. No records were being kept except the perc put The perc usage was 99.42 gallons for the last 12 understand the record keeping requirement. I records. Mr. Kim said that he is going to start the record temperature measurement of the refrigerated conderwell we decided to re-inspect this facility in 60 days keeping.	JPER with S/N eaks or odors we archase receipts 2 months. Mr. instructed him of rd keeping at or nser.	and the Kim, the on how	ed. The machine was monthly rolling total. e owner, seems not to to keep the necessary ne leak inspection and				
Follow-up on 5/20/98: The purpose of today improvement on record keeping after my last visit recorded the temperature and the leak inspections how to log in these data in the last inspection. facility is in compliance with the FDEP Rule.	t. Mr. Kim kee on a weekly ba	eps good asis since	records now. He has he was instructed on				

INSPECTED BY: Roger Zhu DATE: Mar 20, 1998

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE INS	110110		Λ	()
TYPE OF INSPECTION:	ANNUAL	2	COMPLAINT	DISCOVER	·18
	RE-INSPECTION			450 P	1
	101101101101			Object of	6
AIRS 10#: 571168	3/17/98		11:15	Sou	P3.00
AIRS ID#: ///	_ DATE: _//	TIME IN:		TIME TUTE: _	12200
FACILITY NAME:				- 6 6	
FACILITY LOCATION:	7601 CAUSE	EWAY !	3LVD		
	TAMPA, FL	- 33619			
_	TOONE KI	6.4	18	13 1/28-	8807
RESPONSIBLE OFFICIAL	: 30016 71		HONE:		
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME		HONE:	SAME	
			<u> </u>		
PART I: NOTIFICATION				<u> </u>	
(check appropriate box)					
New facility notified DARN	A 30 days prior to startup		1	•	a
Í	•		N/A		
2. Facility failed to notify DAI	RM to use general permit				
PART II: CLASSIFICATIO	N				
Facility indicated on notificat			No notification		
Facility indicated on notificat (check appropriate box)				on form at of business/pe	troleum
Facility indicated on notificat (check appropriate box)	tion form that it is:		Drop store/ou		troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	tion form that it is:		l Drop store/ou source		troleum
Facility indicated on notificat (check appropriate box)	rce 2.	New small area	Drop store/ou source 140 gai/yr		troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. //yr dry r tran bot	New small area r-to-dry only, x < nsfer only, x < 2 h types, x < 140	l Drop store/ou source < 140 gai/yr 00 gai/yr gai/yr		troleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	rce 2. //yr dry r tran bot	New small area -to-dry only, x < nsfer only, x < 2	l Drop store/ou source < 140 gai/yr 00 gai/yr gai/yr		troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)	rce 2. //yr dry r trai	New small area y-to-dry only, x < nsfer only, x < 2 h types, x < 140 nstructed on or a	Drop store/ou source 140 gal/yr 00 gal/yr gal/yr after 12/9/91)		troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	rce 2. /yr dry r trai bot () (co	New small area r-to-dry only, x < nsfer only, x < 2 h types, x < 140	Drop store/out source 140 gal/yr 00 gal/yr gal/yr after 12/9/91)	t of business/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)	rce 2. /yr dry r trai bot) (co	New small area y-to-dry only, x < nsfer only, x < 2 h types, x < 140 nstructed on or a	I Drop store/out a source ≤ 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g	it of business/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce	New small area -to-dry only, x < nsfer only, x < 2 h types, x < 140 nstructed on or a New large area -to-dry only, 140	I Drop store/out a source ≤ 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gai/	it of business/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce	New small area reto-dry only, x < 2 h types, x < 140 nstructed on or a New large area reto-dry only, 140 sfer only, 200 \(\)	I Drop store/out source 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gai/yr ≤ 1,800 gai/yr	it of business/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce	New small area y-to-dry only, x < 2 h types, x < 140 nstructed on or a New large area y-to-dry only, 140 sfer only, 200 sh types, 140 s x nstructed on or a structed on or a structed on or a	I Drop store/out source 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gai/yr ≤ 1,800 gai/yr	al/yr	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, $x < 140$ gail transfer only, $x < 200$ gailyre both types, $x < 140$ gailyre (constructed before $12/9/91$) 3. Existing large area sound ry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of	rce	New small area reto-dry only, x < 2 h types, x < 140 nstructed on or a New large area reto-dry only, 140 sfer only, 200 sh types, 140 s x nstructed on or a	I Drop store/out source \$140 gal/yr 00 gal/yr gal/yr after 12/9/91) source 0 \le x \le 2,100 gal/\le x \le 1,800 gal/\le yr after 12/9/91)	al/yr	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91)	rce 2. //yr dry r trai bot // (co rce 4. //100 gal/yr dry gal/yr bot // (co lassification appropriate classification ity qualified for a general	New small area reto-dry only, x < 2 h types, x < 140 nstructed on or a New large area reto-dry only, 140 sfer only, 200 sh types, 140 s x nstructed on or a	I Drop store/out source 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gai/yr after 12/9/91) ICan not determed	al/yr yr nine	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,80 both types, 140 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91)	rce 2. //yr dry r trai bot // (co rce 4. //100 gal/yr dry 00 gal/yr trai gal/yr bot // (co lassification	New small area reto-dry only, x < 2 h types, x < 140 nstructed on or a New large area reto-dry only, 140 sfer only, 200 sh types, 140 s x nstructed on or a	I Drop store/out source 140 gai/yr 00 gai/yr gai/yr after 12/9/91) source 0 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gai/yr after 12/9/91) ICan not determed	al/yr yr nine	troleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ONIA
2. Examining the containers for leakage?	MAND NO AM
3. Closing and securing machine doors except during loading/unloading?	ACT ON
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AVA UN DAVA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SONA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Par	t V.
If classification 2 has been checked, the machine should be equipped with a re (complete A below).	frigerated condenser:
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 bas been checked, the machine should be equipped with a re (complete A and B below).	frigerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	X ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XXY □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ÀN
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 	OY ON PANIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN NO RECORDS

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?	0 Y 0	N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY O	N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?		n On/a
	Is the perc concentration equal to or less than 100 ppm?	QY Q	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?	ay a	n On/a
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY Q	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N □N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	j z Y □N				
2. Maintained rolling monthly averages of perc consumption?	May □n				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON SINIA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON \$MA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XINA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XVA				
6. Maintained startup/shutdown/malfunction plan?	àt □n				
7. Maintained deviation reports?	OY ON KANIA				
Problem corrected?	ANA PO YE				
Maintained compliance plan, if applicable?	DY DN ANA				

D.A. D.O	THE TRACE PROPERTY OF A NEW YORK	DED LEDG					
	VI: LEAK DETECTION AND						
I. Do	es the responsible official conduct a	wcekly (fo	r small so			und repair	г
ins	pection?			NO	RECORD KEEPING	ΩY	ПN
2. Ha	s the facility maintained a leak log?					ΩY	MN
3. Do	es the responsible official check the	following a	ireas for l	caks?			
	/ Hose connections, fittings, couplings, and valves	OY ON	I □N/A		/ Muck cookers	OY O	IN ON/A
; c	Door gaskets and seating	QY QN		000	Stills		N □N/A
106	Filter gaskets and seating	OY ON	□N/A	CONK	Exhaust dampers	QY Q	in □n/a
NO CEAK	Pumps	QY QN	□N/A		Diverter valves	OY O	N □N/A
7 00	Solvent tanks and containers	OY ON	□N/A	00	Cartridge filter housings	OY O	N □N/A
2	Water separators	OY ON	□N/A		·		
4. Whi	ich method of detection is used by the	he responsi	ble officia	u!?			
	Visual examination (condensed so	olvent on ex	nerior su	rfaces)		/25 -	
	Physical detection (airflow felt the	rough gaske	ets)			∑ i	
	Odor (noticeable perc odor)					βά	
	Use of direct-reading instrumenta	tion (FID/P	ID/calori	metric	tubes)		
	Halogen leak detector						
	If using direct-reading instru	umentation	, is the e	quipm	ent:	MIN/A	
	a. Capable of detecting p	erc vapor c	oncentrat	ions in	a range of 0-500 ppm?	OY O	N
	 b. Calibrated against a st (PID/FID only)? 	andard gas	prior to a	and aft	er each use		N
	c. Inspected for leaks and	d obvious si	gns of we	ar on a	a weekly basis?		И
	d. Kept in a clean and se		•				И
	e. Verified for accuracy b	y use of du	plicate sa	ımples	(calorimetric only)?		N
	ROGER ZHU 3/17/98						
	Inspector's Name (Please Print	t)			Date of Inspec	ction	
	auti/s	hu			1 YEA	R	
	Inspector's Signature				Approximate Date of N	lext Inspe	ection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Countryside Cleaners			HODIOIV OF THEE	PAG			
FACILITY ADDRESS: 7601 Causeway Blvd					CITY: Tampa PHONE: (813) 628-8807		
MAILING ADDRESS: Same CITY: Tampa			FL	A ZIP: 33619			
INSPECTION DATE: Mar 17, 1998	TIME IN: 11:15	TIME OUT: 12:00	INSPECTIO non-C		STATUS: Minor Out Compliance		
NEDS NUMBER: 571168							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Joong Kim							

Today's visit was to conduct the annual inspection.

The dry cleaning machine, SUPREMA 850 S2 SUPER with S/N SO218604372, was installed on 3/25/97.

The machine was not in operation today. No leaks or odors were noticed. The machine was clean and apparently well maintained.

No records were being kept except the perc purchase receipts and the monthly rolling total. The perc usage was 99.42 gallons for the last 12 months. Mr. Kim, the owner, seems not to understand the record keeping requirement. I instructed him on how to keep the necessary records.

Mr. Kim said that he is going to start the record keeping at once for the leak inspection and temperature measurement of the refrigerated condenser.

We decided to re-inspect this facility in 60 days to see if there is any improvement in record keeping.

INSPECTED BY:	Roger Zhu	DATE	: Mar 17, 1998

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JOONG SEO KIM
JOONG SEO KIM
7601 CAUSEWAY BLVD
TAMPA FL 33619

Do NOT Remove Label

Annual Reporting Period:	19 TO	19
	V general air permit, my facility has remained in compliance wi A.C.), during the period covered by this statement. YES	ith DEP Rule
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 _	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit t	hat has not been in continuous compliance during the reporting	<u> </u>
	<u> </u>	в 7 0
Exact period of non-compliance: from		D'
Action(s) taken to achieve compliance:	to Mobile Sources	A I
Method used to demonstrate compliance:	Sour	5 153 Moni
rection used to demonstrate compitation.	ces	nitori,
notification are true, accurate and complete. Fu	d on information and belief formed after reasonable inquiry, that the rther, my annual consumption of perchloroethylene solvent, based u dry facilities or 1,800 gallons per year for transfer or combination for	ipon purchase receipts,
RESPONSIBLE OFFICIAL: Nam	e (Please Print) Signature	9-23-98 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755

336976

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571168

JOONG SEO KIM JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03: Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 AM TIME OUT: 10.	30 AM AIRS ID#: 571168
TYPE OF FACILITY: Perc Dry cleun	ers
FACILITY NAME: COUNTRY Side Clean	Vers DATE: 7/16/99
FACILITY LOCATION: 7601 Causeway B	Ivd-
Tanpa, F1 33619	
RESPONSIBLE OFFICIAL: 5000 G KIM	PHONE NUMBER: (813) 628-8807
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements ediscrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	4 FOLLOW-UP ACTION REQUIRED
	P
·	Quiral Alle Comments
	AtoSilo Na Monitor
COMMENTS:	
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION:	we cut
	(Approximate)
INSPECTION CONDUCTED BY: WCVC	(Please Print)
INSPECTOR'S SIGNATURE: Live Yori	PHONE NUMBER: (\$13 \ 272-5\$ 30
Page	1 1

AIRS ID#: 0571168

Auc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COUN	otry side	Cleuners		Date: <u>0</u> ?-	-16 -99
FACILITY LOCATION:	bol Cause	way Blud.	<u> </u>		
Ta	11pa, T.1	33619			
Annual Reporting Period:	3/30	19 <u>98</u>	TO 7/	1161	19 <u></u> [9
Based on each term or condition 62-213.300, Florida Administrat			Ž.	<u> </u>	ile NO
If NO, complete the following:				•	
#1. Term or condition of the ger	neral permit that has	not been in continuous	compliance during the	reporting period sta	ited above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate con	npliance:				
#2. Term or condition of the gen	neral permit that has	not been in continuous	compliance during the	e reporting period str	ated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve comp	liance:				
Method used to demonstrate con	npliance:		·		
As the responsible official, I her made in this notification are true upon rolling averages of purcha year for transfer or combination	e, accurate and comp se receipts, does not facilities.	elete. Further, my annu exceed 2,100 gallons p	al consumption of per er year for dry-to dry	rchloroethylene solve facilities or 1,800 go	ent, based
RESPONSIBLE OFFICIAL: _	KIM HYU	in IL	Cim try unicl Signature		16-99
	Name (Pleas	e Print)	/ Signature	•	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D				
FACILITY NAME: COUNTRY SIDE					
FACILITY LOCATION: 7601 Cause Way Blvd.					
Tampa, F-1					
RESPONSIBLE OFFICIAL: JONG F	PHONE: (813) 628-8807				
CONTACT NAME:	PHONE:				
DARTA NOTHINGATION	•				
PART I: NOTIFICATION (check appropriate box)					
New facility notified DARM 30 days prior to st	artup 451A				
2. Facility failed to notify DARM to use general p	· //				
					
PART II: CLASSIFICATION					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum				
Facility indicated on notification form that it is:					
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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	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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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 classiff facility qualified for a general source	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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) 21 □ N □ Can not determine				

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN BN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ØN/A 2. Examining the containers for leakage? BY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 20N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	™ Y	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	אם	MIA
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	ΟY	□и	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	MN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	Ои	⊡ N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	NO	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	ZZN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA AND
2 Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DAN/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 DNIA
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם צם 🗚
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	אם צפ
7. Maintained deviation reports?	אומש מם צם
Problem corrected?	אומש מם צם
8. Maintained compliance plan, if applicable?	OY ON PAN/A

	•			
P A	ART VI: LEAK DETECTION AND F	REPAIRS		
Ì.	Does the responsible official conduct a	weekly (for small sources	, bi-weckly) leak detection ar	nd repair
	inspection?			מען עצים
2.	Has the facility maintained a leak log?			ody □n
3.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	ØY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	. BY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		/-
	Visual examination (condensed so	olvent on exterior surface	s)	
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	uon (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	ment:	⊠N/A
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	oy on
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	DY MAN

Mohammad Mozari Inspector's Name (Please Print) M. NOZav Inspector's Signature Approximate Date of Next Inspection	

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?

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Country Sic					AGE 1	
FACILITY ADDRESS: 7601 Causeway Boulevard CITY: Tampa PHONE: (813)628-8807					•	
MAILING ADDRESS: S	Same		CITY: Tampa		FLA	ZIP:33619
INSPECTION DATE: TIME IN: TIME OUT: INSPE July 16, 1999 9:30 AM 10:30 AM				INSPECTION TYPE: Annual		STATUS: In Compliance
NEDS NUMBER: 57116	58					
SOURCE DESCRIPTIO	N: Perchloroeth	ylene (Perc)	Dry Cleaner			
CONTACT(S): Kim IL						
The purpose of the visit was an annual inspection. We found the following:						
1. The record keeping of the Perc purchases was very good and organized.						
2. The gauge tempera	•		-			
3. The vicinity around	•	•	vas very clean a			intained.

- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 100 gallons and it was verified.
- 6. The machines were in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

·	
INSPECTED BY:	DATE:
Mohammad Nozari	July 16, 1999

ITTLE V AIR QUALITY GENERAL LERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAI	NT/DISCOVERY	RE-INSPE	сттом 🔀
TIME IN: 9:00	TIME OUT:	10:15	AIRS ID#:	571168	
TYPE OF FACILITY: PE	PC DRY CLE	ANER		-	
FACILITY NAME:	OUNTRYSIDE	CLEAN	VERS	DATE: 5/2	20/98
	601 CAUSEW				
	ampa, FL				
RESPONSIBLE OFFICIAL:			PHONE NUMBI	R:(813) 6 28	7-8807
	the compliance requirementule 62-213.300, Florida A			facility is found to l	ne in
Based on the results of discrepancies were note	the compliance requirement	nts evaluated di	aring this inspection, the	following complian	ce
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP AC	TION REQUIR	ED
			B	REC.	
			treau of his Morices	6/2	
	-		Sources	allo me	_
COMMENTS:					
The Annual Compliance Certifica	ution form has been proper	rly certified and	I submitted to the inspec	etor. YES	ио Пои
DATE OF NEXT INSPECTION	ť:		·		
nspection conducted e	SY:		R ZHU		
nspector's signature:_	Ruf	(Please Pr	int)PHONE NUMBE	R: (813)272	- 553·U
	P:	age of			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DI	SCOVERY	
	RE-INSPECTION	X			
AIRS 10#: 571168	DATE: 5/20/92	8 TIME	IN: 92000 т	IME OUT:	10:15
FACILITY NAME: FACILITY LOCATION:	OUNTRYSIDE	- CLEX	WERS	_	
FACILITY LOCATION:	1601 CAUSE	EWAY 1	BLVD		
	Tampa, FC	_ 33619	7		
RESPONSIBLE OFFICIAL :	JOONG K	im	_PHONE: (813) 628-	8807
RESPONSIBLE OFFICIAL:	SAME		_ PHONE:	SAME	
PART I: NOTIFICATION					
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·				
New facility notified DARM	f 30 days prior to startu	חו	11/6		
2. Facility failed to notify DAF		-	NA		
		- ` .	•		
PART II: CLASSIFICATION	N		_		_
			☐ No notification	form	
Facility indicated on notificat (check appropriate box)			☐ No notification☐ Drop store/out	- -	troleum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:	New small a	☐ Drop store/out	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour	ion form that it is:	2. New small a	☐ Drop store/out	- -	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is: ree	iry-to-dry only, ransfer only, x	☐ Drop store/out trea source x < 140 gal/yr < 200 gal/yr	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	iry-to-dry only, ransfer only, x ooth types, x <	☐ Drop store/out rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is: rce	iry-to-dry only, ransfer only, x ooth types, x <	☐ Drop store/out trea source x < 140 gal/yr < 200 gal/yr	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	ion form that it is: rce	dry-to-dry only, ransfer only, x both types, x < constructed on	□ Drop store/out trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	dry-to-dry only, ransfer only, x poth types, x < constructed on . New large a	□ Drop store/out trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pe	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	iry-to-dry only, ransfer only, x coth types, x constructed on h. New large a lry-to-dry only, ransfer only, 20	Drop store/out area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	of business/per	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	dry-to-dry only, ransfer only, x coth types, x < constructed on l. New large a dry-to-dry only, ransfer only, 20 to th types, 140	☐ Drop store/out Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/per	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	dry-to-dry only, ransfer only, x coth types, x < constructed on l. New large a dry-to-dry only, ransfer only, 20 to th types, 140	Drop store/out area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	of business/per	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: ree	dry-to-dry only, ransfer only, x coth types, x < constructed on l. New large a dry-to-dry only, ransfer only, 20 to th types, 140	☐ Drop store/out Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/per	troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility o	ion form that it is: ree	iry-to-dry only, ransfer only, x coth types. x < constructed on New large a dry-to-dry only, ransfer only, 20 toth types, 140 constructed on Y \bigcup N ion:	☐ Drop store/out Trea source	of business/per	troleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ÁY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN 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? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN 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 maching should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° J DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YO

<u> </u>	
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?	מט אם אם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON 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?	מם צם
2. Maintained rolling monthly avorages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
l /	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?6. Maintained startup/shutdown/malfunction plan?	OY ON ON/A

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Doo	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insj	pection?			NO YO		
2. Has	s the facility maintained a leak log?			DAŽ ON		
3. Do	es the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	□Y □N □N/A	Stills			
	Filter gaskets and seating	OY ON ON/A	Exclaust dampers	OY ON ON/A		
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	מאָקם אם צם Alva				
4. Wh	nich method of detection is used by the	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)			
	Halogen leak detector			.		
	. If using direct-reading instr	umentation, is the equipm	ent:	□N/A		
	a. Capable of detecting p	perc vapor concentrations is	n a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s QID/FID only)?	tandard gas prior to and af	ter each use	NO YO		
	Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and so	ecure area when not in use?	?	OY ON		
	e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON		
ļ						
	ROGER 2HU 5/20/98					
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection		
	10	1 4		•		

Revised 8/11/97

Approximate Date of Next Inspection

INSPECTION REPORT FORM						
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Countrysid	e Cleaners			PA	AGE	1 OF 1
FACILITY ADDRESS:	7601 Causewa	y Blvd		CITY	: Tan	npa
				PHO	NE: (813) 628-8807
MAILING ADDRESS:	Same		CITY: Tampa		FLA	ZIP: 33619
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYI	PE:	STATUS:
Mar 17, 1998	11:15	12:00	non-C	DS		Minor
						Out Compliance
NEDS NUMBER: 571168						
SOURCE DESCRIPTION: Perc Dry Cleaner						
CONTACT(S): Joon	ng Kim					

Today's visit was to conduct the annual inspection.

The dry cleaning machine, SUPREMA 850 S2 SUPER with S/N SO218604372, was installed on 3/25/97.

The machine was not in operation today. No leaks or odors were noticed. The machine was clean and apparently well maintained.

No records were being kept except the perc purchase receipts and the monthly rolling total. The perc usage was 99.42 gallons for the last 12 months. Mr. Kim, the owner, seems not to understand the record keeping requirement. I instructed him on how to keep the necessary records.

Mr. Kim said that he is going to start the record keeping at once for the leak inspection and temperature measurement of the refrigerated condenser.

We decided to re-inspect this facility in 60 days to see if there is any improvement in record keeping.

Follow-up on 5/20/98: The purpose of today's visit was to check if there has been any improvement on record keeping after my last visit. Mr. Kim keeps good records now. He has recorded the temperature and the leak inspections on a weekly basis since he was instructed on how to log in these data in the last inspection. Based on the results of this re-inspection, this facility is in compliance with the FDEP Rule.

I					
	INSPECTED BY:	Roger Zhu	DATE:	Mar 20, 1998	
I					

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390355

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM

7601 CAUSEWAY BLVD **TAMPA FL 33619**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	JAL 🔏 COM	PLAINT/DISCOV	ERY L	RE-INSPECTION	
TIME IN: 4:30 AM	TIME OUT: 9:45	Am A	IRS ID#: 057	1168	
TYPE OF FACILITY: Perc Dry'C	leaner?				
FACILITY NAME: COUNTRY S.	de Cleaners			DATE: 6/27/	00
FACILITY LOCATION: 7601 Car					
	1 33619				
RESPONSIBLE OFFICIAL: ゴロロック	Kim	РНО	NE NUMBER: (813)623-880	7
Based on the results of the comp compliance with DEP Rule 62-2	-	-	-	ty is found to be in	
Based on the results of the comp discrepancies were noted:	liance requirements evalua	ated during this in	spection, the follow	wing compliance	
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLO	W-UP ACTIO	N REQUIRED	
	-				
Due to Kamily Sicka	sess, thoowner				
	·			P	
Was NOT available	to showmo	_	· .	- P	1
Ris Record Keepira,	Kasta Spection			Tream of P.	The state of the s
				Monitorings	
				U.S.	
			<u>.</u>		
					:
COMMENTS:	_		·		
			·		
				· _	
The Annual Compliance Certification fo			d to the inspector.	YES N	ro
DATE OF NEXT INSPECTION:		- 00			
inspection conducted by: \(\frac{\kappa}{\chi}\)	rohammad No	proximate)			
	(P)	ease Print)		212	~~ <u>~</u>
inspector's signature: M	·1003001	PH(ONE NUMBER:_	813-272	<u>ک لائہ ِ</u>

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	•	
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, Q COMPLAINT/DISCOV	ERY O
AIRS ID#: <u>057 //68</u> FACILITY NAME: <u>Coo</u>		TIME IN: 7:30 Am TIME	OUT: <u>9:45 Am</u>
FACILITY LOCATION:	1601 Causeway	Blud.	
	ampa, Fl 33619	1	
RESPONSIBLE OFFICIAL	: 500Ng KIM	PHONE: (813) 628	5-8807
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
New facility notified DAR	M 30 days prior to startup		
2. Facility failed to notify DA			
	·		
PART II: CLASSIFICATION)N		
-	J11		-
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource \(\sigma \) 2. al/yr dry	-to-dry only, x < 140 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area so	ation form that it is: urce	☐ Drop store/out of bu New small area source	siness/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: aurce	□ Drop store/out of bu New small area source to-dry only, x < 140 gal/yr nsfer only, x < 200 gal/yr h types, x < 140 gal/yr	siness/petroleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: al/yr dry yr tra bot 1) (co	Drop store/out of but New small area source into-dry only, $x < 140$ gal/yr insfer only $x < 200$ gal/yr instructed on or after $12/9/91$) New large area source into-dry only, $140 \le x \le 2,100$ gal/yr insfer only, $200 \le x \le 1,800$ gal/yr instructed on or after $12/9/91$)	siness/petroleum
Facility indicated on notific: (check appropriate box) 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility. If no, please check to face	ation form that it is: al/yr dry yr tra bot 1) (co 2. 2. 2. 3. 3. 4. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Drop store/out of but New small area source [1-to-dry only, $x < 140$ gal/yr insfer only $x < 200$ gal/yr th types, $x < 140$ gal/yr instructed on or after $12/9/91$) New large area source [1-to-dry only, $140 \le x \le 2,100$ gal/yr insfer only, $200 \le x \le 1,800$ gal/yr th types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$) Y \square N \square Can not determine in:	siness/petroleum

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

5 n 'sed 9/11/07

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d OY OX
2. Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ZIY 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
if machines are equipped with a carbon adsorber?	OI UN UNA
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?	□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	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	OY ON
Has the responsible official: (check appropriate boxes)	אם צם
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for applicable direct reading instruments)	OY ON OY ON ON/A OY ON ON/A OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A

PA	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?			UA ON	
2.	Has the facility maintained a leak log?			PY ON	
3.	Does the responsible official check the	following areas for leak	rs?	·	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	מואם אם צם	Cartridge filter housings	OY ON ONA	
	Water separators	OY ON ZINA	· ·		
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfa	ices)		
1	Physical detection (airflow felt th	rough gaskets)		<u> </u>	
	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:				□N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? QY QN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks a	nd obvious signs of wes	ar on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in	ı use?	OY ON	
	e. Verified for accuracy	by use of duplicate sai	mples (calorimetric only)?	OY ON	
	<i></i>		•		
_					
_	Mohammad Nozar	!	6/27/00	<i>y</i>	
	Inspector's Name (Please Pr	int)	Date of Insp	pection	
_	MNO3 or		7/6/0)· ()	
	Inspector's Signature		Approximate Date of	f Next Inspection	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RS	en	
mál	Wind of the second	5
(XXX	<i>x</i> O .	

TYPE OF INSPECTION:

facility was 40 gallons.

ANNUAL

図

COMPLAINT/DISCOVERY

RE-INSPECTION

	<u> </u>
AIRS ID#: <u>057//68</u> DATE: <u>7-13-</u>	00 TIME IN: 10'AM TIME OUT: 10'45 AM
FACILITY NAME: COUNTRY SIDE	cleaners
FACILITY LOCATION: 7601 Course We	ay Bird.
Tampa, KI	33619
RESPONSIBLE OFFICIAL: JUNG	(,M PHONE: (813) 628 - 8807
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup \mathcal{N}/\mathcal{A} \square
2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: eneral permit as number A - Z above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	ourchased 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) MY ON DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? A/M M PIX 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **M**NA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY DN KAY 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 condenser upon opening the door? A'Y ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO YE 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? A/MD MD YEA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? MO YK

B. Has the responsible official of	of an existing large or new large area source also:	
)	haust temperature on the outlet side of the condenser located lryer machines on a weekly basis?	ed ØY□N
Measured and recorded the wa inlet and outlet weekly?	isher exhaust temperature at the condenser	אואם אם ציף
Is the temperature differen	ential equal to or greater than 20° F?	אא ס , אם אם אם
II	rc concentration in the exhaust stream weekly cycle while the machine is venting to the adsorber.	•
if machines are equipped with	· · · · · · · · · · · · · · · · · · ·	A/M/A NO YO
Is the perc concentration	equal to or less than 100 ppm?	OY ON ON/A
perc concentrations is at least	t on the carbon adsorber exhaust for measuring 8 duct diameters downstream of any bend, contraction, t diameters upstream from any bend, contraction,	
or expansion; and downstream	•	AND NO YO
Equipped transfer machines (condenser coils?	dryers, reclaimers, and washers) with individual	A'אם אם אם א
6. Routed airflow to the carbon a	adsorber (if used) at all times?	OY ON A IN/A

PART V: RECORDKEEPING REQUIREMENTS	· · · · · · · · · · · · · · · · · · ·
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	A Y □N
2. Maintained rolling monthly averages of perc consumption?	אם צובא.
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	ANO NO YA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אַעם מם צ ק ע
4. Maintained calibration data? for applicable direct reading instruments)	OY XON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ÆN □N/A
6. Maintained startup/shutdown/malfunction plan?	ХОУ □Й
7. Maintained deviation reports?	OY JAN ON/A
Problem corrected?	OY ØN □N/A
8. Maintained compliance plan, if applicable?	□Y X N □ □N/A

PART VI: LEAR DETECTION	AND REPAIRS			
1. Does the responsible official con	nduct a weekly (for small source	es, bi-weekly) leak detection ar	nd repair	
inspection?			N□ Y ≱	
2. Has the facility maintained a lea	ak log?		OY AN	
3. Does the responsible official che	eck the following areas for leaks	s?		
Hose connections, fittings, couplings, and valves	, May on on/a	Muck cookers	My On On/a	
Door gaskets and seating	A/NO NO YA	Stills	AND ND YX	
Filter gaskets and seating	AND NO YOU	Exhaust dampers	A'NO NO Y	
Pumps	AND NO YX	Diverter valves	אומם מם צאָן	
Solvent tanks and contain	ers MY ON ON/A	Cartridge filter housings	AND ND YA	
Water separators	ØY □N □N/A			
4. Which method of detection is u	sed by the responsible official?	·.		
Visual examination (cond	lensed solvent on exterior surfac	œs)	A	
Physical detection (airflov	w felt through gaskets)		×	
Odor (noticeable perc odo	or)			
Use of direct-reading inst	rumentation (FID/PID/calorime	etric tubes)		
Halogen leak detector	:		<u> </u>	
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
b. Calibrated ag (PID/FID onl	gainst a standard gas prior to an	d after each use	OY ON	
	leaks and obvious signs of wear	r on a weekly basis?	M Y □N	
<u> </u>	an and secure area when not in		MA □N	
-	accuracy by use of duplicate sam		DY AN	
•				
M NO ZON Inspector's Name (P)		7-13-00	·	
Inspector's Name (P.	lease Print)	Date of Ins	pection	
1 4 m 2 m		\ Year	. .	
Inspector's Signa	ature	Approximate Date o		
			- E	

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Country Side Cleaners PAGE 1 OF 1			OF 1			
FACILITY ADDRESS: 7601 Causeway Boulevard CITY: Tampa PHONE: (813)628-8807				•		
MAILING ADDRESS: Same CITY: Tampa FLA ZIP:33619					ZIP:33619	
INSPECTION DATE: July 13, 2000	TIME IN: 10:00 AM	TIME OUT: 10:40 AM	INSPECTION TY		PE:	STATUS: In Compliance
NEDS NUMBER: 571168						
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner						
CONTACT(S): Kim IL						
The number of the visit was an annual ingression. We found the following:						

The purpose of the visit was an annual inspection. We found the following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 40 gallons and it was verified.
- 6. The machines were in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

INSPECTED BY:	DATE:
Mohammad Nozari	July 13, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10: A M	TIME OUT: 10	15 Am AIRS ID#: 05	71168
TYPE OF FACILITY: Perc	Day Cleaners	·	
FACILITY NAME: Con	ry side cleane		ATE: 7-13-00
FACILITY LOCATION: 7601	Conseway Blud.		
	ii, Fl 33619		
RESPONSIBLE OFFICIAL:	SOUNG KIM	PHONE NUMBER: (133628-8807
Based on the results of the compliance with DEP Ru	ne compliance requirements evalu ale 62-213.300, Florida Administ	ated during this inspections the facility rative Code (F.A.C.).	y is found to be in
Based on the results of the discrepancies were noted		ated during this inspection, the follow	ying compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N RÉQUIRED
		,	
 			<u></u>
			
			<i>(</i>
COMMENTS:			
			•
The Annual Compliance Certific	ation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO			
	0	pproximate)	
INSPECTION CONDUCTED		lease Print)	
night one his state -		•	(813) 272-5530
INSPECTOR'S SIGNATURE:	_ M·NOS COU	PHONE NUMBER: J	013/6/6-2250

R	м лісь	d 1	n	/1	U	/Q	ć

JAIRS ID#: 0571168

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COUNTRY Side Cleaners	DATE: 7-13-00
FACILITY LOCATION: 7601 Cause way Blud.	
Tampa, K1 33619	
Annual Reporting Period: 7/16 1999 TO 7-1	3 20.00
Based on each term or condition of the Title V general air permit, my facility has remained in comp	pliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES UNO
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	e reporting period stated above:
Exact period of non-compliance: from	· .
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
<u>-</u>	
As the responsible official, I hereby certify, based on information and belief formed after reasonal made in this notification are true, accurate and complete. Further, my annual consumption of per upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry	rchloroethylene solvent, based
responsible official: KIM HYUN IC Limitary Inc.	1 0-12-00
Name (Please Print) RESPONSIBLE OFFICIAL: COM MY (NO 10 COMM) (MA) Name (Please Print) Signature	Date
· · · · · · · · · · · · · · · · · · ·	

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

}	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internatio ISent to COUNTRYSIDE CLEA JOONG SEO KIM 7601 CAUSEWAY BLY TAMPA FL 33619	Provided. nal Mail (See revers AIRS ID # 0 NERS	-	
	Special Delivery Fee			
	Restricted Delivery Fee		,	
1995	Return Receipt Showing to Whom & Date Delivered			
Aoril	Return Receipt Showing to Whom, Date, & Addressee's Address			
3800		\$		
PS For	⊖ L⊖thermore	न्तर 10 typir 941		
SENDER: Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. Print your name and address of			Talso wish to receive the following services (for an extra fee):	-
card to you. Attach this form to the front of the	the mailpiece, or on the back	if space does not	1. Addressee's Address	vice.
permit. Write "Return Receipt Requeste The Return Receipt will show to			2. Restricted Delivery	Ser
delivered.	O WHOM the afficie was delive		Consult postmaster for fee.	'eipt
3. Article Addressed to:	AIRS ID # 057116	4a. Article N	umber 052 66 /	æ
COUNTRYSIDE CLEA		4b. Service		. ţţ.
JOONG SEO KIM		☐ Registere	ed 🗡 Certified	æ
7601 CAUSEWAY BL	VD	☐ Express	Mail Insured	ij
TAMPA FL 33619		☐ Return Red	ceipt for Merchandise COD	ž
·		7. Date of De	\circ \sim \circ	nank you for using Return Receipt Service
LE Dessitued Day (Driet Man			5-5-79	- X
15. Received By: (Print Nan	ie)	and fee is	e's Address (Only if requested paid)	Jan

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

6- Signature: (Addressee of Agent)

PS Form 3811, December 1994

Z 333 660 629 QQQ

US Postal Service Receipt for Certified Mail

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619

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

zegybbs nyutgy edt v Fold at line over top of envelope

in the reverse side?	SENDER: Complete items 1 and/or ∠ ior 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 space permit. Write "Return Receipt Requested" on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed or	3. Article Addressed to: AIRS ID # 0571 168 COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619	4b. Service Registere Express	Type ad
Is your RETUR	5. Received By: (Print Name) KIM HSUN IL 6. Signature: (Addressee or Agent) X Kins hyunil	and fee is	
RETURN ADDRE	5. Received By: (Print Name) LIM HSUN IL 6. Signature: (Addressee or Agent) X Kins hyunil	☐ Express ☐ Return Re 7. Date of Do	Mail Insceipt for Merchandise Coelivery

08P 514 EEE. 3

US Postal Service Receipt for Certified Mail

AIRS ID 0571168

JOONG SEO KIM JOONG SEO KIM 7601 CAUSEWAY BLVD **TAMPA FL 33619**

ı	_	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Αρ	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
om 3800	Postmark or Date	

	over top of envelope to	Fold at line	
on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
RETURN ADDRESS completed of	3. Article Addressed to: JOONG SEO KIM JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619 5. Received By: (Print Name)	4b. Service Registere Express I Retum Ret	Type ad Certified Mail Insured ceipt for Merchandise COD ceilivery a's Address (Only if requested
ls your	6: Signature: (Addressee or Agent)		Domestic Return Receipt

A HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 FEB 20 98

Do NOT Remove Label

AIRS ID 0571168

JOONG SEO KIM JOONG SEO KIM 7601 CAUSEWAY BLVD **TAMPA FL 33619**

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0364101

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619 AR 15 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

377138

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD **TAMPA FL 33619**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No In	RECEIPT usurance Coverage Provided)
_		
{ -	9	
n	Postage \$ Certified Fee	Postmark
	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
	Total Post. COUNTRYSIDE (Recipient's LOONIC SEC KIM]
	TAMPA FL	
Complete items item 4 if Restrict Print your name so that we can Attach this care	PLETE THIS SECTION 1, 2, and 3. Also complete cted Delivery is desired. e and address on the reverse return the card to you. It to the back of the mailpiece, if space permits.	A. Received by (Please Print Clearly) C. Signature X An implication of Deliver B. Date of Deliver C. Signature Addresse
OUNTRYSIDE C ONG SEO KIM 01 CAUSEWAY	AIRS ID # 0571168 CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No .
AMPA FL 619	100264128660	3. Seprice Type 3. Seprice Type Certified Mail
1000060	100x4 11x8661	204. Restricted Delivery? (Extra Fee) ☐ Yes
. Article Number (C	Copy from service label)	_
2S Form 3811, Ju		Return Receipt 102595-00-M-0952

CERT	Postal Service FIFIED MAIL RECEIPT ic Mail Only; No Insurance Coverage Provided)	
9371	FFICIAL USE	
Return R (Endorsement Restricted D (Endorsement Correct Sent To J(Sent To J(City, Sta T, PS Form 3800 Return R (Endorsement Correct Sent To J(City, Sta T, PS Form 3800 Return R (Endorsement Correct Restricted D (Endorseme	AIRS ID # 0571168 OONG SEO KIM OUNTRYSIDE CLEANERS 601 CAUSEWAY BLVD AMPA FL 33619 D. January 2001 See Reverse for Instruct SSBBGOV NBILBH BH 1 40 3 40 6011V BEXOLUS BOVID Also complete s desired. To on the reverse d to you. Of the mailpiece, of the mailpiece, of the mailpiece, if yes, enter delivery address different fin if YES, enter delivery address.	PAGENT Agent Addressee om item 1?
JOONG SEO KIM COUNTRYSIDE CLEANERS T601 CAUSEWAY BLVD TAMPA FL 33619	3. Service Type Certified Mail □ Expre	n Receipt for Mercnandise
	4. Restricted Delivery? (Extra Fe	ee) 🗆 Yes
2. Article Number (Copy from service 7001 0320 0001	7975 9371	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

...ON MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414443 FEB25 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL

33619

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

419		MAIL REC	EIPT Coverage Provided)	
ے ا				
40	Postage	\$		
47.7	Certified Fee			
	G 3 3 3 3 3 3 3 3 3 3		Postmark	
12	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			
	(Chaoisement nequires)	AIRSI	D# 0571166	
0600	Total Postage TLIF	SUPERIOR CLEAN		
	Recipient's Nar LATA		7	
	14428	N DALE MABRY	HWY	
	Circai A-4 M	Street, Apt. No.; TAMPA FL		
0007	City, State, ZIP+ 33618			
-	PS Form 3800 February	2000	See Reverse for Instructions	

PS Form 3800 F brus 7,2000	See Reverse for Inst	ructions
SENDER: COMPLETE THIS SECTION	COMPLETE THIS	DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clean C. Signature X L 5 Part L D. Is delivery address different from	Agent Addressee
1. Article Addressed to: AIRS ID # US71166 THE SUPERIOR CLEANER LATA PATEL [14428 N DALE MABRY HWY TAMPA FL	If YES, enter delivery address	
33618	3. Service Type Certified Mail	Receipt for Merchandise
2000600002645286419 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee	e) 🗆 Yes
PS Form 3811, July 1999 Domestic Ret	turn Receipt	102595-00-M-0952

This portion must be attached to remittance for proper handling 409370 JUN25 2001

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

TOTAL AMOUNT DUE; \$75.00

Do NOT Remove Label

AIRS ID # 0571168

COUNTRYSIDE CLEANERS JOONG SEO KIM 7601 CAUSEWAY BLVD TAMPA FL 33619

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

'S 570 PPT 350

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0571168
COUNTRYSIDE CLEANERS
JOONG SEO KIM
7601 CAUSEWAY BLVD
TAMPA FL 33619

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

	The return address			
6	Fold at line over top of envelope to	_		
rse side?	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):	aj
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	Service
the	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		* 2. Restricted Delivery	Se
o a	delivered.		Consult postmaster for fee.	ceipt
completed	3. Article Addressed to: AIRS ID # 0571168 COUNTRYSIDE CLEANERS	4a. Article No. 2/ 4b. Service 1	0661320	rn Re
	JOONG SEO KIM	☐ Registere	• • • • • • • • • • • • • • • • • • • •	3 Retu
ADDRESS	7601 CAUSEWAY BLVD TAMPA FL 33619	☐ Express N	Mail Insured	using
E	3301)		ceipt for Merchandise COD	Įor u
1	•	7. Date of De	H	you
RETURN	5. Received By: (Print Name) TYUN IL KIM	8. Addressee and fee is	o's Address (Only if requested paid)	Thank
your	6. Signature: (Addressee or Agent)			•
s yc	X amhipril			
! —	PS Form 3811 , December <u>1</u> 994		Domestic Return Receipt	

	U.S. Postal Service CERTIFIED MAIL F (Domestic Mail Only; No Insur	
(n	น น น	
ה ה ה	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
	Total Pos' COUNTRYSIDE CLI Recipient's JOONG SEO KIM 7601 CAUSEWAY B TAMPA FL 33619 City, State, PS Form 3800, February 2000	
item 4 if Res Print your na so that we c Attach this c	ems 1, 2, and 3. Also complete stricted Delivery is desired. ame and address on the reverse can return the card to you. card to the back of the mailpiece, ont if space permits. Seed to: AIRS ID # 0571168 CLEANERS	
(601 CAUSEWA AMPA FL 33619	Y BLVD 9	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandi Insured Mail C.O.D.
	er (Copy from service label)	Return Receipt 102595-99-M-176

(Domestic Mail Onl	MAIL RECEIPT by; No Insurance Coverage Provided)
5	
Postage \$	
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Postage & Fees \$	AIRS ID # 0571168
JOONG SEO KIM 7601 CAUSEWAY BLV TAMPA FL 33619	VD
ENDER: COMPLETE THIS SECTION	se for Instructions 3371d ECTION ON DELIVERY
Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you Attach this card to the back of the mor on the front if space permits.	d. reverse C. Signatule L
Article Addressed to: AIRS ID # 05 DUNTRYSIDE CLEANERS	If YES, enter delivery address below: No
ONG SEO KIM 01 CAUSEWAY BLVD NMPA FL 33619	3. Service Type Certified Mail
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
7000 0600 06 Form 3811, July 1999	5 26 4126 6015 Domestic Return Receipt 102595-99-M-176

U:S. Postal Service