

### Department of Environmental Protection

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

Colleen M. Castille Secretary

February 9, 2005

Mr. Yin Yuh Jiun Hao Hao Cleaners 2330 North Wickham Road, Suite 4 Melbourne, Florida 32935

Re: Facility No.: 0090155-003

Dear Mr.Jiun:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 6, 2005.

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

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

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

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

Sincerely,

Joseph Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

# RECEIVED

JAN 6 2005

Bureau of Air Monitoring & Mobile Sources

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

<u>Fa</u>	cility Name and Location					
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
ļ	Ma /in /uh Jiun Site Name (For example, plant name or number):					
2.	Site Name (For example, plant name or number):					
	HNO HAD CLEANERS.					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location:					
	Street Address:	7. C. 1 37975				
	City: MELBOURNE County: BREVARD					
5.	Facility Identification Number (DEP Use OULY - denot fill in):	5-003				
Res	ponsible Official  Name and Title of Responsible Official:					
1141	ne: Mr Yn Yun Jinn Title: Ou	inser.				
7.						
	Organization/Firm: Street Address: 329 2330 Nonth Wickham ROAD.	# 4.				
	City: MELBOURNE County: BREVARD	Zip Code: 32935				
8.	Responsible Official Telephone Number: Telephone: (321) 255-4310 Fax: (	`				
	Telephone: (321) 255-4810 Fax: (	<i>)</i>				
Fac	ility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County:	Zip Code:				
	D. 11: 0	· · · · · · · · · · · · · · · · · · ·				
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: (	) -				
	receptione. ( ) - 1 ax. (	, -				

DEP Form No. 62-213.900(2) Effective: 2/24/99

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(2)	

#### **Facility Information**

#### 1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?	6.11
For each dry-to-dry machine on-site, please provide the	following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Augus 7 1992	Existing/New	RC/CA/None required	SAME
·	Existing/New -	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL	DEVICE KEY:
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RC = refrigerated condenser

CA = carbon adsorber

#### 1.(b) TRANSFER MACHINES ONLY

Ho	v many	y washers	do	you	have	on-site	?
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	reclaime		

unit. If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[ 15] gallons (You must fill this in)

(b) If less than 12 months, how many? [3] months

Check why it is less than 12 months: New owner: [ Did not keep records: [\_\_\_\_]

New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_\_)



3. What is the facility's source classification based on the defini Indicate with an "X". Select one classification only.)	tions found in section (3) of Part II?				
Small Area Source					
Transfer only on-site (used less	than 140 gallons of perc per year) than 200 gallons of perc per year) than 140 gallons of perc per year)				
Large Area Source					
Transfer only on-site (used 200	2 - 2,100 gallons of perc per year) 3 - 1,800 gallons of perc per year) 4 - 1,800 gallons of perc per year)				
4. What control technology is required on machines pursuant to (Indicate with an "X".)	section (5) of Part II of this notification form?				
	New machines at small area source Refrigerated condenser []				
	New machines at large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions units shall no Rule 62-213.300, F.A.C. Verify that all steam and hot water generateria or that no such units exist on-site (see attached memo for	nerating units on-site meet the following exemption				
All steam and hot water generating units exempt No such units on-site	OR .				
How many boilers do you have on-site?	•				
For each boiler, indicate its horsepower (HP) rating: [] [					
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)				
6. Equipment Monitoring and Recordkeeping Information					
Check all logs which are required to be kept on-site in accordance	e with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases/solvent addition log					
(b) Leak detection inspection and repair					
(c) Refrigerated condenser temperature monitoring [X]					
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Startup, shutdown, malfunction plan					

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)					
Please indicat	te with an "X" the appropriate selection:					
	[ I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are					
	No DEP air permits currently exist for the operation of the facility indicated in this notification form					
Responsible	Official Certification					
this notifi statement maintain comply w	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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.					
	YUH Jun ne of responsible official					
Signature	11/18/2004 Date					

## FILE AIRS ID # 0090155 2005 PAYMENT

LEXCEC/2005

HAO HAO INTERNATIONAL INC	2113
2330 N WICKHAM RD MELBOURNE, FL 32935-8182	478063 NOV15287 63-215/631
	11/20/07
l	Date
Pay to the FDEP	\$ 75 00
Seventy Five Too only	Dollars 1 Security Feature on Beautie on Bea
SUNTRUST ACH RT 061000104	
For AIRS ID 0090155 2005	yyy ne

fat, Please Seal me you Tuk Jeen 2330 Micklan Delbacerae H. 32935 Ranke Suly mailed copy CC: Central Distret 20-11/13/2007

HNO HAO CLEANERS
2330 N. WICKHAM ROND STE 4
MELBOURNE FL 32935.

USA 41

FDEP (TITLEY PERMIT)
P.O. BOX 3070
TALLAHASSEE, F2. 32315-3070

3231543970

Adhalda Haadh Idaa Hilbarhadh adaadh adalah a

U.S. Postal Service™ CERTIFIED MAIL RECEIPT 7221 (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 0144 \$ Postage 4000 Certified Fee **Postmark** Return Recient Fee Here (Endorsement Required) Restricted Delivery Fee 0200 (Encorsement Required) AIRS ID# 90155 1stC ACOSTA CLEANERS 7003 2330 N Wickham Rd MELBOURNE, FL 32935 PS Form 3800, June 2002 See Reverse for Instructions

#### UNITED STATES POSTAL SERVICE



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

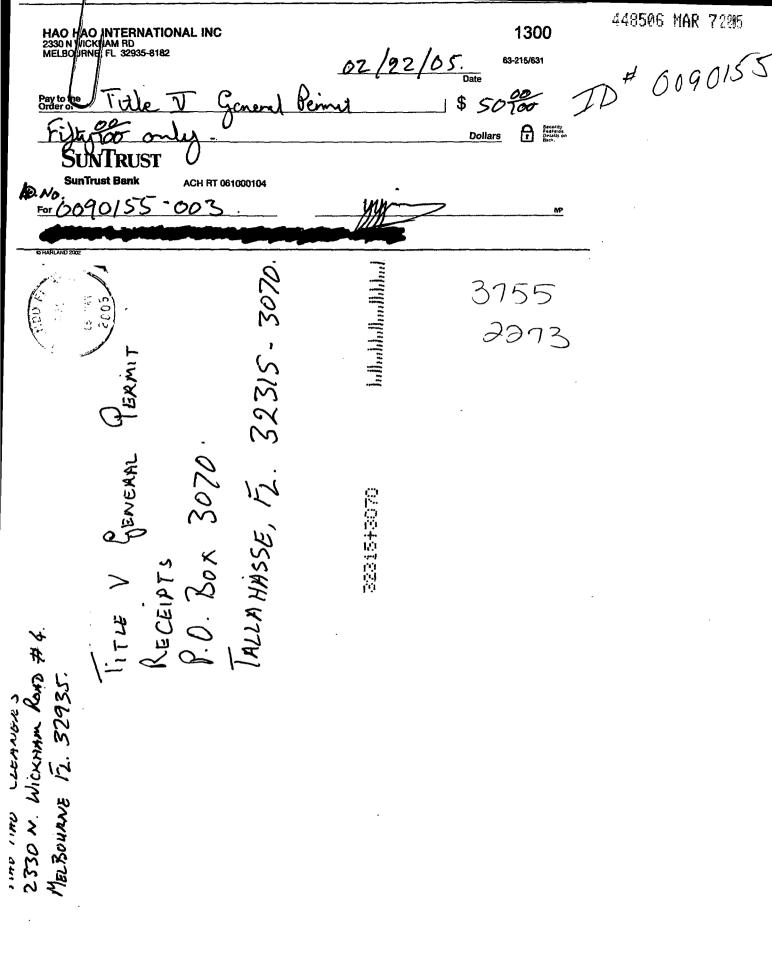
• Sender: Please print your name, address, and ZP+4 in this box •

BUR. OF AIR MONITORING & MOBILE STURCES OF AIR MONITORING & MOBILE STURCES OF AIR MONITORING & MOBILE STURCES OF AIR STATION 5510

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Dagent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Acosta  2-7-05		
1. Article Addressed to:  AIRS ID# 90155 1stC ACOSTA CLEANERS 2330 N Wickham Rd	D. Is delivery address different from Item 1?		
MELBOURNE, FL 32935	3. Service Type  Certified Mail		
2. Article Number (Transfer from service lat. 7003 0500	Alex		
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540		



#### U.S. Postal Service™ CERTIFIED MAIL RECEIPT 248 (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com® 3938 OFFICI Postage 2000 Certified Fee Postmark Return Receipt Fee Here (Endorsement Required) 570 Restricted Delivery Fee (Endorsement Required) ш AIRS ID#0090155.....2nd Cert 05 Total ( ACOSTA CLEANERS Sent To 2330 N Wickham Rd Street. MELBOURNE, FL . 32935 or PO B City, Ste PS Form 3800 June 2002 See Reverse for Instructions

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

AIRS ID#90155 ACOSTA CLEANERS -H. 2330 N Wickham Rd MELBOURNE, FLORIDA 32935

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#### MS# 5510 MC Acct# 5527

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



016H16501646 02/02/2007 Mailed From 32399 **US POSTAGE** 



AIRS 1D#90155 ACOSTA CLEANERS 2330 N Wickham Rd **MELBOURNE, FLORIDA 32935** 

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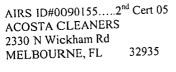
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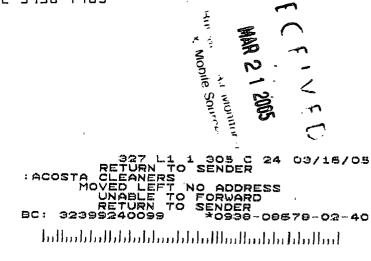
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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400







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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  X
	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.	B. Received by ( Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
	AIRS ID#00901552 <sup>nd</sup> Cert 05 ACOSTA CLEANERS 2330 N Wickham Rd MELBOURNE, FL 32935	3. Service Type D Certified Mall
		4. Restricted Delivery? (Extra Fee)
	7004 2510 0002 3938	7485
il	PS Form 3811, August 2001 Domesti	ic Return Receipt 102595-02-M-1540

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