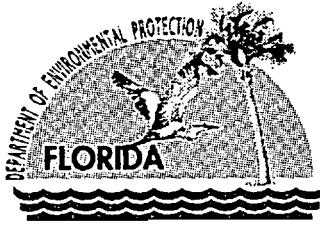


Fees Paid 99-00
SOC 5
Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 22, 2001

Mr. Kyoung S. Lee
Boston Man Cleaners
6081 West Sunrise Boulevard
Sunrise, Florida 33313

Re: Facility No.: 0112244-002

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 18, 2001.

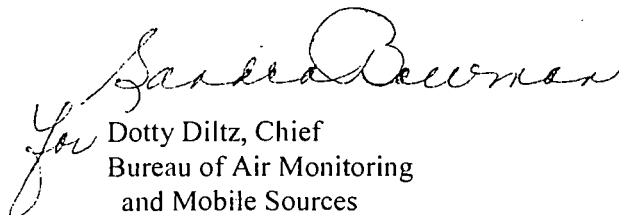
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112244-002

p16

6(e) Required for all sources.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL 18 2008

RECEIVED

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>KYOUNG S LEE</i>
2. Site Name (For example, plant name or number): <i>B-ST-MAN CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984 167 791</i>
4. Facility Location: Street Address: <i>6.81 WEST SUNNISE BLVD</i> City: <i>SUNNISE</i> County: <i>BAKERSFIELD</i> Zip Code: <i>33313</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112244-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>KYOUNG S LEE</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>SAME</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(913) 584-0028</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

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

How many dry-to-dry machines do you have on-site?

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")
1991	Existing/New	RC/CA/None required	1991
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

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?

gallons (You must fill this in)

(b) If less than 12 months, how many? 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 definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate 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 _____

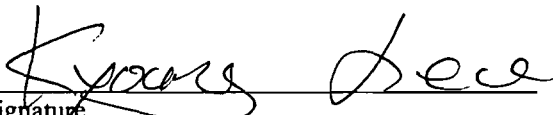
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

WYONDS LEE
Print name of responsible official


Signature

6/27/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

455825 DEC14 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112244 10
BOSTON MAN CLEANERS
6081 West Sunrise Blvd
SUNRISE, FL 33313

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

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444487 JAN13 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112244 10
BOSTON MAN CLEANERS
6081 West Sunrise Blvd
SUNRISE, FL 33313

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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JAN 14 2005
Bureau of Air Monitoring
& Mobile Sources



Jeb Bush
Governor

Department of Environmental Protection

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

RECEIVED
FEB 13 2004
Bureau of Air, Monitoring
& Mobile Sources
David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

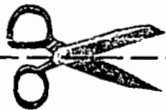
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

*pp - ck 2515
12/15/03*



(cut here)

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

ID# 112244
KYOUNG LEE
BOSTON MAN CLEANERS
6081 WEST SUNRISE BLVD
SUNRISE, FL 33313

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

434437 DEC18 2003 2515

THE BOSTON MAN DRY CLEANERS, INC.

6081 W. SUNRISE BLVD.
SUNRISE, FL 33313

123205475 12-22-03 75

83-8413/2670
310578593

Pay to the order of

DEPT. OF ENVIRONMENTAL PROTECTION

\$ 50.00

FIFTY

WARRANTS



Washington Mutual

Washington Mutual Bank, FA
Sunrise University Financial Center 1763
3300 N. University Drive, Sunrise, FL 33351
1-800-788-7000
24 hour Customer Service

[Handwritten Signature]

FOR ID AIRS ID# 112244



INCLEARINGS
MIAMI FL
123205475 12-22-03

DEC 19 03

BANK OF AMERICA NA JAX
06630006474 E5953 90 P33
00001009069611 12/19/03

2316
FEDERAL RESERVE BANK
ATLANTA, GA 30333

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DEC 18 2003

333400
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ATLANTA, GA 30333
2169990

The security features listed below are not in place
if listed, excess security features are present.
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434437 DEC 18 2003

TOTAL AMOUNT DUE: \$50.00

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112244
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BOSTON MAN CLEANERS
6081 WEST SUNRISE BLVD
SUNRISE FL 33313

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Fund: 20-2-035001
Obj.: 002273

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Bureau of Air Monitoring
& Mobile Sources



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423050 FEB17 2003

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112244

BOSTON MAN CLEANERS
KYOUNG S LEE
6081 WEST SUNRISE BLVD
SUNRISE FL
33313

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Motion
& Mobile Sound

FEB 19 2003

RECORDED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412190 DEC24 2001

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

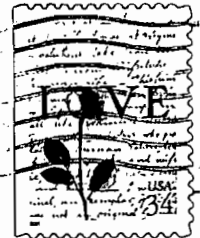
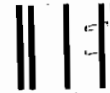
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

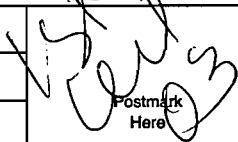
AIRS ID # 0112244
BOSTON MAN CLEANERS
KYOUNG S LEE
6081 WEST SUNRISE BLVD
SUNRISE FL
33313

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

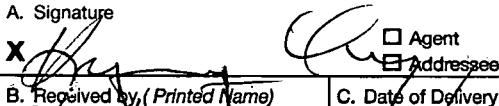
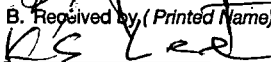
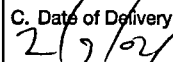
Boston Cleaners
6081 W Sunrise Blvd
Sunrise FL 33313



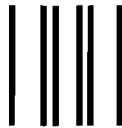
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<small>For delivery information, visit our website at www.usps.com</small>	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here 
Total P. ID# 112244 KYOUNG LEE	
Sent To BOSTON MAN CLEANERS	
Street, A. or PO Box 6081 WEST SUNRISE BLVD	
City, State SUNRISE, FL 33313	
<small>PS Form 3800, June 2002. See Reverse for Instructions.</small>	

7003 2260 0003 5651 0123

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ID# 112244 KYOUNG LEE BOSTON MAN CLEANERS 6081 WEST SUNRISE BLVD SUNRISE, FL 33313 </div>	B. Received by, (Printed Name)  C. Date of Delivery 
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Trans)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7003 2260 0003 5651 0123	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2004

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SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112244

BOSTON MAN CLEANERS
 KYQUNG S LEE
 6081 WEST SUNRISE BLVD
 SUNRISE FL
 33313

7000287000070275180

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Lee

B. Date of Delivery

2/11/03

C. Signature

[Handwritten Signature]

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service
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 (Domestic Mail Only; No Insurance Coverage Provided)**

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7000 2870 0000 7027 5180

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Postage

AIRS ID#0112244

Sent To

BOSTON MAN CLEANERS
 KYOUNG S LEE
 6081 WEST SUNRISE BLVD
 SUNRISE FL
 33313

Street, Apt. N

City, State, Zi

Postmark
 Here