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.

Fac	cility Name and Location			
1.	Facility Owner/Company Name (Name of corporation, a	gency,	or indivi	dual owner):
	Hyun young Moon Kim Site Name (For example, plant name or number):			
2.	Site Name (For example, plant name or number):			
	Town a Country Cleaner	5		
3.	Hazardous Waste Generator Identification Number:		-	
	C' ESO G Facility Location:			
4.	Facility Location:			
	Street Address: 1925 Park Ave	,	. /	Zin Codo. 'D
	City: Orange Park County: Oran			Zip Code: 320 73
5.	Facility Identification Number (DEP Use ONLY - do not	fill in):	A 1	AAAIIM A
			<i>~] [</i>	90047-0
		 -€	/	0017
Res	ponsible Official		•	
6.	Name and Title of Responsible Official:			
Nan	Responsible Official Mailing Address:	Title	Din	er
7.				
	Organization/Firm:			
	Street Address: 1468 Beechev Ln.			Zin Cala a
	City: Orange Park County: Clay			Zip Code: 32073
8.	Responsible Official Telephone Number:			
	Telephone: (904) 264-597/	Fax:	() -
Faci	ility Contact (If different from Responsible Official)			
	Name and Title of Facility Contact (For example, plant ma	nager):	 	
	• • • • • • • • • • • • • • • • • • • •	0 ,		
10.	Facility Contact Address:			
,	Street Address:			
	City: County:			Zip Code:
	County.			2.7 3040.
11.	Facility Contact Telephone Number:	•••••		
•	Telephone: (-	Fax:	() -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

		•			
Facility Information		•			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y			
How many dry-to-dry ma	achines do you ha	ave on-site? [
For each dry-to-dry mach	nine on-site, pleas	se provide the followi	ng informatic	on:	
Date Initially Purchased From Manufacturer	Status (circle one	Control Device (circle one)	Required*	Date Control Device (if already included a purchase, write "SAI	at time of
200/	Existing/N	ew RC/CA/None re	equired		
	Existing/N	ew RC/CA/None re	equired		
	Existing/N	ew RC/CA/None re	equired		
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser	CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY		.•		
How many washers do yo		ſ	1		-
How many dryers/reclaim	ers do you have	on-site?]		
If the transfer machine wa unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfe	ne was purchased o units purchased	l from the manufactur l after September 22,	er between D 1993 are allo	December 9, 1991 and Sepwed to operate under this	ptember 22,
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Rec (circle one)	juired*	Date Control Device (if already included a purchase, write "SAM	t time of
	Existing/New	RC/CA/None requir	red		
. 	Existing/New	RC/CA/None requir	red		
•	Existing/New	RC/CA/None requir	red	·	
,					
CONTROL DEVICE KE	XY: RC = re	efrigerated condenser	CA =	carbon adsorber	
.(a) How much perchlorous gallon. (b) If less than 12 mont	s (You must fill	this in)	the last 12 m	onths?	

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New store: [___] New machine [___]

Unopened store [____] (date of expected opening

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

3. What is the facility's source classification based Indicate with an "X". Select one classification	· ·
Small Area Source []	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
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 []
	units shall not be eligible to use the general permit pursuant to not water generating units on-site meet the following exemption ed memo for the criteria).
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 fue [] No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	addition log []
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	
(e) Startup, shutdown, malfunction plan	

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7. Surrender	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
[],	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in thi 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 I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 it all terms and conditions of this general permit as set forth in Part II of this notification form. In er
Signature	7/5/2007 Date

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How many dry-to-dry n		ave on-site?] se provide the following information	nt1'
Date Initially Purchased From Manufacturer		Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
200/	Existing/N	lew RC/CA/None required	Same
	Existing/N	lew RC/CA/None required	
	Existing/N	lew RC/CA/None required	
*CONTROL DEVICE I	KEY: RC = 1	refrigerated condenser , CA =	carbon adsorber
1.(b) TRANSFER MAC		- / -	
How many washers do y			
low many dryers/reclain	itiers no Ann nave	on-site: [O]	,
nit. If the transfer mach	ine was purchased	n the manufacturer prior to or on D I from the manufacturer between D I after September 22, 1993 are allow	eccember 9, 1991, it is an EXISTING eccember 9, 1991 and September 22, wed to operate under this general
nit. If the transfer mach 993, it is a NEW unit (i ermit). For each transf are Initially Purchased	ine was purchased to units purchased	from the manufacturer between D	ecember 9, 1991 and September 22, wed to operate under this general
nit. If the transfer mach 993, it is a NEW unit (i ermit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status	I from the manufacturer between D lafter September 22, 1993 are allow e, please provide the following info Control Device Required*	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
nit. If the transfer mach 993, it is a NEW unit (1 ermit). For each transforce Initially Purchased from Manufacturer	ine was purchased to units purchased er machine on-site Status (circle one)	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one)	percember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")
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unit. If the transfer mach 993, it is a NEW unit (1 permit). For each transf Date Initially Purchased from Manufacturer	ine was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required	percember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")
nit. If the transfer mach 993, it is a NEW unit (1 ermit). For each transform Initially Purchased from Manufacturer	ine was purchased to units purchased or machine on-site Status (circle one) Existing New Existing/New Existing/New Existing/New	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	pecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") +7mer 2 heading Control
nit. If the transfer mach 993, it is a NEW unit (remit). For each transform Manufacturer CONTROL DEVICE K. (a) How much perchlor	ine was purchased to units purchased or machine on-site Status (circle one) Existing New Existing/New Existing/New Existing/New	I from the manufacturer between D I after September 22, 1993 are allow Is, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	pecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") +7mer 2 heading Control
nit. If the transfer mach 993, it is a NEW unit (remit). For each transfer mach transfer mach transfer mach manufacturer CONTROL DEVICE K. (a) How much perchlor	ine was purchased to units purchased for machine on-site Status (circle one) Existing New Existing/New Existing/New Existing/New Existing/New Existing/New EXISTING/New EXISTING/New EXISTING/New	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = Control Device Required RC/CA/None required RC/CA/None required RC/CA/None required	pecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") +7mer 2 heating Control
mit. If the transfer mach 993, it is a NEW unit (i ermit). For each transform Manufacturer CONTROL DEVICE K. (a) How much perchlor 60 gailor (b) If less than 12 mon	ine was purchased to units purchased for machine on-site Status (circle one) Existing/New Existing/New	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = Control Device Required RC/CA/None required RC/CA/None required RC/CA/None required	pecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") +7mer 2 hearting Control carbon adsorber
mit. If the transfer mach 993, it is a NEW unit (i permit). For each transform Manufacturer 2.00 CONTROL DEVICE K. (a) How much perchlor 60 gailor (b) If less than 12 mon	ine was purchased to units purchased for machine on-site Status (circle one) Existing/New Existing/New	I from the manufacturer between D I after September 22, 1993 are allow It please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required Active you used within the last 12 months months	pecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") +1mer 2 heating control carbon adsorber onths?

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Large Area Source	
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For each boiler, indicate its horsepower (HP) rating: [
What type of fuel do you use? [] propane [] No. 2 fuel of [] No. 6 fuel of	
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(a) Purchase receipts and solvent purchases/solvent add	lition log X
(b) Leak detection inspection and repair	[_X_]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monito	ring []
(e) Startup, shutdown, malfunction plan	ĹXJ

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3042 Oakcliff Rd. Suite 212 Doraville, GA 30340 TEL:770-451-6777 FAX: 770-451-6769 atlcpa@gmail.com

Charles S. Lee, CPA, P.C.

Sureau of Air Wichings

PENDING JUL 2 0 2007

Urgent	For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle
Re: tou	n & country	Cleaners, co:		
Phone:		Date	7/20/2007	
Fax: 81	0-922-697	9 Page	s: 3 including cover	
To: Dick	: Dibble & So	wdy Bowman From	Charles S. Lee, C	
			ę	Mobile Sources

• Comment:

please see the attached facility information 2 pages. If you have any questions regarding this, please call us at 710-451-6717. Thanks.

Sophia Lee

Charles Seokmoo Lee, CPA, P.C. 3042 Oakcliff Rd. Suite 212 Doraville, GA 30340



General Permit Section
Bureau of Air Monitoring & Mobile Sources,

Tallahassee, FL 32399-2400

MS 5510 Department of Environmental Protection 2600 Blair Stone Road.