

Jeb. Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 27 2001

Mr. Chang T. Kim
University Cleaners
13524 University Plaza
Tampa, Florida 33613

Re: Facility No.: 0571043-002

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 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. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC ✓

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>University Cleaners, Inc.</i>
2. Site Name (For example, plant name or number): <i>University Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>AIRS ID# 0571043001AG</i>
4. Facility Location: Street Address: <i>13524 University plaza</i> City: <i>Tampa</i> County: <i>Hillsborough</i> Zip Code: <i>33613</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0571043-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Chang T. Kim</i> Title: <i>president</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>The same</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(813) 971-5414</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")
27-oct-90	Existing New	RC/CA/None required	Same
_____	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

RECEIVED
JUN 02 2001
Bureau of Air Monitoring & Mobile Sources
6/20/01
Corrected

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.

Chong T. Kim, President
Print name of responsible official

Chong T. Kim
Signature

June 18, 2001
Date

Bowman, Sandy

From: Bowman, Sandy
Sent: Tuesday, August 07, 2007 7:33 AM
To: 'Campbell, Jerry'
Cc: Veazey, Sandra; Kahn, Joseph; Dibble, Dickson
Subject: RE: University Plaza Cleaners Registration Form

Tracking:

Recipient	Read
'Campbell, Jerry'	
Veazey, Sandra	Read: 8/7/2007 9:56 AM
Kahn, Joseph	Read: 8/7/2007 8:31 AM
Dibble, Dickson	

Jerry,

Yesterday (08/06/07) we received the original registration form (a copy sent by fax was received on 8/03) for University Plaza Cleaners (#0571043). The date stamp on the registration form identified that the form was received by EPC on 05/08/07. This date started the 30-day review time clock. Since the information was not promptly entered into ARMS, the facility was entitled by Default.

Since I have been encouraged to not allow entitlement by Default, I am asking for your assistance to ensure that any Title V registrations forms received by EPC are promptly forwarded on to us. Thank you.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

8/10/2007

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

465977 DEC132006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 571043
UNIVERSITY CLEANERS INC
13524 University Plaza
TAMPA, FLORIDA 33612

Bureau of Air Monitoring
& Mobile Sources

DEC 14 2006

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

RECEIVED

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 571043
UNIVERSITY CLEANERS
13524 University Plaza
TAMPA, FL 33612

460078
MAR 22 2006
R I
Mobile Software
FLAIR ACCT. CODE 375020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 00200

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435849 FEB 22004

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

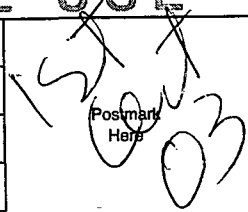
TOTAL AMOUNT DUE: \$50.00

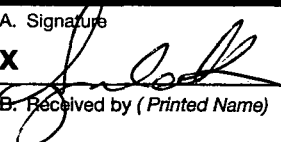
Do NOT Remove Label

571043
CHONG KIM
UNIVERSITY CLEANERS
13524 UNIVERSITY PLAZA
TAMPA FL 33612

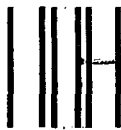
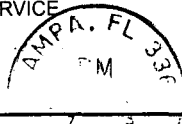
~~RECEIVED~~

FEB 6 2004
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: AI
Fund: 20-2-035001 Air Monitoring
Bureau
Obj.: 002273 & Mobile Sources

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
ID# 571043 CHONG KIM So. UNIVERSITY CLEANERS Str. 13524 UNIVERSITY PLAZA or TAMPA, FL 33612 City	
PS Form 3800, June 2002 See Reverse for Instructions.	

SENDER: COMPLETE THIS SECTION <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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ID# 571043 CHONG KIM UNIVERSITY CLEANERS 13524 UNIVERSITY PLAZA TAMPA, FL 33612 </div> <p>2. Article Number (Transfer from service label)</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 12/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7003 2260 0003 5651 1717	

UNITED STATES POSTAL SERVICE



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

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

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

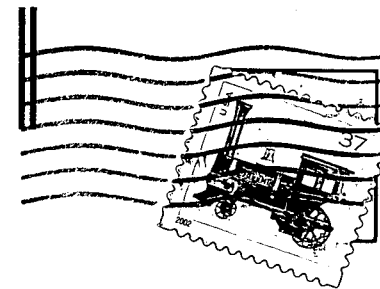
Bureau of Air Monitoring
& Mobile Source

FEB 9 2004

RECEIVED



EXECUTIVE SPEAKER FINANCIAL CONSULTING, INC.
CPA, MST, ChFC, CLU, FLMI, HIA
936 Lake Sterling Ct. S.
Casselberry, FL 32707



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

32315+3070 93



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421884 JAN 17 2003

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

RECEIVED
JAN 23 2003
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

UNIVERSITY CLEANERS CHONG T KIM 13524 UNIVERSITY PLAZA TAMPA FL 33612	AIRS ID#0571043
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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
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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



412352 DEC28 2001

Do NOT Remove Label

AIRS ID # 0571043
UNIVERSITY CLEANERS
CHONG T KIM
13524 UNIVERSITY PLAZA
TAMPA FL
33612

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