

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

March 7, 2001

Mr. Jin Hoon Kim  
Real Cleaners  
2321 East Hillsborough Avenue  
Tampa, Florida 33610

Re: Facility No.: 0571062-002

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 29, 2001.

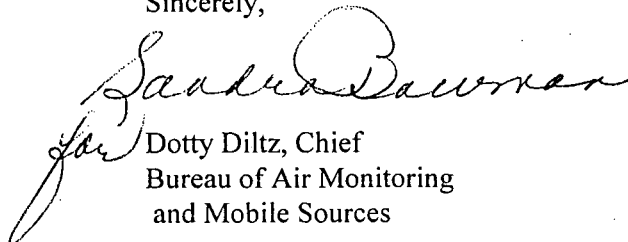
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

*Actually received 2001*

Bureau of Air Monitoring & Mobile Sources  
JAN 23 2000

RECEIVED

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):	ELIM KIM CORP ( D.B.A REAL CLEANERS )		
2. Site Name (For example, plant name or number):	REAL CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982080491		
4. Facility Location:			
Street Address:	2321 E. HILLSBOROUGH AVE		
City:	TAMPA	County:	FL
		Zip Code:	33610
5. Facility Identification Number (DEP Use ONLY - do not fill in)	05M1062-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JIN HOON KIM	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	2321 E. HILLSBOROUGH AVE		
City:	TAMPA	County:	FL
		Zip Code:	33610
8. Responsible Official Telephone Number:			
Telephone:	(813) 237-2743	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")
MAY 13, 1992	Existing/New	RC/CA/None required	SAME
DEC 30, 1994	Existing/New	RC/CA/None required	SAME
_____	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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/>            |

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:  15

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.*

JIN HOON KIM  
Print name of responsible official

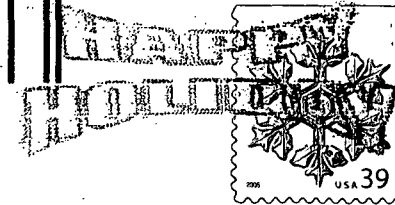
  
Signature

JAN 24, 2001  
Date

**REAL CLEANERS**  
2321 E. HILLSBOROUGH AVE. #2  
TAMPA, FL 33610  
(813) 837-2743

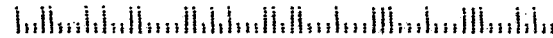
TAMPA FL 336

29 DEC 2006 PM 4 L



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

323153070 BO99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466708 JAN 2 2007

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

**TOTAL AMOUNT DUE: \$50.00**

*Expired Permit  
3/1/2006  
Jin Hoos Kim  
(813) 237-2743*

*"REAL CLEANERS"*

Do NOT Remove Label

AIRS ID# 571062  
ELIM LIM CORP  
2321 E Hillsborough Ave  
TAMPA, FLORIDA 33610



Barcode of Air Monitoring & Mobile Source

JAN 03 2007

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.

*INSPECTED: 3/17 & 3/8/06*

*1/4/07 windyneo@yahoo.com  
SENT EMAIL w/ LINK*

**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. 450000 FEB 01 2006

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 571062 1st  
REAL CLEANERS  
2321 E Hillsborough Ave  
TAMPA, FL 33610

RECEIVED  
FEB 2 2006  
U.S. MAIL  
COMMUNICATIONS

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

446668 FEB16 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# 571062 1stC  
REAL CLEANERS  
2321 E Hillsborough Ave  
TAMPA, FL 33610

Bureau of  
& Motor Vehicle  
REGISTRATION  
RECEIVED  
FEB 17 2005  
FOR GOVERNMENT USE ONLY  
ORG: 375501000 EQA1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.



<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total AIRS ID# 571062 1stC REAL CLEANERS 2321 E Hillsborough Ave TAMPA, FL 33610	
Sent Street or PO City, FL	_____ _____ _____
PS Form 3800, June 2002 <span style="float: right;">See Reverse for Instructions</span>	

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <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>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <u>2-7-05</u></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>
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">           AIRS ID# 571062 1stC            REAL CLEANERS            2321 E Hillsborough Ave            TAMPA, FL 33610         </div>	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 0500 0004 0144 7283	

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.

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 9 2005  
Mobile Source Air Monitor

3239946342



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435696 JAN26 2004

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

571062  
JIN KIM  
REAL CLEANERS  
2324 E HILLSBOROUGH AVENUE  
TAMPA FL 33610

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

RECEIVED  
JAN 28 2004  
Bureau of Air Mail  
& Metric Services



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.

~~423481 FEB 24 2003~~

425653 MAR 13 2003

**TOTAL AMOUNT DUE: \$50.00**

X

State of Air Monitoring  
& Mobile Sources

MAR 17 2003

RECEIVED

Do NOT Remove Label

AIRS ID#0571064
BAYSIDE CLEANERS ANAYAT NAGJI 4330 WEST BAY TO BAY BLVD TAMPA FL 33761

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

GULFRIN, INC. Dept. of Environmental Protection

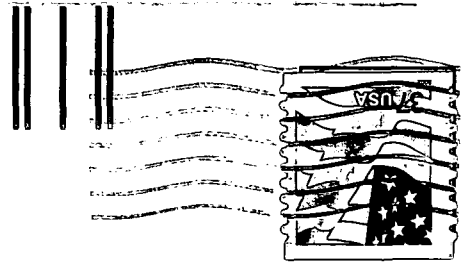
Check Number: 003039 **003039**  
Check Date: Mar 10, 2003

Check Amount: \$50.00  
Discount Taken      Amount Paid

Item to be Paid - Description  
0571064 2003

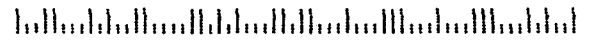
50.00

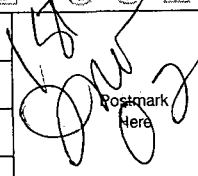
Kimberly Ali  
3032 Jodi Lane  
Palm Harbor, FL 34684



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

32315+3070 99



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
AIRS ID#0571062	
Sent	REAL CLEANERS
Street or P.O. Box	JIN HOON KIM
City	2321 E HILLSBOROUGH AVENUE
	TAMPA FL
	33610
PS	Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

AIRS ID#0571062

REAL CLEANERS  
JIN HOON KIM  
2321 E HILLSBOROUGH AVENUE  
TAMPA FL  
33610

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 6318

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2/7/03

C. Signature

 X 
 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

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 SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423268 FEB20 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**

Do **NOT** Remove Label

REAL CLEANERS  
JIN HOON KIM  
2321 E HILLSBOROUGH AVENUE  
TAMPA FL  
33610

AIRS ID#0571062

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 GO: 01  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
FEB 26 2003  
Bureau of Air Mail  
& Mobile Services





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413403 JAN22 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 # 0571062  
REAL CLEANERS  
JIN HOON KIM  
2321 E HILLSBOROUGH AVENUE  
TAMPA FL  
33610

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