



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

December 8, 2008

Ms. Phillis Shin
36th One Hour Cleaners
737 Northeast 36th Avenue
Ocala, Florida 34470

Re: Facility No.: 0830109-004

Dear Ms. Shin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

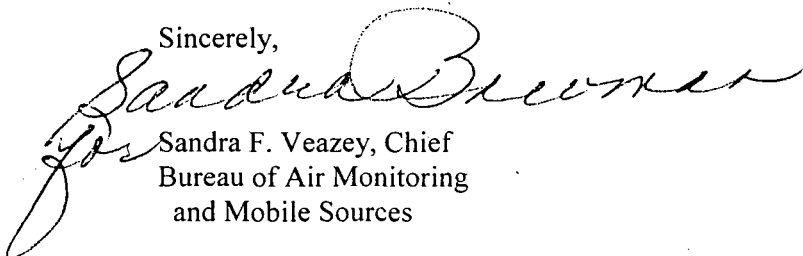
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Ms. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES *2.9.6 - 2006*
SOC REPORTS...*6*.....
COMP. STATUS- SNC MNC *IN*

*Insp - Ins 2 - Compliance Inspection
Well through - 3/26/2008 - IN
Insp - Marion Co - CD - Shine*

Grant, Patricia

From: Dibble, Dickson
Sent: Wednesday, December 17, 2008 5:27 PM
To: Bowman, Sandy; Grant, Patricia
Subject: FW: Misguided Registration form.
Attachments: 0830109.pdf

See Joe Panetta's message below. Somehow SWD got an acknowledgement letter that should have gone to CD, but Joe Panetta has sent an electronic copy to Wanda Parker and will follow-up with original through I/O mail.

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@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

From: Panetta, Joe
Sent: Wednesday, December 17, 2008 1:07 PM
To: Parker, Wanda; Dibble, Dickson
Cc: Henry, Danielle D.
Subject: Misguided Registration form.

Wanda,

How are you. I have another Re-registration form that was sent to our District. I believe it is your District.

The facility is located on the eastside of I-75 and the permit page also says CD.

I will forward the original via interoffice mail.

Dick,

12/17/2008

Good Afternoon I am forwarding this FYI.

You guys are great!

See you at the next?

Joe

Please contact me if you need further information

Joseph V. Panetta

Air Program Compliance

Florida Department of Environmental Protection

Southwest District

13051 North Telecom Pkwy.

Temple Terrace, FL 33637-0926

Joe.Panetta@dep.state.fl.us

(813) 632-7600 ext 105

Fax: (813) 632-7668

RECEIVED

NOV 05 2008

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

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):	PHILLIS SHIN HAN MI OCALA INC		
2. Site Name (For example, plant name or number):	36 th ONE HOUR CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLCESQ G		
4. Facility Location: Street Address:	737 N.E 36 th AVE.		
City:	County:	Zip Code:	
Ocala	FL	34470	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0830109-004		

Responsible Official

6. Name and Title of Responsible Official:	Name: PHILLIS SHIN Title: MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: 737 N.E 36 th AVE		
Street Address:	City: Ocala County: FL MARION Zip Code: 34470		
8. Responsible Official Telephone Number:	Telephone: (352) 624-2377 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")
08 DEC 91 08 DEC 91	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

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")
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?

~~45~~ 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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? 1

For each boiler, indicate its horsepower (HP) rating: 25

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 0830109
- 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.

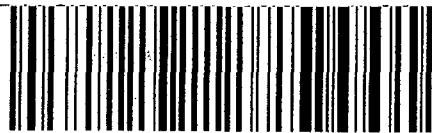
I will promptly notify the Department of any changes to the information contained in this notification.

PHILLIS SHIN
Print name of responsible official


Signature

11-03-08
Date

36th Cleaners
737 NE 36th AVE
OCALA, FL 34470



7008 0150 0001 4007 7783



UNITED STATES
POSTAL SERVICE

0000



32399

U.S. POSTAGE
PAID
OCALA: FL
34478
NOV 04 08
AMOUNT

\$5.32

00057385-06

RETURN RECEIPT
REQUESTED

Air General PERMIT PROGRAM

BUREAU OF Air Monitoring and Mobile
Sources, M55510

To: DEPARTMENT OF ENVIRONMENTAL
PROTECTION

2600 Blair Stone Road.

Tallahassee, Florida 32399-2400

32399+6342

