

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 13, 2002

Mr. Yo IL Yun
Walton Cleaner,
49 Beal Parkway
Ft. Walton Beach, Florida 32548

Re: Facility No.: 0910080-002

Dear Mr. Yun:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 9, 2002.

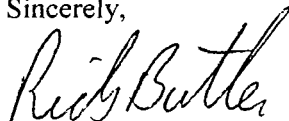
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

for 
Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Charles Norman, Northwest District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

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): <p style="text-align: center; font-size: 1.2em;">YO IL YUN</p>
2. Site Name (For example, plant name or number): <p style="text-align: center; font-size: 1.2em;">WALTON CLEANER</p>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <p style="text-align: center; font-size: 1.2em;">49 BEAL PARK WAY</p> City: <p style="text-align: center; font-size: 1.2em;">FT WALTON BACH</p> County: <p style="text-align: center; font-size: 1.2em;">FL</p> Zip Code: <p style="text-align: center; font-size: 1.2em;">32548</p>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p style="text-align: center; font-size: 1.2em;">0910080-002</p>

RECEIVED
 APR 9 2002
 Bureau of Air Monitoring
 & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: <p style="font-size: 1.2em;">YO IL YUN</p> Title: <p style="font-size: 1.2em;">OWNER</p>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <p style="font-size: 1.2em;">49 BEAL PARKWAY</p> City: <p style="font-size: 1.2em;">FT WALTON</p> County: <p style="font-size: 1.2em;">OKLAHOMA</p> Zip Code: <p style="font-size: 1.2em;">32548</p>
8. Responsible Official Telephone Number: Telephone: <p style="font-size: 1.2em;">(850) 043-5014</p> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <p style="font-size: 1.2em;">SAME</p>
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? 1

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")
<u>Nov 2001</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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 NA

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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")
_____	<u>NA</u>	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?

80 gallons (You must fill this in)

(b) If less than 12 months, how many? 5 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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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?

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. PREVIOUS/OLD PERMIT #0910080 UNDER OLD OWNER

Responsible Official Certification

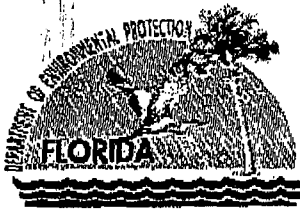
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

YOUNG IL YUN
Print name of responsible official

YOUNG IL YUN
Signature

4/5/02
Date



Department of Environmental Protection

Jeb Bush
Governor

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794

David B. Struhs
Secretary

FAX TRANSMITTAL FORM

TO: Rick Butler

FAX # (SC) 292-6979

DATE: 4/8/02

FROM: C. Norman
FDEP Northwest District Air Program

PHONE: 850/595-8364, extension 1222
Fax 850/595-8096

Bureau of Air Monitoring
& Mobile Sources

APR 8 2002

RECEIVED

Protection (0910080) sold out to Walton Cleaners.
Walton Cleaners remodeled and put in
new D.C. machine.

Number of pages including transmittal form: 5

Faxed by: C. Norman

**PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM**

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_____	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 NA

How many washers do you have on-site? 0

How many dryers/reclaimers do you have on-site? 0

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")
_____	<u>NA</u>	RC/CA/None required	_____
_____	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?

80 gallons (You must fill this in)

(b) If less than 12 months, how many? 5 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.)

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 - 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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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 2 3 4 5

For each boiler, indicate its horsepower (HP) rating: 10 60 200 500

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:

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- (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. Previous/OLD Permit # 0910080 UNDER OLD OWNER

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.

[Signature] (YO IL YUN)

Print name of responsible official

[Signature]
Signature

4/5/02
Date

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.

469741 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#910080
WALTON CLEANERS
49 Beal Pkwy NE
FT WALTON BEACH, FLORIDA
32548 ✓

RECEIVED
FEB 26 2007
Bureau of Air Mail
& Mobile Services

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 457156 DEC22 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

910080 10
WALTON CLEANERS
49 Beal Pkwy NE
FT WALTON BEACH, FL 32548

Bureau of Air Mail
& Mobile Services

DEC 29 2005

RECEIVED

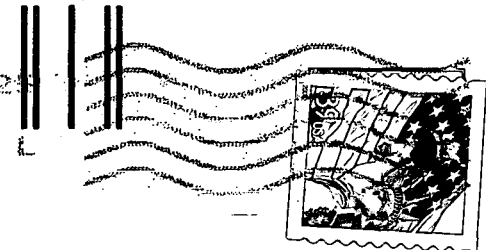
FLAIR ACCT. CODE 37202350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

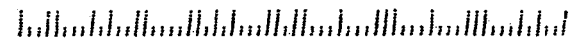
WALTON CLEANERS
49 BEAL PARKWAY
FORT WALTON BEACH, FL 32548

PENSACOLA, FL 325
20 FEB 2007 PM 1 L



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

32315+3070 B099



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: \$50.00

Do **NOT** Remove Label

AIRS ID# 910080 10
WALTON CLEANERS
49 Beal Pkwy NE
FT. WALTON BEACH, FL 32548

Printed on recycled paper.

RECEIVED

DEC 20 2004

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

DEC 23 2004

Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
ORG.: 5750101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434342 DEC15 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

910080
 YO YUN.
 WALTON CLEANERS
 49 BEAL PARKWAY
 FT WALTON FL 32548

~~Bureau of Air
 & Marine~~

RECEIVED
 DEC 17 2003

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



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

420748 DEC16 2002

✓ *AAW*

Do **NOT** Remove Label

WALTON CLEANERS
YO IL YUN
49 BEAL PARKWAY
FT WALTON FL
32548

AIRS ID#0910080

Bureau of Air Monitoring
& Mobile Sources

DEC 18 2002

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405327 FEB14 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

2/14/01 pd

Do **NOT** Remove Label

CRAFT CLEANERS A S MILES II 304 NE EGLIN PARKWAY FT WALTON BEACH FL 32548	AIRS ID # 0910088
--	-------------------

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

A.S. MILES PROPERTIES, INC.

2261

DEPT. ENVIRONMENTAL PROTECTION

Check Number: 2261

Check Date: Feb 12, 2001

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken

Amount Paid

AIR

50.00

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 5735

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0910088

CRAFT CLEANERS
A S MILES II
304 NE EGLIN PARKWAY
FT WALTON BEACH FL 32548

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

<p>SENDER:</p> <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> <p align="right">AIRS ID # 0910088</p> <p>CRAFT CLEANERS A S MILES II 304 NE EGLIN PARKWAY FT WALTON BEACH FL 32548</p>	<p align="center">ACTION ON DELIVERY</p> <p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <i>Margaret Skiper</i> 2/9/01</p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Margaret Skiper</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4126 5735</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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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	\$	<i>Received</i> <i>Oct 03</i> <i>Nov 04</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		0910030001AG
Sent To		
WALTON CLEANERS		
CECIL TOWNBY		
49 BEAL PKWY NE		
FT. WALTON BEACH, FL 32548		

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 3650

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:

TO 0910030001AG
 WALTON CLEANERS
 CECIL TOWNBY
 49 BEAL PKWY NE
 FT. WALTON BEACH, FL 32548

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X *Chen Mark*

B. Received by (Printed Name) C. Date of Delivery

DA 9-8-03

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

7003 0500 0004 0144 3650

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 •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

SEP 10 2003

Department of Environmental Protection
& Mobile Sources

