

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 10, 2002

Mr. Zhe Liu
Neighborhood Cleaners
449 South Orlando Avenue
Maitland, Florida 32751

Re: Facility No.: 0951157-002

Dear Mr. Liu:

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

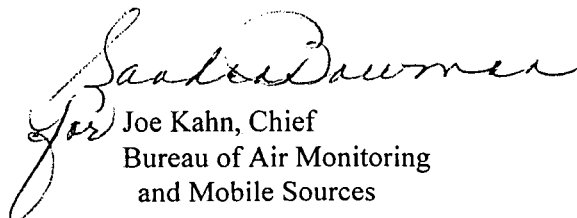
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-01
SOC, 4
Compliance I/V

Page 15

1. (a) New should be circled under Status for 1992 machine.

Page 16

6. (a)(b)(c)(e) Required for New small sources. Should be marked.

RECEIVED

AW ID: 0951157

SEP 9 2002

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):	The LIU Neighborhood Cleaners		
2. Site Name (For example, plant name or number):	Neighborhood Cleaners 407 644-8886		
3. Hazardous Waste Generator Identification Number:	F002 / D039		
4. Facility Location:	Street Address: 449 S Orlando Avenue City: Maitland County: Orange Zip Code: 32751		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951157-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: The Liu Title: Owner		
7. Responsible Official Mailing Address:	Organization/Firm: Neighborhood Cleaners Street Address: 449 S Orlando Avenue City: Maitland County: Orange Zip Code: 32751		
8. Responsible Official Telephone Number:	Telephone: (407) 644-8886 Fax: (407) 740-0008		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	The LIU Store Owner		
10. Facility Contact Address:	Street Address: 449 S Orlando Ave. City: Maitland County: Orange Zip Code: 32751		
11. Facility Contact Telephone Number:	Telephone: (407) 644-8886 Fax: (407) 740-0008		

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")
07/1992	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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) Electric

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 keep all permission.
- 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.

Zhe LIL
Print name of responsible official

Zhe Lin
Signature

9/4/02
Date

RECEIVED

SEP 9 2002

Air ID: 0951157
RECEIVED
D.C. ENVIRONMENTAL
PROTECTION DIVISION

2002 OCT 15 PM 12:26

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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4. Facility Location:	Street Address: 449 S Orlando Avenue City: Maitland County: Orange Zip Code: 32751		
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Responsible Official

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Bureau of Air Monitoring
& Mobile Sources
OCT 21 2002

RECEIVED

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07/1992	Existing /New	RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____
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(Indicate with an "X".)

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(NONE REQUIRED)

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Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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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)

Electric

6. Equipment Monitoring and Recordkeeping Information

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(a) Purchase receipts and solvent purchases/solvent addition log

²²

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²²

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²²

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²²

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

Zhe Lin

Print name of responsible official

Zhe Lin

Signature

9/4/02

Date

CHANGES
MADE

Zhiven Zhang

[Signature]

10/16/2002

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O.C. ENVIRONMENTAL
PROTECTION DIVISION

2002 OCT 15 PM 12: 25

AIRS ID # 0951157-002

Page 15

1. (a) New should be circled under Status for 1992 machine.

Page 16

6. (a)(b)(c)(e) Required for New small sources. Should be marked.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435164 JAN12 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

951157
 ZHE LIU
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 449 S ORLANDO AVE
 MAITLAND FL 32751

RECEIVED
 JAN 15 2004
 Bureau of Air Monitoring
 & Mobile Sources

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420770 DEC17 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

NEIGHBORHOOD CLEANERS
 ZHE LIU
 449 S ORLANDO AVE
 MAITLAND FL
 32751

AIRS ID#0951157

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 DEC 20 2002
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 Fund: 20-2-035001
 Obj.: 002273

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