



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

June 7, 2007

Mr. Jae H. Chong
Diamond Cleaners
1312 East Vine Street
Kissimmee, Florida 34744

Re: Facility No.: 0970048-004

Dear Mr. Chong:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 07, 2007.


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

SFV/pg

cc: Mrs. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY
MISSION FEE DATES 9.6-2006.....
SOC REPORTS 6.....
COMP. STATUS - SNC MNC (IN)

Insp-Ins2-compliance Inspection
walkthrough

Insp-osceola Co - District - Cshine

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 17 2007
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):	DIAMOND CLEANERS LLC		
2. Site Name (For example, plant name or number):	DIAMOND CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	1312 E. VINE ST.		
Street Address:			
City:	KISSIMMEE	County:	OSCEOLA
		Zip Code:	34744
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JAE H. CHONG	Title:	MANAGER
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME		
Street Address:			
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(407) 846-6398	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? [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")
94	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

[40] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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

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.

 JAE H. CHONG

Print name of responsible official

 JH CHONG

Signature

 5/3/07

Date

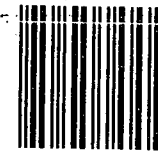
DIAMOND CLEANERS LLC
1312 E. VINE ST.
KISSIMMEE, FL. 34744



7007 0220 0000 8574 7375



0000



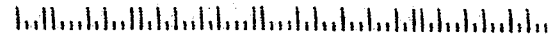
32399

U.S. POSTAGE
PAID
KISSIMMEE, FL.
34744
MAY 15, 07
AMOUNT

\$5.21
00051678-

ATTN: MR. VICK DIBBLE
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES,
MS 5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL.
32399-2400

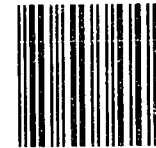
323992400 0001



DIAMOND CLEANERS LLC
1312 E. VINE ST.
KISSIMMEE, FL. 34744



0000



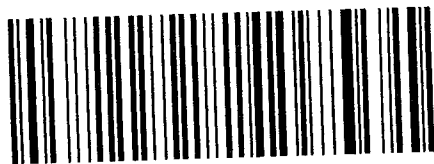
32399

U.S. POSTAGE
PAID
INTERCESSION C.F.
33848
MAY 03, 07
AMOUNT

\$4.64
00070106-01

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

CERTIFIED MAILTM



7005 3110 0004 1952 3979

GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES,
MS 5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD.
TALLAHASSEE, FL.
32399-2400

RETURN RECEIPT
REQUESTED

323992400-33 0001



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 07 2007
Bureau of Air Management
& 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): <i>DIAMOND CLEANERS LLC</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>1312 E. VINE ST.</i> City: <i>KISSIMMEE</i> County: <i>OSCEOLA</i> Zip Code: <i>34744</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0970048-004</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JAE H. CHONG</i> Title: <i>MANAGER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>SAME</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 846-6398</i> Cell: <i>(863) 513-5790</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? [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")
_____	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")
_____	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? [1] 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.

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.

JAE H. CHONG

Print name of responsible official

JHC

Signature

5/3/07

Date



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

May 10, 2007

Mr. Jae H. Chong
Diamond Cleaners LLC
1312 East Vine Street
Kissimmee, Florida 34744

Re: Facility No.: 0970048

Dear Mr. Chong:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#1037) in the amount of \$100 in payment of your Title V General Permit fee along with your Title V Perchloroethylene Dry Cleaner Air General permit Notification Form..

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9586.

Sincerely,

Dick Dibble
Air General Permit Program
Bureau of Air Monitoring

DIAMOND CLEANERS LLC
1312 E Vine Street
Kissimmee, FL 34744

1037

DATE 5/3/07

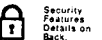
PAY TO THE ORDER OF

DEPT. OF ENVIRONMENTAL PROTECTION

\$ 100.00

ONE HUNDRED AND NO/100

DOLLARS



AM SOUTH BANK

THE RELATIONSHIP PEOPLE

FOR ATES ID # 0970048

MEMORANDUM

TO: *Jane Wise*

FROM: *Dick Dibble*

DATE: *May 8, 2007*

TIME: *2:00 PM*

SUBJECT: *Return check #1037 to remitter, AIRS ID# 0970048*

DESCRIPTION:

Jane,

Please return the attached check to the following facility:

***Mr. Jae H. Chong
DIAMOND CLEANERS LLC
1312 E Vine Street
Kissimmee, Florida 34744***

Mr. Chong inadvertently sent us a check in the amount of \$100.00 as a registration fee with his Title V Perchloroethylene Dry Cleaner Air General Permit Notification Form.

As you know, we do not require the submission of a registration fee with the Title V Air General Permit registration form.

Thank you.

Dick



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 07 2007
Bureau of Air Management
e Mobile Station

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):	DIAMOND CLEANERS LLC		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	1312 E. VINE ST.		
City:	County:	Zip Code:	
KISSIMMEE	OSCEOLA	34744	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0970048-		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JAE H. CHONG	Title:	MANAGER
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(407) 846-6398	Cell:	(863) 513-5790
		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:	()

DIAMOND CLEANERS LLC
1312 E Vine Street
Kissimmee, FL 34744

63-466/63

DATE 5/3/07

PAY TO THE ORDER OF

DEPT. OF ENVIRONMENTAL PROTECTION

\$ 100.00

ONE HUNDRED AND 00/100

DOLLARS



AM SOUTH BANK

THE RELATIONSHIP PEOPLE

FOR AIRS ID # 0970048

[Signature]

MEMORANDUM

TO: Jane Wise

FROM: Dick Dibble

DATE: May 8, 2007

TIME: 2:00 PM

SUBJECT: Return check #1037 to remitter, AIRS ID# 0970048

DESCRIPTION:

Jane,

Please return the attached check to the following facility:

**Mr. Jae H. Chong
DIAMOND CLEANERS LLC
1312 E Vine Street
Kissimmee, Florida 34744**

Mr. Chong inadvertently sent us a check in the amount of \$100.00 as a registration fee with his Title V Perchloroethylene Dry Cleaner Air General Permit Notification Form.

As you know, we do not require the submission of a registration fee with the Title V Air General Permit registration form.

Thank you.

Dick

[Signature]