

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 27, 2004

Mr. Chong D. Ko  
2.50 Cleaning  
9063 Sand Pine Line  
West Palm Beach, Florida 33415

Re: Facility No.: 0990402-004

Dear Mr. Ko:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 26, 2004.

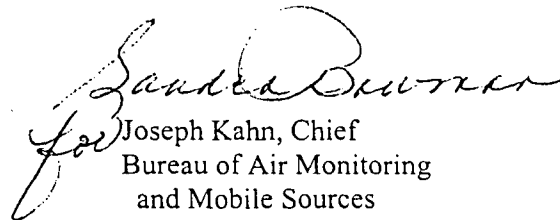
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"

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EMISSION FEE DATES .....196-2002.....  
SOC REPORTS .....3.....  
COMPLIANCE STATUS .....IN.....

2/12/04 called + left message for Daniel Lee

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 26 2004  
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):	KUN SAN CORPORATION ✓
2. Site Name (For example, plant name or number):	2.50 CLEANING
3. Hazardous Waste Generator Identification Number:	NONE
4. Facility Location: Street Address: City:	1481 S. MILITARY TRAIL #15 WEST PALM BEACH
County:	PALM BEACH
Zip Code:	FL 33415
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0990402-004

Responsible Official

6. Name and Title of Responsible Official: Name:	DANIEL C. LEE	Title:	VICE PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	8416 QUAIL MEADOW WAY WEST PALM BEACH	County:	PALM BEACH
Zip Code:	FL 33412		
8. Responsible Official Telephone Number: Telephone:	(561) 658-2815	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	DANIEL C LEE / VICE PRESIDENT		
10. Facility Contact Address: Street Address: City:	1481 S. MILITARY TRAIL WEST PALM BEACH		
County:	PALM BEACH		
Zip Code:	FL 33415		
11. Facility Contact Telephone Number: Telephone:	(561) 642-8008	Fax:	( ) -

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
#1 1993	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
#2 1995	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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 checked="" 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?  1

For each boiler, indicate its horsepower (HP) rating:   1  0

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

V - Air Permit

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.*

CHUNG D K  
Print name of responsible official

Chung D K  
Signature

1/21/04  
Date



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

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

David Struhs  
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 2/24/2004

TO: Mr. Chong D. Ho

PHONE: \_\_\_\_\_

FAX: 561-626-8553

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

RE: Dry Cleaner Air General Permit

FAX: 850.922.6979 \*

CC: \_\_\_\_\_

Total number of pages including cover sheet: 2

**Message**

Mr. Ho,  
Please replace Mr. Lee's name and title with  
your name and title on #6. Please return the form  
by FAX as soon as possible. Contact me with any  
questions.

Regards,  
Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

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

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TRANSMISSION VERIFICATION REPORT

TIME : 02/24/2004 09:03  
NAME : FDEP DIVISION OF AIR  
FAX : 8509226979  
TEL : 8504880114  
SER.# : BROG2J568046

DATE, TIME 02/24 09:03  
FAX NO./NAME 615616268553  
DURATION 00:00:41  
PAGE(S) 02  
RESULT OK  
MODE STANDARD  
ECM



Florida  
Department of  
Environmental Protection

Jeb Bush  
Governor

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

David Struhs  
Secretary

FAX TRANSMITTAL SHEET

DATE: 2/24/2004  
TO: Mr. Chong D. Ho  
PHONE: \_\_\_\_\_

FAX: 561-626-8553

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979 \*

RE: Very Clean Air General Permit

CC: \_\_\_\_\_

Total number of pages including cover sheet: 2

Message IM. X-



RECEIVED

FEB 26 2004

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED JAN 26 2004 Bureau of Air Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filing 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):	KUN SAN CORPORATION
2. Site Name (For example, plant name or number):	250 CLEANING
3. Hazardous Waste Generator Identification Number:	NONE
4. Facility Location: Street Address:	1481 S. MILITARY TRAIL #15
City:	WEST PALM BEACH
County:	PALM BEACH
Zip Code:	FL 33411
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990402-004

Responsible Official

6. Name and Title of Responsible Official: Name:	CHONG D. KOO <del>CHONG D. KOO</del>	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	9063 SANDPINE LINE	Street Address:	<del>1481 S. MILITARY TRAIL</del>
City:	WEST PALM BEACH	County:	PALM BEACH
Zip Code:	FL 33412		
8. Responsible Official Telephone Number: Telephone:	(561) 626-8553	Fax:	(561) 626-8553

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHONG D. KOO / PRESIDENT		
10. Facility Contact Address: Street Address:	9063 SANDPINE LINE		
City:	WEST PALM BEACH		
County:	PALM BEACH		
Zip Code:	FL 33411		
11. Facility Contact Telephone Number: Telephone:	(561) 626-8553	Fax:	(561) 626-8553

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. 443363 DEC 15 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990402      10 2.50 CLEANING 1481 South Military Trail #15 WEST PALM BEACH, FL 33415
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Bureau of Air Monitoring  
& Mobile Source  
 DEC 16 2004  
**RECEIVED**  
 FOR GOVERNMENT USE ONLY  
 ORG.: 37550101000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

Tallahassee, Florida

(CUT HERE)

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. 457006 DEC 19 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

990402                  10 2.50 CLEANING 1481 South Military Trail #15 WEST PALM BEACH, FL      33415
--

Printed on recycled paper.

FLAIR-ACCT. CODE 372020350013755010000  
 BENEFITTING OBJECT CODE 002000  
 BENEFITTING CATEGORY 000200

**RECEIVED**  
 DEC 21 2005  
 FOR GOVERNMENT USE ONLY  
 ORG.: 37550101000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273