

**PERCHLOROETHYLENE DRY CLEANERS  
AIR GENERAL PERMIT EXAMPLE REGISTRATION WORKSHEET**

Facility Identification Number - If known (seven digit number)

9501348 0990508-005

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing permitted facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit). If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. (See "Surrender of Existing Air Operation Permit(s)" below.)
- Operates an existing facility not currently permitted or using an air general permit.

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C.
- Any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only, if Applicable**

All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s):

**General Facility Information**

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

Wooking Bae Kim / Suprema Fifth Avenue Cleaners

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a complete registration must be submitted for each.)

Suprema Fifth Avenue Cleaners

Facility Location (Physical location of the facility, not necessarily the mailing address.)

Street Address: 7400 N. Federal Hwy

City: Boca Raton

County: Palm Beach

Zip Code: 33407 -1677

Facility Start-Up Date (Estimated start-up date of proposed new facility.) (N/A for existing facility.)

5/20/2000

*(Signature)*

**Facility Contact**

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: Wooung Bae Kim, Owner

Facility Contact Telephone Numbers

Telephone: 561-997-6124 Fax:   
Cell phone: 561-809-0210  
E-mail: suKim72@yahoo.com

Facility Contact Mailing Address

Organization/Firm: \_\_\_\_\_  
Mailing Address: 7400 N. Federal HWY County: Palm Beach Zip Code: 33487  
City: Boca Raton - 1677

**Other Contact/Representative (to serve as additional Department contact)**

Name and Position Title

Print Name and Title: \_\_\_\_\_

Other Contact/Representative Telephone Numbers

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Other Contact/Representative Mailing Address

Organization/Firm: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

MP

**Facility Information**

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

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 MACHINE INSTALLED	UNIT CLASS (Check one)	CONTROL DEVICE (see key)	DATE CONTROL DEVICE INSTALLED
1930	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	RC	Same (MP)
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		
	<input type="checkbox"/> New <input type="checkbox"/> Existing		

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**1. (b) Is the facility a co-residential Dry Cleaning facility?**

Yes  No

For each dry-to-dry machine located at a co-residential facility Dry Cleaning facility, please provide the following information:

DATE MACHINE INSTALLED	UNIT CLASS (Check one)	PERC DRY CLEANING MACHINE	CONTROL DEVICE (see key)	VAPOR BARRIER ENCLOSURE
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Control Device Key: RC = Refrigerated Condenser CA = Carbon Adsorber NR =None Required

**2. Perchloroethylene Usage**

If this is an **initial registration** for a perchloroethylene dry cleaner, provide an estimate of the facility's expected amount of perchloroethylene to be used over the next 12-month period.

If this is a **re-registration** for a perchloroethylene dry cleaner, provide the amount of perchloroethylene used in the most recent 12 months.

70

**3. Provide information on all steam and hot water generating units (boiler) on-site or that no such units exist on-site.**

No steam and hot water generating units (boiler) onsite  (MP)

BOILER	HORSEPOWER	FUEL TYPE*
1	15	Natural Gas 6

\*Fuel Type – propane, No. 2 fuel oil, No. 4 fuel oil, No. 6 fuel oil, natural gas, electric, or other



# Florida Department of Environmental Protection

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

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

August 2, 2011

Mr. Wooung Bae Kim  
Suprema Fifth Avenue Cleaners  
7400 N Federal Highway  
Boca Raton, FL 33487

3753

Re: Facility No. 0990508

Dear Mr. Wooung Bae Kim:

Our records indicate your Perchloroethylene Drycleaning Facility Air General Permit (AGP) entitlement is set to expire on 10/16/2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the contact representative can submit a new worksheet containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

You may obtain a copy of the appropriate worksheet from the FDEP Division of Air Resource Management webpage at:

[http://www.dep.state.fl.us/air/emission/air\\_gp.htm](http://www.dep.state.fl.us/air/emission/air_gp.htm)

This worksheet is designed to satisfy your registration requirements. Simply click on your industry sector, and then click on the example worksheet and mail to the following address:

FDEP Receipts  
PO Box 3070  
Tallahassee, Fl 32315-3070

Please submit the completed worksheet with the processing fee (\$100.00), payable to FDEP.

If you need additional information, please contact Douglas Thornton at (800)722-7457 or by email at [Douglas.Thornton@dep.state.fl.us](mailto:Douglas.Thornton@dep.state.fl.us)

**Pacione, Michael**

---

**From:** Pacione, Michael  
**Sent:** Wednesday, August 24, 2011 9:46 AM  
**To:** 'sukim72@yahoo.com'  
**Cc:** Dibble, Dickson  
**Subject:** FW: General Air Permit Registration Application  
**Attachments:** PERCHLOROETHYLENE\_DRY%20CLEANERS\_EXAMPLE\_WORKSHEET[1].docx

Mr. Kim,

Here is the link to the Air General Permit page for Perchloroethylene dry cleaners. I have attached the "Perchloroethylene Dry Cleaner Air General Permit Example Worksheet" in Microsoft Word, but you can also open the worksheet from the third paragraph of our General Air Permit page.

<http://www.dep.state.fl.us/air/emission/drycleaners.htm>

Please send directly to me at:

Attention Michael Pacione  
FDEP-DARM  
2600 Blair Stone Rd MS #5505  
Tallahassee, FL. 32399-2400

Thank you and hope to hear from you soon

Michael P. Pacione  
Environmental Specialist II  
FDEP-Office of Permitting and Compliance  
Minerals and Metals  
Phone 850-717-9032  
Fax 850-717-9001

Called:

5Ukim 72 @ yahoo.com

08/24/11

I Am sending EMAIL w/ link  
to Application

9:30 AM

I called Kim and he  
will fill out Application and  
send it in

Address change for facility?

Facility contact change ✓

09/02/11

received Application ↓

**Suprema Cleaners**  
7400 N. Federal Hwy.  
Boca Raton, FL 33487

WEST PALM BCH FL 33411

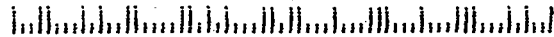
13 ALPS 1011111111 1 7



U.S. FIRST-CLASS FOREVER

FDEP Receipts  
P O Box 3070  
Tallahassee, FL 32315-3070

323153070



**Suprema Cleaners**  
7400 N. Federal Hwy.  
Boca Raton, FL 33487

INTERNATIONAL POSTAL SERVICE FL 334

33 JUL 20 1978



5500

Department of Environment Protection  
Post. O. Box 3070  
Tallahassee, FL 32315-3070

323153070