



Department of Environmental Protection

RECEIVED
JUL 28 2004
Bureau of Air Monitoring & Mobile Sources

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

Jeb Bush
Governor

Colleen M. Castille
Secretary

Attention

July 20, 2004

We have not received a bill for \$50 and I will pay but if I had made a mistake on the "Pay of whomever" then send it to the company who is supposed to receive the money.
from In Taek Ma

Mr. In Taek Ma
Hi Tech Cleaning & Laundry, Inc.
5523 Roosevelt Boulevard
Clearwater, Florida 33760

Re: Facility No.: 1030459-002

Dear Mr. Ma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 17, 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. Gary Robbins, Pinellas County

EMISSION FEE DATES *199-2003*
NO ACTIVITY FOR FACILITY.....
SOC REPORTS *4*.....
COMPLIANCE STATUS *IN*.....

1/26/2004



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

July 28, 2004

Mr. In Taek Ma
Hi Tech Cleaning & Laundry, Inc.
5523 Roosevelt Boulevard
Clearwater, Florida 33760

Re: Facility No.: 1030459-002

Dear Mr. Ma:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#2225) in the amount of \$50 in payment of your Title V General Permit fee.

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 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

/SB

Enclosure

HI TECH CLEANERS & LAUNDRY INC
5523 Roosevelt Blvd
Clearwater, FL 33760
Phone 727-536-1288

7-25-04 DATE

PAY TO THE ORDER OF Department Environmental Protection \$ 50.00
Fifty **

AMSOUTH BANK

THE RELATIONSHIP PEOPLE®

FOR MS # 5510 MC Acct # 5521

In Taek Ma

AIRS ID:
1030459 - 002

October 17, 2007

RECEIVED

OCT 22 2007

Bureau of Air Monitoring
& Mobile Sources

Mr. Dibble:

Hi Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd., Clearwater, FL, 33760,
Existing Largc has recently purchased and installed a new dry to dry machine.
We are notifying you in writing that the 2007 Multi Matic L 40, Serial No. 40SL-
R1-0807-7572 has been in use since approximately August 10, 2007. If you have
Any questions concerning this mailing, you may contact me at (727) 536-1288.

Sincerely,

In Taek Ma

In Taek Ma

Eastern Machinery Corporation

4220 Steve Reynolds Blvd #23
 Norcross, GA 30093
 United States

INVOICE

Invoice Number: 346
 Invoice Date: Aug 10, 2007
 Page: 1

Voice: (770) 921-5877
 Fax: (770) 921-5891

Bill To:
Hitech Cleaners 5523 Roosevelt Blvd Clearwater, FL 33760 United States

Ship to:
Hitech Cleaners 5523 Roosevelt Blvd Clearwater, FL 33760 United States

Customer ID	Customer PO	Payment Terms	
Hitech Cleaners		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Best Way		9/0/07

Quantity	Item	Description	Unit Price	Amount
1.00	Dry Cleaning Machine	MULTIMATIC S404 DRY CLEANING MACHINE	33,000.00	33,000.00
Subtotal				33,000.00
Sales Tax				
Total Invoice Amount				33,000.00
Payment/Credit Applied				
TOTAL				33,000.00

Check/Credit Memo No:

**BOARD OF COUNTY
COMMISSIONERS**

John Morroni - Chairman

Kenneth T. Welch - Vice Chairman

Ronnie E. Duncan

Calvin D. Harris

Susan Latvala

Karen Williams Seel

Robert B. Stewart

RECEIVED
JUL 05 2005
Bureau of Air Monitoring
& Mobile Sources



June 30, 2005

Sandy Bowman
General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Hi-Tech Cleaners & Laundry, Inc. - 1030459-002-AG

Ms. Bowman:

Enclosed is a Title V General Permit Notification for Hi-Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd Clearwater, FL, 33760, which was recently collected. During the annual inspection it was found that the responsible official and owner, Taek Ma had failed to submit a notification form to correct the classification from small to large existing source. The facility had exceeded the 12-month consecutive total of perchloroethylene purchase limit in June 2004. The facility's purchase level is currently 165 gallons. Our office assisted him in processing this notification.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail. (mmccann@pinellascounty.org)

Sincerely,

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0459)
Attachment: Form 62-213.900(2)

\\Air_quality\vol1\USERS\WPDOCS\Airqual\Air_Compliance\AQ\GPVNotLtr0459_slj.doc

PLEASE ADDRESS REPLY TO:
300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106
Website: www.pinellascounty.org



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): <i>Hi Tech</i>
2. Site Name (For example, plant name or number): <i>Hi Tech Cleaner</i>
3. Hazardous Waste Generator Identification Number: <i>CESQG</i>
4. Facility Location: <i>5523 Roosevelt Blvd</i> Street Address: City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>33760</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1030459-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>In Tae K Ma</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Hi Tech Cleaner</i> Street Address: <i>5523 Roosevelt Blvd</i> City: <i>Clearwater</i> County: <i>Pinellas</i> Zip Code: <i>33760</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 536-1288</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>N/A</i>
10. Facility Contact Address: Street Address: <i>N</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - <i>A</i> 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>12/1/88</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

[165] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input checked="" 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

For each boiler, indicate its horsepower (HP) rating: 20

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.

IN TAEK Ma

Print name of responsible official

X In Taek Ma
Signature

5/26/05
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 06 2005
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): JR ENTERPRISES OF CENTRAL FLORIDA INC
2. Site Name (For example, plant name or number): CELEBRITY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 190 S. CR 427 City: LONGWOOD County: SEMINOLE Zip Code: 32750
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: JULIO ROMERO Title: PRESIDENTE / OWNER
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (407) 831-9962 Fax: (407) 855-9703

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: () -

2

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 <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

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")
_____	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?

[0] 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: [X] 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

4

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.

JULIO ROMERO
Print name of responsible official

Julio Romero
Signature

06-30-05
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 17 2001
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):	IN TACK MA / Hi-Tech Cleaning & Laundry Inc.		
2. Site Name (For example, plant name or number):	Wasco Clean Dominici		
3. Hazardous Waste Generator Identification Number:	1030459-002 CESQG		
4. Facility Location: Street Address:	5523 Roosevelt Blvd	City:	Clearwater
		County:	Pimellas
		Zip Code:	33760
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030459-002		

Responsible Official

6. Name and Title of Responsible Official:	IN TACK MA In Tack Ma Title: Owner		
7. Responsible Official Mailing Address: Organization/Firm:	5523 Roosevelt Boulevard		
Street Address:	5523 Roosevelt Boulevard	City:	Clearwater
		County:	Pimellas
		Zip Code:	33760
8. Responsible Official Telephone Number:	Telephone: (727) 536-1288 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	IN TACK MA		
10. Facility Contact Address: Street Address:	5523 Roosevelt Blvd		
		City:	Clearwater
		County:	Pimellas
		Zip Code:	33760
11. Facility Contact Telephone Number:	Telephone: (727) 536-1288 Fax: () -		

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")
<u>1</u>	<u>Existing</u> /New	<u>RC/CA/None required</u>	<u>Same</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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".)

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.

IN TAEK MA

Print name of responsible official

In Taek Ma
Signature

8-16-04
Date

1030399 1030459

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

**BOARD OF COUNTY
COMMISSIONERS**

John Morroni - Chairman
Kenneth T. Welch - Vice Chairman
Ronnie E. Duncan
Calvin D. Harris
Susan Latvala
Karen Williams Seel
Robert B. Stewart

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DEC 22 2005

Bureau of Air Monitoring
& Mobile Sources



December 20, 2005

Sandy Bowman
General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

FOR FILE ONLY

Re: Hi-Tech Cleaners & Laundry, Inc. - 1030459-002-AG

Ms. Bowman:

Enclosed is a copy of the Title V General Permit Notification for Hi-Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd Clearwater, FL, 33760, which was completed May 26, 2005. Upon review of the facility status, it appears that your department did not receive the permit notification form. We are forwarding the notification to your office for processing. During the annual inspection it was found that the responsible official and owner, Taek Ma had failed to submit a notification form to correct the facility's classification from small to large existing source. The facility had exceeded the 12-month consecutive total of perchloroethylene purchase limit in June 2004. The facility's purchase level is currently 165 gallons. Our office assisted him in processing this notification.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail. (mmccann@pinellascounty.org)

Sincerely,

A handwritten signature in black ink that reads "Matt McCann". The signature is written in a cursive, flowing style.

Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0459)
Attachment: Form 62-213:900(2)

\\Air_quality\vol1\USERS\WPDOCS\Airqual\Air_Compliance\AQ\GPVNotLtr0459_slj.doc

PLEASE ADDRESS REPLY TO:
300 S. Garden Avenue
Clearwater, Florida 33756
Phone: (727) 464-4422
FAX: (727) 464-4420
TDD: (727) 464-4106
Website: www.pinellascounty.org



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

DEC 22 2005

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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):	Hi Tech
2. Site Name (For example, plant name or number):	Hi Tech Cleaner
3. Hazardous Waste Generator Identification Number:	CESQG
4. Facility Location: Street Address: City: Clearwater County: Pinellas Zip Code: 33760	5523 Roosevelt Blvd
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030459-002

Responsible Official

6. Name and Title of Responsible Official: Name: In Tae K Ma Title: Owner	
7. Responsible Official Mailing Address: Organization/Firm: Hi Tech Cleaner Street Address: 5523 Roosevelt Blvd City: Clearwater County: Pinellas Zip Code: 33760	
8. Responsible Official Telephone Number: Telephone: (727) 536-1288 Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A
10. Facility Contact Address: Street Address: N City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - A 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")
12/1/88	<u>Existing</u> /New	RC/ <u>CA</u> /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?

[165] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input checked="" 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.

IN TAE R Ma
Print name of responsible official

X In Tae R Ma
Signature

5/26/05
Date

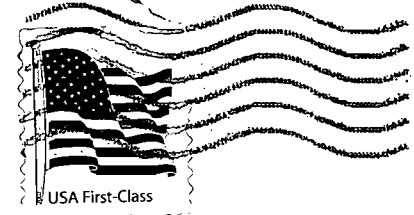
In Tack Ma



HI TECH CLEANERS
5523 ROOSEVELT BLVD.
CLEARWATER, FL 33760

ST PETERSBURG FL 337

19 OCT 2007 PM 4 L



Gener Permits Section
Bureau of Air Monitoring and Mobile Source
MS 5510
Florida Dep. of Environmental Protection
2600 Blair Stone Road

Tallahassee, FL 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443220 DEC132004

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# 1030459 10
HI TECH CLEANERS
5523 Roosevelt Blvd
CLEARWATER, FL 33706

RECEIVED
DEC 14 2007
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458411 JAN25 2006

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

1030459	10
HI TECH CLEANERS	
5523 Roosevelt Blvd	
CLEARWATER, FL	33706

Printed on recycled paper.

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466034 DEC14 2006

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# 1030459	✓
HI TECH	
5523 Roosevelt Blvd	
CLEARWATER, FLORIDA	33706

Printed on recycled paper.

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

DEC 15 2006
Bureau of HI Monitoring
is Mobile Sources

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Jul - Sep 04

AIRS ID # 1030459001AG 10

5 HI TECH CLEANERS
 5523 Roosevelt Blvd
 CLEARWATER, 33706

PS Form 3800, June 2002 or Instructions

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:

AIRS ID # 1030459001AG 10
 HI TECH CLEANERS
 5523 Roosevelt Blvd
 CLEARWATER, 33706

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Eun H. Ma* Agent
 Addressee

B. Received by (Printed Name) *Eun H. Ma* C. Date of Delivery *6/14*

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

2 Article Number (Transfer from service label) 7003 0500 0004 0144 6101

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 23 2004

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