

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 17, 2003

Mr. Jung B. Han  
Pace 1 Hour Dry Cleaners  
3994 Highway 90 West  
Pace, Florida 32570

Re: Facility No.: 1130167-002

Dear Mr. Han:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 16, 2003.

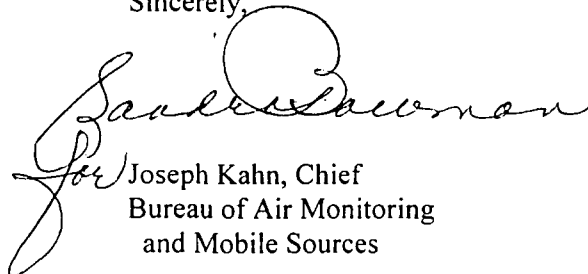
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees 98-02

SOC 5

Comp IN



# Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 2, 2007

Anna Han  
5340 Avandia de Golf  
Pace, FL 32571

RE: Bad Check  
AR #: 011381  
Remittance #: 713714

To Whom It May Concern:

You are hereby notified that your check #1265 drawn on Peoples First Community Bank, payable to Department of Environmental Protection was returned to us marked "Insufficient Funds".

Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of \$50.00 plus a service fee of \$15.00 or 5% (per check) not to exceed \$150.00. The amount due is \$65.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **CASHIERS CHECK OR MONEY ORDER** payable to the **Department of Environmental Protection** in the amount of \$65.00 to the **Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, FL 32315**. After receiving your remittance, your dishonored check will be returned.

If you have any questions, please contact Ann Sullivan at (850) 245-2458.

Sincerely,

Ann R. Sullivan  
Accounting Services Supervisor I  
Bureau of Finance and Accounting

AS/lh

cc: Reading File  
Cashier  
Sandy Bowman-MS#5510

RECEIVED

APR 04 2007

Bureau of Finance & Accounting  
& Mobile Services

ARRS ID # 1130167  
DEPOSIT DATE: 2/15/07

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 16 2003  
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):	Pace 1 Hour Dry Cleaners, JUNG, B. HAN		
2. Site Name (For example, plant name or number):	Pace 1 Hour DRY Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	3994 HWY 90 W		
Street Address:			
City:	Pace	County:	FL
		Zip Code:	32570
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1130167-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JUNG B. HAN	Title:	owner
7. Responsible Official Mailing Address:			
Organization/Firm:	3994 Highway 90 West		
Street Address:			
City:	Pace	County:	Santa Rosa
		Zip Code:	32570
8. Responsible Official Telephone Number:			
Telephone:	(850) 994-0298	Fax:	(850) 995-8787

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:	( ) -

13019-002

**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")
2nd Hand	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?

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 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?

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.*

JUDY B. FRAW

Print name of responsible official

Judy B. Fraw

Signature

6-13-03

Date



## 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.

06/25/2003

CHB

Spoke with Mr. Jung B. Han and he stated he is unable to obtain the initial purchase date for the dry-to-dry machine and he stated that it is older than December 9, 1991.

Page 15

1. (a) Add Date Initially Purchased from Manufacturer.

None Required should be circled under Control Device Required.

Page 16

6.(e) Required for all sources. Should be marked.

CORRECTED COPY  
3-15-04

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 16 2003  
Bureau of Air Quality  
Mobile Services

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):	Pace 1 Hour Dry Cleaners, JUNG B. HAN		
2. Site Name (For example, plant name or number):	Pace 1 Hour Dry Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	3994 Hwy 90 W		
Street Address:	Pace		
City:	County:	Zip Code:	
	FL	32570	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1130167-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: JUNG B. HAN Title: owner		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 3994 Highway 90 West City: Pace County: Santa Rosa Zip Code: 32570		
8. Responsible Official Telephone Number:	Telephone: (850) 994-0298 Fax: (850) 995-8787		

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: ( ) -		

RECEIVED

AUG 25 2003  
NORTHWEST FLORIDA  
DEP

EXPIRES 7/17/2008

1130191-007

*[Faint handwritten text]*

**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")
<del>2/11/93</del> 2/11/93	Existing/New	<del>RC/CA</del> 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?

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	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?

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).

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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:

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- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

HAR  
3-15-04

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.

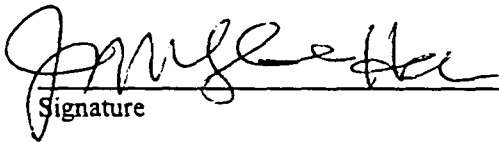
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*I will promptly notify the Department of any changes to the information contained in this notification.*

JUNG B. PARK

Print name of responsible official



Signature

6-13-03

Date

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Department of Environmental Protection  
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Tallahassee, FL 32399-2400

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### 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445011 JAN 26 2005

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# 1130167      10 PACE ONE HOUR DRY CLEANERS 3994 Hwy 90 West PACE, FL 32571
----------------------------------------------------------------------------------------------

Bureau of Air Monitoring  
& Mobile Sources

JAN 27 2005

RECEIVED

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
--------------------------------------------------------------------------------------------

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435022 JAN 7 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

1130167 JUNG HAN PACE ONE HOUR DRY CLEANERS 3994 HWY 90 WEST PACE FL 32570
----------------------------------------------------------------------------------------

~~Bureau of Air Monitoring  
& Mobile Sources~~

JAN 9 2004

RECEIVED

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
------------------------------------------------------------------------------------------

-----  
**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. 460942 APR14 2006

**TOTAL AMOUNT DUE: \$50.00** <sup>55.00</sup>

Do **NOT** Remove Label

1130167	10
PACE ONE HOUR DRY CLEANERS	
3994 Hwy 90 West	
PACE, FL	32571

Bureau of AI Monitoring  
& Mobile Sources

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

Printed on recycled paper.