



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

August 22, 2008

Mr. Sun Bok Kim
Red Bug Dry Cleaners
5275 Red Bug Lake Road
Winter Springs, Florida 32708

Re: Facility No.: 1170073-003

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 18, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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,

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

SFV/pg

cc: Ms. Caroline Shine, Central District

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 1996-2006
SOC REPORTS ... 6
COMP. STATUS SNC MNC IN-

co-Seminole-CD Insp C-Sine

Insp - INS2 - compliance inspection
walk through - An Annual Insp

Insp - Seminole Co - CD - C-Sine

FEA RECEIPT 18 JUL 2008

REFUND CHECK \$100.00
REQUEST # 16638, 7/25/08
CK # 2045 RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 22 2008

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):	RED BUG DRY CLEANERS INC / SUN B. KIM
2. Site Name (For example, plant name or number):	RED BUG DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 6808 @ 5275 RED BUG LAKE RD City: WINTER SPRINGS County: SEMINOLE Zip Code: 32708	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170073-003

Responsible Official

6. Name and Title of Responsible Official: Name: SUN BOK KIM Title: PRES.	
7. Responsible Official Mailing Address: Organization/Firm: S/A Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 696-4440 Fax: () -	

3755
002272

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GUN KIM
10. Facility Contact Address: Street Address: S/A City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (407) 696-4440 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")
NOV 1997	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / CA / 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? [0]

How many dryers/cleaners do you have on-site? [0]

EXISTING

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?

[^{117.90}~~100~~] 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

New machines at large area source

Refrigerated condenser

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
~~AIRS # 1170352~~
- 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.

SUN B. KIM
Print name of responsible official

Sun Bok Kim
Signature

7/7/08
Date

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____ *, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: RED BUG DRY CLEANERS
ADDRESS: 5275 RED BUD LAKE RD, STE 101 WINTER SPRINGS, FL 32708-

AMOUNT: \$100.00 CHECK #: 2045 DEPOSIT DATE: 07-18-2008 DEPOSIT: 291033
DOCUMENT NUMBER: SYS RECEIPT#: 631547 PAYMENT#: 891358 REMIT#: 789910
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury, Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

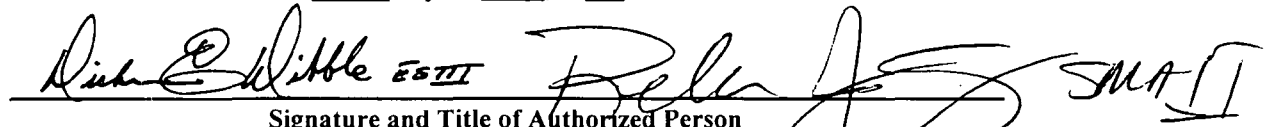
Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000022000000

CERTIFIED TRUE AND CORRECT this 25th day of July, 2008.


Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

RED BUG DRY CLEANERS
5275 RED BUG LAKE RD #101
WINTER SPRINGS FL 32708

RETURN SERVICE REQUESTED

MID FLORIDA FL 327
15 JUL 2008 PM 3:17



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRY CLEANER REGISTRATION
PO BOX 3070
TALLAHASSEE FL 32315-3070

