

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES *2004-2006*
SOC REPORTS *4*
COMP. STATUS - SNC MNC **IN**

TRPT - SOCR - Statement of Compliance Report

2/5/2008 - IN

Insp - Clay Co - NED - R Banks

Made In USA

**Office
REPORT**





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

September 26, 2008

Mr. In Sam Yoo, President
F. I. Cleaners, Incorporated
1581 County Road #220, Suite 130
Orange Park, Florida 32003

Re: Facility No.: 0190072-002

Dear Mr. Sam Yoo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) 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.

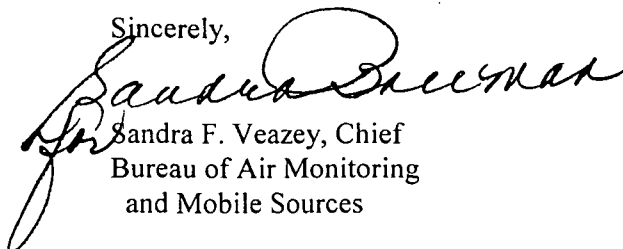
For your information, authority to operate pursuant to Rule 62-210.310 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such 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: Mr. Rick Banks, Northeast District

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 26 2008
U.S. DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES

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>F.I. CLEANERS INC.</i> |
| 2. Site Name (For example, plant name or number): |
| 3. Hazardous Waste Generator Identification Number: <i>CESQG</i> |
| 4. Facility Location: Street Address: <i>1581 COUNTY ROAD 220 SUITE 130</i> City: <i>ORANGE PARK</i> County: <i>CLAY</i> Zip Code: <i>32003</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0190072-002</i> |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: <i>IN SAM YOO</i> Title: <i>PRESIDENT</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: <i>F.I. CLEANERS</i> Street Address: <i>1581 COUNTY ROAD 220 SUITE 130</i> City: <i>ORANGE PARK</i> County: <i>CLAY</i> Zip Code: <i>32003</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(904) 264 0526</i> Fax: () - |

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: () - |

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>APRIL 2003</u> | 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?

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?

90 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 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

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.

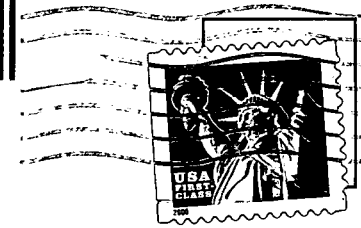
IN SAM YOO
Print name of responsible official


Signature

8/15/08
Date



William Knight & Anthony McGurk
 2383 Quirt Ln
 Punta Gorda, FL 33983-2627



TITLE V - General Permit
 Receipts
 Post Office Box 3070
 Tallahassee, FL 32315-3070

32315x3070



406803 MAR 5 2001

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

AIRS ID # 0150060
 BURNT STORE DRYCLEAN
 WILLIAM KNIGHT
 3941 TAMIAMI TRAIL UNIT 3179
 PUNTA GORDA FL 33950

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4125 8096

| | | |
|---|----|-------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Re BURNT STORE DRYCLEAN WILLIAM KNIGHT 3941 TAMIAMI TRAIL UNIT 3179 PUNTA GORDA FL 33950 | | AIRS ID # 0150060 |

For Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

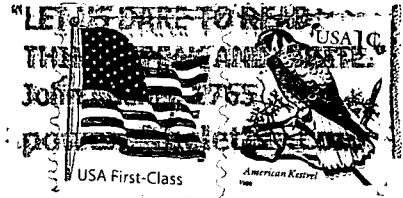
| SENDER | SECTION ON DELIVERY | | | | | | | | | | |
|--|--|--|-----------------------------------|-----------------------------------|--|--------------------------------|------------------------------------|--|--|---|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete 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. | <table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i> <i>Tat Smith</i></td> <td style="width: 50%;">B. Date of Delivery <i>3/5</i></td> </tr> <tr> <td colspan="2">C. Signature <i>*Tad Smith</i></td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> Agent</td> <td style="text-align: right;"><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table> | A. Received by <i>(Please Print Clearly)</i> <i>Tat Smith</i> | B. Date of Delivery <i>3/5</i> | C. Signature <i>*Tad Smith</i> | | <input type="checkbox"/> Agent | <input type="checkbox"/> Addressee | D. Is delivery address different from item 1? <input type="checkbox"/> Yes | | If YES, enter delivery address below: <input type="checkbox"/> No | |
| A. Received by <i>(Please Print Clearly)</i> <i>Tat Smith</i> | B. Date of Delivery <i>3/5</i> | | | | | | | | | | |
| C. Signature <i>*Tad Smith</i> | | | | | | | | | | | |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Addressee | | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes | | | | | | | | | | | |
| If YES, enter delivery address below: <input type="checkbox"/> No | | | | | | | | | | | |
| 1. Article Addressed to: <div style="text-align: right;">AIRS ID # 0150060</div> BURNT STORE DRYCLEAN WILLIAM KNIGHT 3941 TAMIAMI TRAIL UNIT 3179 PUNTA GORDA FL 33950 | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | | | | | | | | | |
| 2. Article Number, <i>(Copy from service label)</i> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">7000 0600 0026 4125 8096</div> | 4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes | | | | | | | | | | |

PS Form 3811, July 1999
Domestic Return Receipt
102595-99-M-1789

F.I. Cleaners
1581-130 County Rd 220
Orange Park FL 32003

JACKSONVILLE FL 322

21 AUG 2008 PM 3 T



Air General permit Program
Bureau of Air Monitoring and Mobile Sources, MS5570
Department of Environmental protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

3239986542