Facility Name and Location

SAKHAN

Effective: 2/24/99

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

SON

2. Site Name (For example, plant name or number): 5 AN JUAN CLEANERS

3. Hazardous Waste Generator Idantification Number:

RECEIVED 3 2000 Ean Nopile 2011/Les

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM RECEIVED

CC 42 200

Surcau of Air Monitoring

Part III. Notification of Intent to Use General Permit & 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.

4. Pacifity Location: 6271 37: AUGUSTINE RD STE 30 Street Address: City: JACKSONFILLE County: DUVAL Zip Code: 32217	
4. Pacity la afficación y Ciribar (DEP ENCONT. As tacabil in) OSIO 400=	004
Responsible Official	_
6. Name and Title of Responsible Official: Name: SAKHAN SON Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8384 HEDSEWOOD DR Elty: JALKSON VILLE County: DUVAL Zip Code: 32216	
8. Responsible Official Telephone Number: Telephone: (904) 887-5119 Fax: (904) 737-7101	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager): 50PHAL KOL / PLAN MANAGEA	
10. Facility Contact Address: n Street Address: 1130 2 MONUMENT LANDING BLVD.	
GT JACKSONTILLE County: DUVAL ZIP Code: 32225	
1). Pacility Contact Telephone Number: Telephone: (904) 509 - 1847 Fax: () -	
DEP FORM No. 62-213,900(2) 14 SOPhal Jax(@a	ol.com

Facility Information 1.(a) DRY-TO-DRY	ALCUMES ON	ı V		
How many dry-to-dry is		. hl		
		se provide the following informs	tion:	:
Date Initially Purchases From Manufacturer		Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")	-ber
1994	Existing(N	** 4	X SAME	Sophal Kol, does have TCC —MB
يود ما المعادلة الم	Existing/N	ew RC/CA/None required	againe gaine a dealer ann an Arbaile an Arba	have RC
*CONTROL DEVICE I	CEY: (RC)	refrigerated condenset CA	≠ carbon ælsorber	-mB
1 (b) Transfer Max	THINES ONLY			
How many washers do y	ou have on-site?	<u>L</u>		
How many dependencials	pers do you have	on-site?		
unit. If the transfer much 1993, it is a NEW unit ()	ine was purchases 10 units purchases	ffrom the manufacturer between	December 9, 1991, it is an EXISTIN December 9, 1991 and September 22 Howed to operate under this general aformation:	
Date Initially Purchased From Manufacturer	Status (circle one)	Cantrol Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	-
	Existing/New	RC/CA/None required	and the second s	
and the second s	Existing/New	RC/CA/None required	namentus auguspun eskulukustilain saltaini laitaki jona eteksitävän tuotailuja.	
tenden in der for gegephysisch in immerien eine "meines	Existing/New	RC/CA/None required	color-thick, is in a state of particular to the state of	
control device ki	ZY: RC=n	frigerated condenser CA	= carbon adsorber	
(a) How much perchics XL[105] gallon		ave you used within the last 12 lithis in)	months?	
(b) If less than 12 mou	ths, how many? [moritis		
		New owner: Did not ke	ep records: []	•
		New store: [] New machin	ne [

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [___] (date of expected opening_____)

From: Lorraine Worrell Fax: +1 (877) 932-8911 To: Ms. Marnie Brynes F Fax: +1 (850) 922-6979 Page 3 of 4 8/2/2010 10:02

 What is the facility's source classification indicate with an "X". Select one classification. 	tion based on assification or	the definitions found in section dy.)	n (3) of Part II?
Small Area Source	<u>[×1</u>		
Dry-us-dry machines of Transfer only on-site Both mechine types or	- 1	(used less than 140 gallons of (used less than 200 gallons of (used less than 140 gallons of	perc per year)
Large Area Source			
Dry-to-dry machines of Transfer only on-site Both machine types or	(used 140 - 2,100 gallons of pr used 200 - 1,800 gallons of pr used 140 - 1,800 gallons of pr	ac per year)
What control technology is required o (Indicate with an "X".)	n machines pi	urazzut to section (5) of Part I	of this notification form?
Existing machines at small area (NONE REQUIRED)	J	New machines at sma Refrigerated condense	• •
Existing machines at large area Carbon adsorber [Refrigorated condenser [J J	New machines at lary Refrigerated condense	
5. A facility which contains non-exempt Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units e	steam and hot	water generating units on-sit	meet the following
All steam and hot water generating units. No such units on-site.	exempt [OR	
How many boilers do you have on-slie?			
For each boiler, indicate its horsopower (HP) rating()	1451	
What type of final do you use? X] propane] No. 2 fuel of] No. 6 fuel of	il No. 4 fuel oil Other (please li	st)
6. Equipment Monitoring and Recordsee	oing informat	lon	
Check all logs which are required to be kn	ept on-site in i	accordance with the requirem	ents of this general permit:
(a) Purchase receipts and solvent purchase	:s/solvent add	ition log <u>L</u> X	J
(b) Losk detection inspection and repair		LX	1
(c) Refrigerated condenser temperature m	gnivering	LX	J
(d) Carbon edsorber exhaust perc concern	ration monito		
(c) Startup, shutdown, malfunction plan		<u>(</u>	J

DEF Form No. 62-213.900(2) Effective: 2/24/99 To: Ms. Marnie Brynes F Fax: +1 (850) 922-6979 Page 4 of 4 8/2/2010 10:02

or existing that is a result of
ne 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.
Official Certification
dersigned, am the responsible afficial, as defined in Pari II of this form, of the facility addressed in ficulion. I hereby certify, based on information and belief formed after reasonable inquiry, that the its mode in this notification are true, accurate and complete. Further, I agree to operate and the air pollutari emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
imply notify the Department of any changes to the information contained in this notification. 14 K H A N SC N ne of responsible official
Khan Son Dete 10

Fax: +1 (877) 932-8911

From: Lorraine Worrell

-form updated 8/3/10 -MB RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JUL 4 2 2010

Bureau of Air Monitoring Part III. Notification of Intent to Use General Permit & 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.

Fa	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SAKHAN SON
2.	Site Name (For example, plant name or number):
	S'AN JUAN CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 6271 ST. AUGUSTINE RD STE 30
	Street Address: City: JACKSONVILLE County: DUVAL Zip Code: 32217
5.	Facility Identification Number (DEP Use ONLY = do not fill in):
	74 CO 10400-C
701	
	sponsible Official
	Name and Title of Responsible Official: Title: \(\text{NAA} \)
Ivai	ne: SAKHAN SON Title: OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 8384 HEDGEWOOD DR.
	City: JALKSON VILLE County: DUVAL Zip Code: 32216
8.	Responsible Official Telephone Number:
	Telephone: (904) 887-5119 Fax: (964) 737-7/01
Fac	ility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SOPHAL KOL /PLAN MANAGER
10.	Facility Contact Address:
	Street Address: 1130 & MONUMENT LANDING BLVD.
	City: JACKSONVILLE County: DUVAL Zip Code: 32225
11.	Facility Contact Telephone Number:
	Telephone: (904) 509 - 1847 Fax: () -

14

Facility Information

I.(a) DRY-IO-DRY N	IACHINES ON	LY .	
How many dry-to-dry m	achines do you h	ave on-site?	·
For each dry-to-dry mac	hine on-site, plea	se provide the following informat	tion:
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required* c) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>x</u>	Existing	New X RC/CA/None required	X
ļ. 	Existing/N	lew RC/CA/None required	
	Existing/N	lew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: RC	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		
How many washers do ye	ou have on-site?	·	
How many dryers/reclain	ners do you have	on-site?	₩
unit. If the transfer mach 1993, it is a NEW unit (i	ine was purchase 10 units purchase	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general 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	 .
	oethylene (perc)	efrigerated condenser CA =	
•	•	•	
(b) If less than 12 mon	uis, now many?	months	on recorder É
Check why it is les	s man 12 months	: New owner: Did not ke	
		New store: New machin	
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

What is the facility's source classification based on the Indicate with an "X". Select one classification only	
Small Area Source	
Transfer only on-site (us	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (us	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pur (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
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 unit: Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site (see	
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating.	
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas Other (please list)
6. Equipment Monitoring and Recordkeeping Informatio	n
Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addit	ion log
(b) Leak detection inspection and repair	ĽΧΊ
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitori	ng [X]
(e) Startup, shutdown, malfunction plan	ليكا

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indicat	te 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. I A HAN SON e of responsible official
Signature	Date 20_10

SAKHANSON SAN JUAN CLEANERS

JACKSONVILLE, PL 32217

6271 ST AUGUSTINE RD # 30



BUREAU OF AIR MON'TORING & MODILE SOURCES, MS 5510

RETURN RECEIPT REQUESTED

DEPARTMENT OF ENVIRONMENTAL PROTECTION 2600 BLAIR STONE RD.

HIR GENERAL PERMITS SECTION

TALLAHASSEE, FL 32399-2400