

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

June 14, 2007

Mr. Victor Kwok Atlantic Dry Cleaners, Incorporated 10750-7 Atlantic Boulevard Jacksonville, Florida 32225

Re: Facility No.: 0310432-003

Dear Mr. Kwok:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 14, 2007.

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.

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Wayne Tutt, Duval County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 19.7.2006.
SOC REPORTS. 4.
COMP. STATUS-SNC MNC 10

INS 2- Compliance Inspection
walkthrough

Tasp-Daval Co-Wint

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

K

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

The name and address of the owner or operator; VICTOR KWOK ATLANTIC PRY CLEARIS. Name of the owner or operator of the dry cleaning facility 10750-7 ALANTIC BLVA Mailing address of the owner or operator of the dry cleaning facility	Is the Perc dry cleaning machine located in a building with a residence (s), even if the residence is vacant at the time of this notification? Check one: No Yes Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants? Check one: No Yes
	Is the Perc dry cleaning operation a major or area source?
Mailing address line 2 JAekSmVILE FL 3 2225 City State Zip Code The address (that is, physical location) of the dry cleaning facility;	Major Source: Perc consumption is greater than 2100 gallons/year X Area Source: Perc consumption is 2100 gallons/year or below The yearly Perc solvent consumption: Less than 15 gallons
ATLANTIC DRY Cleaners.	(How much Perc did you buy over the last 12 months?)
Name of the dry cleaning facility [0750-7 AFTAutic BLVd	Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?
Address of the dry cleaning facility (physical location)	Check one: Yes
Address line 2	All information contained in this statement is accurate and true.
Jacksonville, FL 32225	Signature of the Responsible Official for the dry cleaning facility
Cuy State Zip Code	Signature of the Responsible Official for the ary cleaning factily
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch	Florida Department of Environmental Protection General Permits Section

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

Bureau of Air Monitoring and Mobile Sources

2600 Blair Stone Road, MS #5510

Tallahassee, Florida 32399-2400

61 Forsyth Street SW

Atlanta, Georgia 30303-8960

Atlantic Dry Cleaners 10750-7 Atlantic Blvd. Jacksonville, PL 32225

CERTIFICATION ALL



7006 2150 0005 1643 3881



To: Florida Department of Environmental protection

General permit Section

Bureau of Air monitoring and Mobile Sources

Z600 Blair Stone Rd, MS # 5510

DEP Form No. 62-213.900(2) Effective: 2/24/99 AIRSID# 310432 Atlantic Dry Cleaners 10750-7 Atlantic Blvd Jacksonville, FL 32225

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, of individual owner).
VICTOR KWOK, ATLANTIC DRY Cleaners, INC
2. Site Name (For example, plant name or number):
ATLAntic Dry Cleaners , INC
3. Hazardous Waste Generator Identification Number:
MCF System # 112-027 4. Facility Location: 10750-7 AFLBATIC BLUD Street Address:
4. Facility Location: 10150-7 ATLANTIC BLUN
Jucci Address: 7in Code: CLCC1
Chy. JACKMILLE
5. Facility Identification Number (DEP Use ONEY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official: Name: W. Tay V. COV. Title: M. Hanger
Name: Victor Kwok
7. Responsible Official Mailing Address:
Organization/Firm: 10750-7 Allenilic Buen
I SHOOT AME IN CODE: YELLO
City: JACKSMVILLE DEVALE
8. Responsible Official Telephone Number: Fax: (
Telephone: (9°4) f65 1678 Fax: (
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager).
Some As above
10. Facility Contact Address:
Street Address:
Street Address: City: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
Telephone: ()

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Facility Information

1.(a) DRY-TO-DRY MA	ACHINES ONL	Y		
How many dry-to-dry mad	chines do you ha	ve on-site?		•
For each dry-to-dry mach	ine on-site, pleas	e provide the following informat	ion:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device I (if already included at purchase, write "SAM	time of
8/94	Existing/No	ew (RC/CA/None required	Same	
	Existing/No	ew RC/CA/None required		
	. Existing/Ne	ew RC/CA/None required	·	
*CONTROL DEVICE KE	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber	
1.(b) TRANSFER MACI	HINES ONLY	ì		•
How many washers do yo	u have on-site?		• •	٠.
How many dryers/reclaim	ers do you have	on-site?		
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased o units purchased	n the manufacturer prior to or on if from the manufacturer between if after September 22, 1993 are al e, please provide the following in Control Device Required* (circle one)	December 9, 1991 and Sep llowed to operate under this	otember 22, s general
			purchase, write "SAM	E")
8/94	Existing/New	RC/CA/None required	Same	
8/94	Existing/New	RC/CA/None required	Some	
	Existing/New	RC/CA/None required		ř
	÷			
*CONTROL DEVICE KE	EY: RC = r	efrigerated condenser CA	= carbon adsorber	
2.(a) How much perchlor		have you used within the last 12 this in)	months?	
(b) If less than 12 mon	ths, how many?	[] months		r" v
Check why it is les	s than 12 months	: New owner: Did not ke	ep records: []	6 - 1
		New store: New machi	ne []	
	<u>_</u>	Unopened store [] (date of	f expected opening)

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3. What is the facility's source classification based or Indicate with an "X". Select one classification o	· ,
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant 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 under Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site (
All steam and hot water generating units exempt No such units on-site	OR OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	15 HP
What type of fuel do you use? [·
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring [/]
(e) Startup, shutdown, malfunction plan	[/\]

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7. Surrender	of Existing DEP Air Permit(s)			
Please indica	te with an "X" the appropriate selection:			
	I hereby surrender all existing DEP air p this notification form; the permit numbe		ation of the fac	ility indicated in
	No DEP air permits currently exist for the	e operation of the facil	ity indicated in	this notification
•	form.			
Responsible	Official Certification			
statemen maintain comply v	fication. I hereby certify, based on informants made in this notification are true, accurate the air pollutant emissions units and air point all terms and conditions of this generate on the property of the Department of any change	ate and complete. Furt ollution control equipm I permit as set forth in l	her, I agree to d ent described a Part II of this no	operate and bove so as to otification form.
	Ne of responsible official	s to the information co	niainea in ims r	ionfication.
	Victor		5-8	07
Signatur	e	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

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.

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Atlantic Dry Cleaners 10750-7 Atlantic Blvd Jacksonville, FL 32225



To: Title V Air General permit program

Burean of Air Munitoring a Mobil Sources MS 551

Department of environmental protection

2600 Blair Stone Road

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