

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 22, 2003

Mr. Soon Sil Chung
Julington Cleaners, Inc.
12665 San Jose Boulevard
Jacksonville, Florida 32223

Re: Facility No.: 0310477-002

Dear Mr. Chung:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 20, 2003.

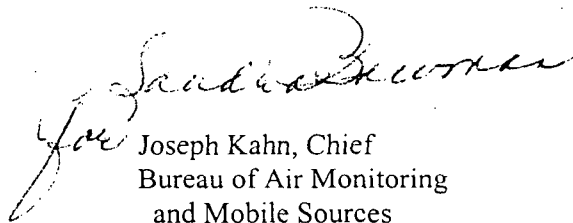
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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EMISSION FEE DATES 199-2002
SOC REPORTS 2
COMPLIANCE STATUS IN

Page 15

- 1.(a) New should be circled under Status for 1994 perchloroethylene dry-to-dry cleaning machines.

Page 16

4. New machines at small area source refrigerated condenser should be marked for 1994 perchloroethylene dry-to-dry cleaning machines.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 20 2003
Bureau of Air Monitoring
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):
JULINGTON CLEANERS, INC.
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
1605979
4. Facility Location: Street Address: 12665 SAN JOSE BLVD City: JACKSONVILLE County: DUVAL Zip Code: 32223
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0310477-002

Responsible Official

6. Name and Title of Responsible Official: Name: SOON SIL CHUNG Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 12665 SAN JOSE BLVD City: JACKSONVILLE County: DUVAL Zip Code: 32223
8. Responsible Official Telephone Number: Telephone: (904) 880 - 1131 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): GUN H. CHUNG
10. Facility Contact Address: Street Address: 12665 SAN JOSE BLVD City: JACKSONVILLE County: DUVAL Zip Code: 32223
11. Facility Contact Telephone Number: Telephone: (904) 880 - 1131 Fax: () -

200-7740123

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")
1994	Existing	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?

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? 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
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).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

SOON SIL CHUNG

Print name of responsible official

X *Soon S. Chung*

Signature

10/30/03
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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466994 JAN102007

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# 310477 ✓
 JULINGTON CLEANERS
 12665 San Jose Blvd
 JACKSONVILLE, FLORIDA
 32223

RECEIVED
 JAN 11 2007
 Bureau of Air Mail
 & Mobile Services

FLAIR ACCT. CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

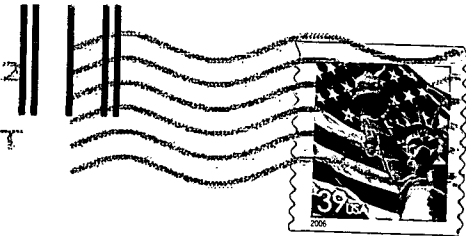
FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

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Soon S Chung
 7221 Crescent Oaks Ct
 Jacksonville FL 32277

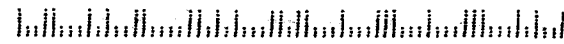
JACKSONVILLE FL 322

08 JAN 2007 PM 5 T



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

32315-3070 BOSS



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459449 MAR 12 2006

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 310477 1st
JULINGTON CLEANERS
12665 San Jose Blvd
JACKSONVILLE, FL 32223

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FLAIR ACCT. CODE 20-2-035001 3755010000
BENEFITTING OBJECT CODE 002273
BENEFITTING CATEGORY 002200

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

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MAR 10 5 21 AM
Bureau of Air Monitoring
& Mobile Sources

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446801 FEB 17 2005

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 310477 1stC
JULINGTON CLEANERS
12665 San Jose Blvd
JACKSONVILLE, FL 32223

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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435925 FEB 3 2004

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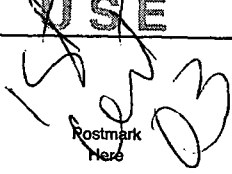
310477
SOON CHUNG
JULINGTON CLEANERS
12665 SAN JOSE BLVD
JACKSONVILLE FL 32223

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Fund: 20-2-035001
Obj.: 002273

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Sent To **SOON CHUNG**

Street, Apt. or PO Box | **JULINGTON CLEANERS**

City, State, | **12665 SAN JOSE BLVD**

| **JACKSONVILLE, FL 32223**

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID# 310477 SOON CHUNG JULINGTON CLEANERS 12665 SAN JOSE BLVD JACKSONVILLE, FL 32223 </div> <p>2. Article Number (Trk) 7003 2260 0003 5651 0857</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Soon Chung</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2-6-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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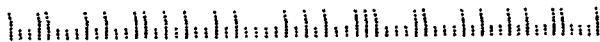
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Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

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Total Postage Sent To Street, Apt. No. or PO Box No. City, State, Zi	AIRS ID# 310477 1stC JULINGTON CLEANERS 12665 San Jose Blvd JACKSONVILLE, FL 32223
PS Form 3800, June 2002	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 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="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 310477 1stC JULINGTON CLEANERS 12665 San Jose Blvd JACKSONVILLE, FL 32223 </div>	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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PS Form 3811, August 2001	Domestic Return Receipt
102595-02-M-1540	

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MAR 3 - MAR 13, 2005

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Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

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