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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitorino

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.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
YN CHIN HO
2. Site Name (For example, plant name or number):
MAGIC TOUCH
3. Hazardous Waste Generator Identification Number:
FLD 981 752694 4. Facility Location: 321 E Racetrack Rd
Street Address:
City: FORT WALTON BECOUNTY: OKalossa Zip Code: 32548
5 Facility Identification Number (DEP Use ONLY do not fill in)
CHARLES BY LOD THE DEL
Responsible Official
6. Name and Title of Responsible Official:
Name: CHIN HO Title: OWher
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 327 E. Lage track Road
City: Fort Walton Beech County: OKALOOSA Zip Code: 32548
8. Responsible Official Telephone Number:
Telephone: $(20)26 = 600$ Fax: $()$
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
EHYN CHIN HOOR YN KNMOK
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility	Information
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1.(a) DRY-TO-DRY MA	ACHINES ONLY		
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informatio	n:
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")
1996	Existing/Nev	RC/CA/None required	MA
	Existing/Nev	v RC/CA/None required	
	Existing/Nev	v RC/CA/None required	·
*CONTROL DEVICE KI	EY: RC = ref	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ners do you have or	n-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased : to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, wed to operate under this general formation:
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 KI	EY: RC = ref	rigerated condenser CA =	carbon adsorber
2.(a) How much perchlor		ave you used within the last 12 m	
2.(a) How much perchlor	roethylene (perc) has (You must fill t	ave you used within the last 12 m	
2.(a) How much perchlor [90] gallor (b) If less than 12 more	roethylene (perc) has (You must fill to	ave you used within the last 12 m	onths?
2.(a) How much perchlor [90] gallor (b) If less than 12 more	roethylene (perc) has (You must fill to this, how many? [_ is than 12 months:	ave you used within the last 12 m his in)] months	onths?

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) [X] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [10] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 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
(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
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender	r of Existing DEP Air Permit(s)	
Please indicate	cate with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permits authorithis notification form; the permit number(s) are	izing operation of the facility indicated in
	No DEP air permits currently exist for the operation of form.	f the facility indicated in this notification
Responsible	e Official Certification	
this notif statemen maintain comply w	ndersigned, am the responsible official, as defined in Part tification. I hereby certify, based on information and believents made in this notification are true, accurate and complete in the air pollutant emissions units and air pollution control with all terms and conditions of this general permit as set	ef formed after reasonable inquiry, that the lete. Further, I agree to operate and ol equipment described above so as to forth in Part II of this notification form.
Yw	aromptly notify the Department of any changes to the information of th	mation contained in this notification.
Signature	ire	(c/28/2003 Date

AIRS ID # 0910077-002

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1. (a) New should be circled under Status for 1996 perchloroethylene dry-to-dry machine.

RC should be circled under Control Device Required for 1996 perchloroethylene dry-to-dry machine.

Add Date Control Device Installed for refrigerated condenser (RC).

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4. <u>New Machines at small area source</u> Refrigerated Condenser should be marked for 1996 dry-to-dry machines using less than 140 gallons of perchloroethylene.

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CORRECTED 3/16/04

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV 4 2003

Bureau of Air Moditoring & Mobile Sources

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):
YW CHIN HO
2. Site Name (For example, plant name or number):
MAGIC TOUCH
3. Hazardous Waste Generator Identification Number:
FID 981 NEV 6911
4. Facility Location: 32) E Race track Rd
City: FORT WALTON BCOUNTY: OKalocsA Zip Code: 32F48
5. Facility Identification Number (DEP Use ONLY - do not fill in)
09/00/7=00%
Responsible Official 6. Name and Title of Responsible Official:
Name: Title: Milh Ch
CHI YW CHINI HO WINE!
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 327 E. La.G.E. Fraick Road City: Tool Walker Al Frach County: NV 1 1 605.0 Zip Code: 33 548
City: Fort Walten beach County: OKALCOSA Zip Code: 32548
8. Responsible Official Telephone Number:
Telephone: (Sto) Sto Solo Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
· EHYW & CHIN HO OR YU KUMOK
10. Facility Contact Address:
Street Address:
City: Zip Code:
1 cme
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
Telephone. ()

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 1996 CA/None required Existing New 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: Control Device Required* Date Control Device Installed Date Initially Purchased Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 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

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine [___]

Unopened store [] (date of expected opening _

Check why it is less than 12 months: New owner: [___] Did not keep records: [___]

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.)
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(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 [] 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: [10] []
What type of fuel do you use? [
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(c) Refrigerated condenser temperature monitoring
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (a) Scorper shutdown malfunction plan
(e) Startup, shutdown, malfunction plan

7. Surrender	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate selection.		
	I hereby surrender all existing DEP air permit this notification form; the permit number(s)	mits authorizing operation of the facility indics) are	ated in
	······································	operation of the facility indicated in this notifi	cation
Responsible	Official Certification		
this notif statemen maintain comply w	dersigned, am the responsible official, as definition. I hereby certify, based on information its made in this notification are true, accurate in the air pollutant emissions units and air polliwith all terms and conditions of this general performance in the Department of any changes to the official	on and belief formed after reasonable inquiry, e and complete. Further, I agree to operate an lution control equipment described above so a permit as set forth in Part II of this notification	that the nd store to the store to the store to the store to the store the st
	tran	(0/28/2003	- .
Signature	e	Date	