



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

May 3, 2005

Ms. Michelle Yoo
HighTech Cleaners
304 Eglin Parkway, Northeast
Fort Walton Beach, Florida 32547

Re: Facility No.: 0910088-002

Dear Ms. Yoo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 21, 2005.


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. Charles Norman, Northwest District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES *2000-2004*.....

NO ACTIVITY FOR FACILITY.....

SOC REPORTS *4*.....

COMP. STATUS - SNC MNC **(IN)**

01/11/2005

Bowman, Sandy

From: Norman, Charles
Sent: Friday, September 01, 2006 8:52 AM
To: Bowman, Sandy
Subject: RE: Dry Cleaner Name Change 0910088-002-AG

The Owner/Company shows up on the Incomplete Inspections Report, the ARMS Permitting Application--DARM Permit Query screen (object 001 and 002) and the GPCI ARMS Facility Details screen as A S Miles Properties, Inc. Part III, Block 1 of the notification form for 0910088-002-AG has Michelle H. Yoo in the Facility Owner/Company block. The GPCI checklist has Ms. Yoo as the RO which is correct. So, something must be out of kilter.

Charlie

From: Bowman, Sandy
Sent: Thursday, August 31, 2006 1:34 PM
To: Norman, Charles
Subject: RE: Dry Cleaner Name Change 0910088-002-AG

Hi Charlie,

I checked to RO for 0910088 and it is Michelle Yoo. This is the person identified as the Primary RO.

Sandy

From: Norman, Charles
Sent: Wednesday, August 30, 2006 2:24 PM
To: Bowman, Sandy
Subject: Dry Cleaner Name Change 0910088-002-AG

Change the name of the owner of High Tech cleaners to Michelle Yoo.

Thanks,

Charlie

Charles M. Norman
Air Compliance Inspector.
850/595-8300 ext. 1222

Please note: Florida has a very broad public records law. Most written communications to or from state officials are public records and may be made available to the public or media upon request. This e-mail communication, your reply, and future e-mails to my attention may therefore be subject to public disclosure

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 21 2005
Bureau of Air Monitoring
& 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):	MICHELLE H YOO
2. Site Name (For example, plant name or number):	HIGHTECH CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Ft. WALTON BEACH County: FL OKALOOSA Zip Code: 32547	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0910088-002

RECEIVED
APR 8 2005
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: MICHELLE H YOO	Name: SALESMAN Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: 304 EGLIN PKWY. NE Street Address: City: Ft. WALTON BCH. County: OKALOOSA FL Zip Code: 32547	
8. Responsible Official Telephone Number: Telephone: (850) 862-1480 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>12 Dec. 1999</u>	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	<u>SAME</u>
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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".)

- | | |
|-------------------------------------------------|------------------------------------------------------------|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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.

MICHELLE YOO
Print name of responsible official

Michelle H. Yoo
Signature

3-17-05
Date

THIS NAME
AND SIGNATURE
MUST MATCH THE
NAME IN BOX 6
ON THE FRONT PAGE

B
3/30/05

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~466270 DEC 20 2006~~

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

466712 JAN 22 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 910088
HIGHTECH CLEANERS ✓
304 NE Eglin Parkway
FT WALTON BEACH, FLORIDA
32548

Bureau of Air Mail
& Mobile Services

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

JAN 03 2007

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

Printed on recycled paper.

High-tech Cleaners
304 Eglin Pkwy NG
Fl. Walton Bch, FL 32549

PENSACOLA FL 325
28 DEC 2006 PM 3 L



DEPT. OF ENVIRONMENTAL
PROTECTION

3900 COMMONWEALTH BLVD.

TALLAHASSEE, FL. 32389-3000

32389+6575 0001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459931 MAR 16 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 910088
HIGHTECH CLEANERS
304 NE Eglin Parkway
FT WALTON BEACH, FL 32548

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 00200

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

Bureau of Air
& Mobile Stationing

MAR 17 2006

RECEIVED