

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

April 21, 2005

Mr. Jong K. Nam
Kim's Cleaners
7312 Edgewater Drive
Orlando, Florida 32810

Re: Facility No.: 0950292-003

Dear Mr. Nam:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 7, 2005.

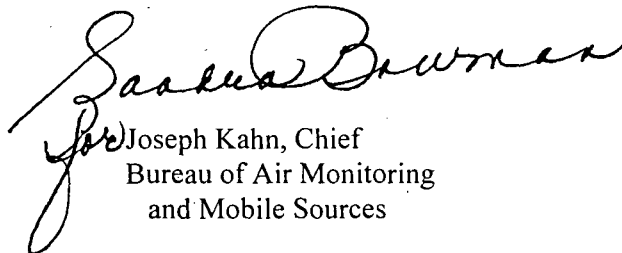
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ¹⁹⁶⁻²⁰⁰⁴.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ¹.....
COMP. STATUS - SNC MNC ^(IN)

INSP - 1/31/2005

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAR 7 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):	KIMS Cleaners		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	MCF54-2		
4. Facility Location:	7312 Edgewater DR		
Street Address:	ORLANDO		
City:	County:	Orange	
		Zip Code:	FL 32810
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0950292-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: JONG K. NAM Title: OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: Same		
Street Address:	City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (407) 298-4660 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:		
	Same		
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")
7-4-1994	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	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 <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	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 _____)

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.

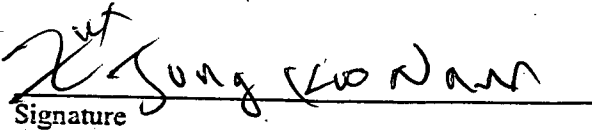
Responsible Official Certification

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.

JONG K. NAM

Print name of responsible official



Signature

2-28-05

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

466576 DEC28 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 950292 KIMS LOCKHART DRY CLEANER 7312 Edgewater Drive ORLANDO, FLORIDA 32810

Bur
& Mobile Sources
MONITORING
DEC 29 2006

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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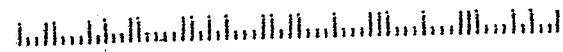
Kim's Dry Cleaners
 7312 Edgewater Dr.
 Orlando, FL 32810

MID FLORIDA P&D
 FL 327
 26 DEC 2006 PM 3 T



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

3231533070 5099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457434 DEC29 2005

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

950292 10
KIMS ~~LOCKHART~~ DRY CLEANERS
7312 Edgewater Drive
ORLANDO, FL 32810

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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