

Department of Environmental Protection

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

David B. Struhs Secretary

August 2 2001

Mr. Kun Y Choi Diamond Cleaners 1312 East Vine Street Kissimmee, Florida 34744

Re: Facility No.: 0970048-002

Dear Mr. Choi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

Feed Paid

5065

Compliance IN

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 completed form to the address listed in the instructions and keep a copy of the form for your files.

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): KUN Y CHOI / DIAMOND CLEANERS 2. Site Name (For example, plant name or number): DIAMOND CLEANERS 3. Hazardous Waste Generator Identification Number: EPH, ID # FILD 98/858236 4. Facility Location: 3 2 E. VINE ST Street Address: City: County: OSCEOLA Zip Code: 34744 5. Facility Identification Number (DEPUse ONLY do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: KUN Y CHOI Title: OWNER 7. Responsible Official Mailing Address: Organization/Firm: DIAMOND CLEANERS Street Address: (3 2 E. VINE ST. City: Six MMEE FL. 8. Responsible Official Telephone Number: Telephone: (407) 846 - 6398 Fax: (407) 566-8652 Facility Contact (1f 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: | **EVAN Y CHOI / DIAMOND CLEANERS 2. Site Name (For example, plant name or number): **DIAMOND CLEANERS** 3. Hazardous Waste Generator Identification Number: **EPA, ID # FILD 98/858236** 4. Facility Location: [3]2 E. VINE ST Street Address: **City: KISSIMMEE FIL County: OSCEOLA Zip Code: 34744** 5. Facility Identification Number (DEP Use ONLY - do not fill in): **PROPRIEM OF CHOIL Title: OWNER** **Title: OWNER** **Title: OWNER** |
|--|--|
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| Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: | City: 1/. Zip Code: 34144 |
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| Street Address: | |
| | 10. Facility Contact Address: |
| City: County: Zip Code: | Street Address: |
| | City: County: Zip Code: |
| 11. Facility Contact Telephone Number: | 11. Facility Contact Telephone Number: |
| Telephone: () - Fax: () - | Telephone: () - Fax: () - |

DEP Form No. 62-213.900(2)

| Facility Information | | | |
|--|--|---|--|
| 1.(a) DRY-TO-DRY MA | ACHINES ONL | v | |
| How many dry-to-dry ma | | , | |
| | • | e provide the following informati | ion· |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* | Date Control Device Installed (if already included at time of purchase, write "SAME") |
| 14-MAR-94 | Existing | RQCA/None required | SAME |
| | Existing/Ne | w RC/CA/None required | |
| | Existing/Ne | w RC/CA/None required | |
| *CONTROL DEVICE KI | | efrigerated condenser CA | = carbon adsorber |
| How many washers do yo | | ſĵ | |
| How many dryers/reclaim | | on-site? [] | |
| If the transfer machine wa unit. If the transfer machi 1993, it is a NEW unit (n | as purchased from ne was purchased o units purchased | n the manufacturer prior to or on from the manufacturer between | December 9, 1991, it is an EXISTINO December 9, 1991 and September 22, lowed to operate under this general 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 | and the second second |

*CONTROL DEVICE KEY:

RC = refrigerated condenser

RC/CA/None required

CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[132] gallons (You must fill this in)

Existing/New

(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 _____

DEP Form No. 62-213.900(2)

| 3. What is the facility's source classification based on 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 particle (Indicate with an "X".) | pursuant 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 [X] | |
| 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 hexemption criteria or that no such units exist on-site | | |
| 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: | 15111 | |
| What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel | <u> </u> | |
| 6. Equipment Monitoring and Recordkeeping Inform | nation | |
| Check all logs which are required to be kept on-site it | in accordance with the requirements of this general permit: | |
| (a) Purchase receipts and solvent purchases/solvent a | ddition log | |
| (b) Leak detection inspection and repair | | |
| (c) Refrigerated condenser temperature monitoring | | |
| (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring | | |
| (e) Startup, shutdown, malfunction plan | | |

DEP Form No. 62-213.900(2)

| 7. Surrender | of Existing DEP Air Permit(s) |
|--|--|
| Please indicate | te with an "X" the appropriate selection: |
| Ľ | I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 0970048001AG |
| | No DEP air permits currently exist for the operation of the facility indicated in this notification form. |
| | |
| Responsible | Official Certification |
| this notif statemen maintain comply w I will pro | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification. Where the proposition of the proposition of the information contained in this notification. |
| Signature | unifous Choi |

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 bean a carry of the form for the form. completed form to the address listed in the instructions and keep a copy of the form for your files.

| Fac | ility Name and Location | | | |
|---------|--|---|--------------------|-----|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual | ial owner): | Ø | 5 |
| | Site Name (For example, plant name or number): | | Burea & | |
| 2. | Site Name (For example, plant name or number): | | Mo of | |
| <u></u> | DIAMOND CLEANERS | | au of Air Monitorn | 9 |
| 3. | Hazardous Waste Generator Identification Number: | | Mon | 123 |
| | EPA,ID# FILD 981858236 | | nitor rces | 9 |
| 4. | Facility Location: 1312 E. VINE ST Street Address: | | ng ng | |
| | City: KISSIMMEE FIL County: OSCEOLA | Zip Code: 34 | 744 | |
| 5. | Facility Identification Number (DEP Use ONLY - do not fill in): | | | |
| | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0048 | 000 | 2.: |
| | | | | |
| | ponsible Official | | | |
| 6. | Name and Title of Responsible Official: ne: Title: Title: | 1-0 | | |
| INAL | ne: KUN Y CHOI Title: OWN | JER | | |
| 7. | Responsible Official Mailing Address: | | | |
| | Organization/Firm: DIA MOND CLEANERS | | | |
| | City: 1. County: DCCFD LA | Zip Code: 34 | 1144 | - 1 |
| | KISSIMINEE HL | . / 7 | | |
| 8. | Responsible Official Telephone Number: | LI 014 | _ | |
| | Telephone: (407) 846-6398 Fax: (407) |)566-865 | 2 | |
| Fac | ility Contact (If different from Responsible Official) | | · | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | |
| | | | | |
| 10. | Facility Contact Address: | | | |
| | Street Address: | | | 1 |
| | City: County: | Zip Code: | | |
| | | - · · · · · · · · · · · · · · · · · · · | | |
| 11. | Facility Contact Telephone Number: | ` | | |
| | Telephone: () - Fax: (|) - | | |

DEP Form No. 62-213.900(2)

| Facility Information | | | |
|--|--|---|---|
| 1.(a) DRY-TO-DRY M | ACHINES ONL | Y | |
| How many dry-to-dry ma | chines do you hav | re on-site? | A differen |
| For each dry-to-dry mach | ine on-site, please | provide the following information | on: |
| 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>14-MAR-94</u> | Existing | w RQCA/None required | SAME |
| | Existing/Ne | w RC/CA/None required | |
| · | Existing/Ne | w RC/CA/None required | · |
| *CONTROL DEVICE K | EY: RC = re | efrigerated 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 o | on-site? | |
| unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfe | ne was purchased to units purchased er machine on-site | from the manufacturer between I after September 22, 1993 are allow, please provide the following information. | |
| • | | 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 K | EY: $RC = re$ | efrigerated condenser CA = | carbon adsorber |
| | | have you used within the last 12 n | nonths? |
| [122] gallon | ns (You must fill | this in) | |
| (b) If less than 12 mor | nths, how many? [| months | |
| Check why it is les | ss than 12 months | : New owner: [] Did not kee | p records: |
| | | New store: New machin | e |
| | | Unopened store [] (date of | expected opening) |

DEP Form No. 62-213.900(2) Effective: 2/24/99

| 3. What is the facility's source Indicate with an "X". S | | | tions found in sec | tion (3) of Part II? |) . • |
|---|--|--------------|--|-----------------------|---------------------------------------|
| Small Area Source | $\mathcal{L}X_{1}$ | | | | Esc. 1 |
| Transfer of | machines only on-site nly on-site line types on-site | (used less | than 140 gallons than 200 gallons than 140 gallons | of perc per year) | |
| Large Area Source | | | | | |
| Transfer or | machines only on-site nly on-site ine types on-site | (used 200 | - 2,100 gallons of - 1,800 gallons of - 1,800 gallons of | perc per year) | |
| 4. What control technology (Indicate with an "X".) | s required on machines | pursuant to | section (5) of Par | rt II of this notific | ation form? |
| Existing machines and (NONE REQUIRE) | at small area source D) [] | | lew machines at s refrigerated conde | | |
| Existing machines : Carbon adsorber Refrigerated conden | | | lew machines at le defrigerated conde | | · |
| 5. A facility which contains Rule 62-213.300, F.A.C. Ve exemption criteria or that no | erify that all steam and h | hot water ge | enerating units on- | site meet the follo | - |
| All steam and hot water gen No such units on-site | erating units exempt | X c | OR . | | |
| How many boilers do you ha | ve on-site? | · | | | |
| For each boiler, indicate its l | norsepower (HP) rating: | 1/51 | | | |
| What type of fuel do you use | ? propane No. 2 fue No. 6 fue | _ | X] natural gas No. 4 fuel o | | · · · · · · · · · · · · · · · · · · · |
| 6. Equipment Monitoring an | d Recordkeeping Inform | mation | | | |
| Check all logs which are req | uired to be kept on-site | in accordan | ice with the requi | rements of this ge | neral permit: |
| (a) Purchase receipts and sol | vent purchases/solvent | addition log | ; [| X) | |
| (b) Leak detection inspection | n and repair | | . [| <u>X</u> J | |
| (c) Refrigerated condenser to | emperature monitoring | • | [| X | |
| (d) Carbon adsorber exhaust | perc concentration mor | nitoring | [| X | |
| (e) Startup, shutdown, malf | unction plan | | . [| <u>X</u> 1 | |

DEP Form No. 62-213.900(2)

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 potification form; the permit number(s) are AIRS TO # 0970048001AG 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. Y CHOT Print name of responsible official

Kunfuls Chai 7/6.200/

DEP Form No. 62-213.900(2)



Department of Environmental Protection

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

| 1/25/05

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

(CUT HERE)

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.

407-846-6398

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 970048 10 DIAMOND CLEANERS 1312 E Vine St KISSIMMEE, FL 34744

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

| Postage \$ Certified Fee Postmark Postma | U.S. Postal ServiceTM CERTIFIED MAILTM REC (Domestic Mail Only; No Insurance C For delivery information visit our website at OFFICIAL Postage \$ | overage Provided) at www.usps.com _® |
|---|---|---|
| AIRS ID# 970048 1stC DIAMOND CLEANERS 1312 E Vine St | Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | |
| | AIRS ID# 970048 1stC DIAMOND CLEANERS 1312 E Vine St | |

| ₹ | |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 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. | A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery Addressee D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| AIRS ID# 970048 1stC DIAMOND CLEANERS | |
| 1312 E Vine St KISSIMMEE, FL 34744 | 3. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7003 0500 0 | 004 0144 7115 |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |

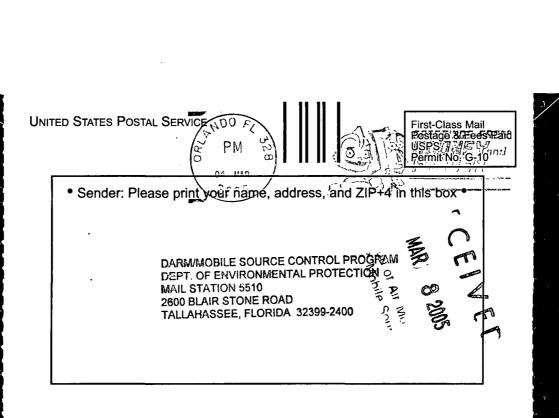
United States Postal Service, BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTIONS
MAIL STATION 5510

22399-2400 Sender: Please print your name, address, and ZIP+4 in this box m lalladaldaldaddalladladdaldallad 01

| 5777 | U.S. Postal Service™ CERTIFIED MAIL™ RE (Domestic Mail Only; No Insurance) | CEIPT Coverage Provided) |
|------|--|-------------------------------|
| 98 | For delivery information visit our website | at,www.usps.com _® |
| 69 | Postage \$ | |
| 4000 | 1 Certified Fee | Postmark |
| } | Return Receipt Fee (Endorsement Required) | Here- |
| 510 | Restricted Delivery Fee (Endorsement Required) | |
| LU. | AIRS ID#09700482 nd Cert 05 | |
| 7004 | Se DIAMOND CLEANERS 1312 E Vine St |] |
| 7 | KISSIMMEE, FL 34744 | · |
| | G | |
| : | PS Form 3800 June 2002 | See/Reverse (or Instructions) |

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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | |
|--|---|--|--|--|
| 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. | A. Signature X | | | |
| Article Addressed to: | If YES, enter delivery address below: | | | |
| AIRS ID#097 09 482 nd Cert 05 DIAMOND CLEANERS 1312 E Vine St | | | | |
| KISSIMMEE, FL 34744 | 3. Service Type D Certified Mall Express Mall Registered Return Receipt for Merchandise C.O.D. | | | |
| | 4. Restricted Delivery? (Extra Fee) Yes | | | |
| 2. Article Number | | | | |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 | | | |





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422335 JAN29 2003

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TOTAL AMOUNT DUE: \$50.00

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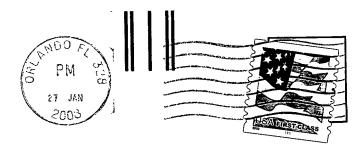
AIRS ID#0970048

DIAMOND CLEANERS KUN Y CHOI 1312 E VINE STREET KISSIMMEE FL 347.44

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

DIAMOND CLEANERS
1312 E VINE ST
KISSIMMEE FIL
34744



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



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413616 JAN28 2002

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AIRS ID # 0970048

DIAMOND CLEANERS KUN Y CHOI 1312 E VINE STREET KISSIMMEE FL 34744

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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458310 JM23286 m

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970048 10 DIAMOND CLEANERS 1312 E Vine St KISSIMMEE, FL 34744 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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TOTAL AMOUNT DUE: \$50.00

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FUND: 20-2-035001 OBJECT: 002273



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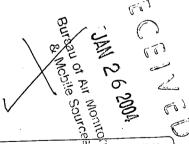
435596 JAN222884

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

970048 KUN CHOI DIAMOND CLEANERS 13/12 E VINE STREET KISSIMMEE FL/34744



FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obi.: 002273