

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Paul Saxon
One Price Dry Cleaning
1481 South Military Trail #15
West Palm Beach, Florida 33415

Re: Facility No.: 0990402-002

Dear Mr. Saxon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 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. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC /
Compliance IN

0990402-002

P15

1(a) (New) should be coded under Status.

(RC) should be coded under Control Device Required.

P16

4. New Machines at large area source should be marked. Mark out and initial Existing machines at small area source.

6(e) Required. Should be marked.

P17. Responsible official sign and date for changes made.

7/16/01 Spoke to Paul Gaxon and he stated the dry clean machine contains a refrigerated condenser for a control device.

JUN 29 2001

Bureau of Air Monitoring & Mobile Sources

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.

Facility Name and Location

| | | | |
|--|--|---------|-----------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | REMI CLEANERS INC. D.B.A. ONE PRICE DRY CLEANING | | |
| 2. Site Name (For example, plant name or number): | 60-22-173851-49.3 | | |
| 3. Hazardous Waste Generator Identification Number: | 60-22-173851-49.3 | | |
| 4. Facility Location: | Street Address: | City: | Zip Code: |
| | 1481 S. MILITARY TR #15 | | |
| | | County: | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0990402-002 | | |

Responsible Official

| | | |
|--|--------------------|-------------------------|
| 6. Name and Title of Responsible Official: | Name: | Title: |
| | PAUL SAXON | PRES / OWNER |
| 7. Responsible Official Mailing Address: | Organization/Firm: | Street Address: |
| | | 1481 S. MILITARY TR #15 |
| | City: | County: |
| | WEST PALM BCH, | PALM BEACH |
| | Zip Code: | 33415 |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: |
| | (561) 642-8008 | () - |

Facility Contact (If different from Responsible Official)

| | | | |
|---|-----------------|---------|-----------|
| 9. Name and Title of Facility Contact (For example, plant manager): | PAUL SAXON | | |
| 10. Facility Contact Address: | Street Address: | City: | Zip Code: |
| | SAME | | |
| | | County: | |
| 11. Facility Contact Telephone Number: | Telephone: | Fax: | |
| | (561) 642-8008 | () - | |

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") |
|--|---------------------|---------------------------------------|---|
| BOUGHT IN 95 | Existing/New | RC/CA/None required | SAME |
| MANUFACTURER IN 93 | 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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u> (NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> Carbon adsorber <input checked="" type="checkbox"/> Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u> 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 0990462
- 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.

Paul Saxon pres
Print name of responsible official

[Signature]
Signature

6-26-01
Date

JUN 29 2001

Bureau of Air Monitoring
& Mobile Sources

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.

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| 4. Facility Location: | Street Address: | City: | Zip Code: |
| | 1481 S. MILITARY TR #15 | | |
| | | County: | |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0990402-002 | | |

Responsible Official

| | | |
|--|--------------------|-------------------------|
| 6. Name and Title of Responsible Official: | Name: | Title: |
| | PAUL SAXON | Pres/owner |
| 7. Responsible Official Mailing Address: | Organization/Firm: | Street Address: |
| | | 1481 S. MILITARY TR #15 |
| | City: | County: |
| | WEST PALM BLVD, | PALM BEACH |
| | Zip Code: | 33415 |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: |
| | (561) 642-8008 | () - |

Facility Contact (If different from Responsible Official)

| | | | |
|---|-----------------|---------|-----------|
| 9. Name and Title of Facility Contact (For example, plant manager): | PAUL SAXON | | |
| 10. Facility Contact Address: | Street Address: | City: | Zip Code: |
| | same | | |
| | | County: | |
| 11. Facility Contact Telephone Number: | Telephone: | Fax: | |
| | (561) 642-8008 | () - | |

Bureau of Air Monitoring
& Mobile Sources

JUL - 9 2001

RECEIVED

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| 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 | |

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

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 No. 6 fuel oil Other (please list) _____

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- (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:

Do NOT
Surrender
[Signature]

DO NOT
SURRENDER
[Signature]

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

0990402

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.

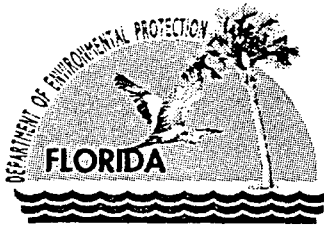
PAUL SAXON PRES
Print name of responsible official

[Signature]
Signature

6-26-01
Date

[Signature]

7-6-01



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 27, 2004

Mr. Ching D. Ko
Kun San Corporation
370 North Lake Boulevard
Lake Park, Florida 33408

Re: Facility No.: 0990402-004

Dear Mr. Ko:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1688) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

2.50 CLEANERS
Ph. 561-840-9131
370 North Lake Blvd.
Lake Park, FL 33408

1688

DATE 1/22/04 BRANCH 88495

PAY TO THE ORDER OF

Department of Environmental Protection \$ 50.00

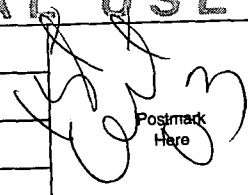
Sixty and 00/100

DOLLARS

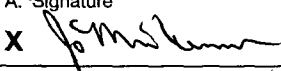


WACHOVIA
Wachovia Bank, N.A.
ACH R/T 067006432

FOR

| | |
|---|---|
| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total ID# 990402 | Postmark Here  |
| Sent CHANG SONG ONE PRICE DRY CLEANING Street or PO 1481 S MILITARY TRAIL City WEST PALM BEACH, FL 33415 | |
| PS Form 3811, August 2001 | |

7003 2260 0003 5650 0759

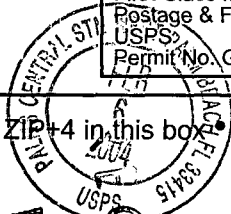
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  |
| 1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ID# 990402 CHANG SONG ONE PRICE DRY CLEANING 1481 S MILITARY TRAIL WEST PALM BEACH, FL 33415 </div> | B. Received by (Printed Name) _____ C. Date of Delivery 2/6/04 |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| | 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. |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 7003 2260 0003 5650 0759 | |

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

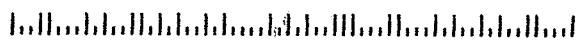
• Sender: Please print your name, address, and ZIP+4 in this box



Bureau of Air Monitoring
& Mobile Sources

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2004

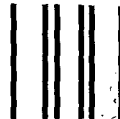


| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | |
|---|------------------------|-------------------|
| 7000 0520 0020 9372 6513 | | |
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |
| | | AIRS ID # 0990402 |
| Recip | ONE PRICE DRY CLEANING | Address |
| | PAUL SAXON | |
| Street | 1481 S MILITARY TR #15 | |
| | WEST PALM BEACH FL | |
| City, S | 33415 | |
| PS Form 3811, July 1999 | | |

| 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>A. Received by (Please Print Clearly) Terry Stevens B. Date of Delivery 2/9</p> <p>C. Signature Terry Stevens <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0990402</p> <p>ONE PRICE DRY CLEANING PAUL SAXON 1481 S MILITARY TR #15 WEST PALM BEACH FL 33415</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Copy from service label)</p> <p>7000 0520 0020 9372 6513</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

BEST AVAILABLE COPY

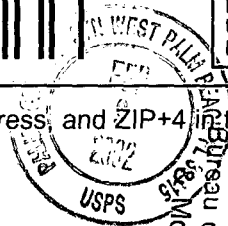
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 6610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



Bureau of Air Monitoring
Mobile Sources

FEB 1 1 2002

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414140 FEB14 2002

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

AIRS ID # 0990402
 ONE PRICE DRY CLEANING
 PAUL SAXON
 1481 S MILITARY TR #15
 WEST PALM BEACH FL
 33415

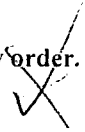
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437072 MAR 1 2004

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

ID# 990402
 CHANG SONG
 ONE PRICE DRY CLEANING
 1481 S MILITARY TRAIL
 WEST PALM BEACH, FL 33415

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
MAR 4 2004



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422255 JAN27 2003

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

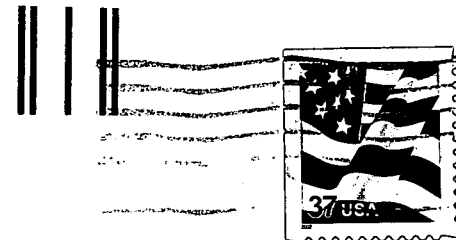
RECEIVED
FEB 03 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

| | |
|---|-----------------|
| ONE PRICE DRY CLEANING PAUL SAXON CHANG HO SONG 1481 S MILITARY TR #15 WEST PALM BEACH FL 33415 | AIRS ID#0990402 |
|---|-----------------|

| |
|--|
| FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 |
|--|

ONE PRICE DRY CLEANING
1481 S. Military Trail, #15
West Palm Beach, FL 33415



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

32315+3070 93

