

Department of Environmental Protection

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

David B. Struhs Secretary

August 7, 2001

Mr. Wooung Kim Suprema Fifth Avenue Dry Cleaners 7400 North Federal Highway Boca Raton, Florida 33487

Re: Facility No.: 0990508-003

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 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

SUPREMA FIFTH AVENUE CLEANERS WOOUNG KIM
7400 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33487
MAY 6, 2002

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

RE: CHANGE OF OWNERSHIP ON AIR GENERAL PERMIT

WOOUNG KIM PURCHASED ABOVE DRY CLEANING PLANT JUNE 1, 2000.

DELETE THE NAME OF GIBERT SANG FROM ALL CORRESPONDENCE ON ABOVE LOCATION OF THE DRY CLEANING PLANT, PREVIOUS OWNER.

ENCLOSED IS THE COPY OF ORIGINAL APPLICATION TO THE AIR GENERAL PERMIT ALSO FROM WEST PALM BEACH ANNUAL COMPLIANCE CERTIFICATE FORM, FROM JUNE 1, 2000 TO JUNE 30, 2002., ALSO COPY OF MAILING LABEL OF GILBERT SANG.

THANKING YOU KINDLY,

WOOUNG KIM

10 AIRS ID # 0990508
GIBERT SANG
SUPREMA QUALITY DRY CLEANERS
7400 N FEDERAL HWY
BOCA RATON FL 33487

BEST AVAILABLE COPY	
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 for your files.	T)
Part III. Notification of Intent to Use General Permit	0
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):	
SUPREMA FIRTH AVE DAY CLEANERS INC.	
2. Site Name (For example, plant name or number):	
SUPPEMA FIRTH AVE DAY CLEANEM	
3. Hazardous Waste Generator Identification Number:	
FL0984233072	
4. Facility Location: 7400 Noneth KEOGNAN IFIGHWAY Street Address:	
City: BOCA NATION County: PALM BENCH Zip Code: 33487	
e-availy. The comparation of the	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: WOOUNG KIM Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: SUPPEMA KIRTH AUE DAY CUEANEM ZNC	
Street Address: 7400 NONTH REPENSE GICAUSY	
City: B-CA NAT-N County: PALM BEACH Zip Code: 33487	
8. Responsible Official Telephone Number: Telephone: (161) 997-6124 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: () -	
, , , , , , , , , , , , , , , , , , , ,	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information 1.(a) DRY-TO-DRY MA	ACHINES ONLY	·	
How many dry-to-dry man		on-site?	·
For each dry-to-dry mach	ine on-site, please	provide the following informati	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")
1990	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE KI	EY: RC = ref	rigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NA	
How many washers do yo			
How many dryers/reclaim	ners do you have on	-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ine was purchased in units purchased in	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:
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 = rei	frigerated condenser CA	= carbon adsorber
_	roethylene (perc) h ns (You must fill t	ave you used within the last 12	months?
(b) If less than 12 mor	oths, 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.)
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:
What type of fuel do you use? 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

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

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7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

1/2/01

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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.

WOOUNG KIM

Print name of responsible official

A della

Signature

6/23/0/

Date

7/12/01

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal
 - If you are a new owner, please check this and return this form with your completed notification form.
 - ☐ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.
- If you do not wish to continue your eligibility, please disregard this notice.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: SUPPEMB FIFIH AVE DAY CLEANERS ZNC DATE: 1/12/0	<u>/_</u> .
ACILITY LOCATION: 7400 NONTH FEDERAL HICHWAY	
BOLD MITON FL 33487	<u> </u>
nnual Reporting Period: Zune 1 2000 TO Zune 30 200	0/
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	:
act period of non-compliance: fromto	
tion(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	:
· · · · · · · · · · · · · · · · · · ·	
act period of non-compliance: fromto	
tion(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rehase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or nbination facilities.	made
SPONSIBLE OFFICIAL Name (Please Print) Name (Please Print) Signature Date	<u>~</u>

Page _____ of ____.

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

ANNUAL COMPLIANCE CERTIFICATION FORM

BEST AVAILABLE COPY

FACILITY NAME: SUPPEMA FIFTH AVE DAY CLEANERS ZNC DATE: 7/12/01
FACILITY LOCATION: 7400 NONEH FEBRUAL HICHWAY
BOLD MAR. N. FL 33487
June 1 2001
Annual Reporting Period: Zune 1 2000 TO Zune 30 2001
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL (B. K.)
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Page ____ of ____.

REST AVAILABLE COPY

WOODING RIMAN SUPREMA FIFTH AVENUE CL. INC.

Y400 NO OFFICERAL HACHWAY PALM BEACH 3340

BOCA RATON, FL 22487

VALUES GOALS SKILLS

VALUES GOALS SKILLS

STATE OF FLORIDA DEPARMENT OF ENVIRONMENTAL PROTECTION MS 5510-37550 304000 2600BLAIR STONE ROAD TALLAHASSEE, FL 32399-2400

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Suprema Quality Dry Cleaners Wooung Bae Kim 1942 N.E. 5th Avenue Boca Raton, FL 33431 AIRS ID#0990508 March 15, 2003

General Permits Section
Bureau of Air Monitoring and Mobile Sources MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: DELETE ABOVE TITLE V AIR GENERAL PERMIT AIRS ID#0990508 FROM ABOVE PREMISES.

- 1. NOTIFIED DEPARTMENT LAST YEAR ON BILLING NOTICE
- 2. ENCLOSED IS COPY OF LETTER DATED TO LANDLORD MAY 16,2001, INDICATING LOCATION IS BEING OPERATED AS A DROP STORE.
- 3. DRY CLEANING MACHINE AND ALL HAZARDOUS CHEMICALS HAD BEEN REMOVED FROM ABOVE LOCATION.

Thanking you kindly,

Wooung Bae Kim



Fifth Avenue Cleaners 1942 N.E. Fifth Avenue Boca Raton, FL 33431 May 16, 2001

Mr. John J Koche
THE FLATLEY COMPANY
Fifty Braintree Hill Office Park
Braintree, MA 02184-8754
(718) 848-2000

Dear Mr. Koche:

RE: Per your letter dtd May 4, 2001, In regards to dry cleaning machine on premises without proper registration by the state of Florida, and contamination of solvent on the premises.

- Drycleaner Registration with the State of Florida, Customer Account #39085, (copy enclosed)
- 2. EPA Dry Clening Facility Account #FLD062324140 for Sate of Florida (Generator of Hazardous Waste)
- 3. State Of Florida Operating Permit Hazardous Waste Generator, Palm Beach County Health DEpartment Permit Number 50-73-01584
- 4. To the best of my knowledge, I do not know of any solvent contamination on the premises, and have not had any solvent spill. The Dry cleaning machine, and any hazardous waste chemicals are all under secondary containment approved by the State of Florida.

Since July 1, 2000, we have been operating Fifth Avenue Cleaners, as a drop store, or dry store, not dry cleaning or processing any garments on a production basis, All of the garments for dry cleaning and laundering have been processed at our other plant, Suprema Fifth Avenue Dry Cleaners, 7400 North Federal Highway, Boca Raton, FL 33487, Phone: (561) 997-6124.

We will be glad to furnish you with any additional information, which would be helpful in solving this situation.

Thanking you kindly,

Wooung Bae Kim

PERCHLOROETHYLENE DRY CLEANER ECEIVED AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SUPARMA FIRTH AVE DAY CLEANERS INC.
2. Site Name (For example, plant name or number):
SUPLEMA FIRTH AVE DAY CLEANEM
3. Hazardous Waste Generator Identification Number:
FLD984233072
4. Facility Location: 7400 Non14 KEDEAN IFICHWAY Street Address:
City: BOCA 11TN County: PALM BERLE Zip Code: 33487
15. Facility Identification Number (DEP Use ONLY : do not fill in):
77 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Responsible Official
6. Name and Title of Responsible Official:
Name: WOOUNG KIM Title: PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: C. MAEMA FIRTH ALVE DAY COLUMN THE
Organization/Firm: SUPLEMA FLETH AVE DAY CUEANEM INC Street Address: Tunn No MIN KENINAL HICKOMY
Street Address: 7400 No NEW RESIDENT HICHWAY
Street Address: 7400 NONTH REPENSE GICALLY City: County: Zip Code: 33487 PALM BESLU County: ALT-N
Street Address: 7400 No NIK ECOLOMY
Street Address: 7400 Nonth REDENAL GICALLY City: County: Zip Code: 33487 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Fax: ()
Street Address: 7400 Nonth Repense GICAWAY City: Gold Nation County: Phim Beneau Zip Code: 33487 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Facility Contact (If different from Responsible Official) N/4
Street Address: 7400 NONTH REPENSE GICHEMAY City: County: PALM BEACH 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Fax: ()
Street Address: 7400 Nonth Repense Gichary City: 300 Nonth Repense Gichary Zip Code: 33487 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
Street Address: 7400 North REDENAL GICHLONY City: Boch Niton 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Facility Contact (If different from Responsible Official) N/4
Street Address: 7400 Nonth REDENAL GICALLY City: County: PALM BEALL 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
Street Address: 7400 Nonth Repense Grant Chicagna Zip Code: 33487 8. Responsible Official Telephone Number: Telephone: (161) 997-6124 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: County: County: Street Address: City: County: Co
Street Address: City: County: County: Street Address: County: Cou

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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Facility Information		20 mg		
1.(a) DRY-TO-DRY MA	CHINES ONLY	•	•	
How many dry-to-dry mac	hines do you have	e on-site?		and the second s
For each dry-to-dry machi	ne on-site, please	provide the following info	ormation:	· .•
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Requir (circle one)		Date Control Device Installed (if already included at time of purchase, write "SAME")
1990	Existing/Nev	w RC/CA/None required	i	SAME
	Existing/Nev	w RC/CA/None required	i ·	
	Existing/Nev	w RC/CA/None required	1	
*CONTROL DEVICE KE	Y: RC = re	frigerated condenser	CA = ca	rbon adsorber
1.(b) TRANSFER MACH	IINES ONLY	NA		
How many washers do you	have on-site?			
How many dryers/reclaime	ers do you have o	n-site? []		
unit. If the transfer machin	ne was purchased units purchased	from the manufacturer bet after September 22, 1993	ween Dec	cember 9, 1991, it is an EXISTING cember 9, 1991 and September 22, ed to operate under this general mation:
,	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	٠.	· ·
*CONTROL DEVICE KE	XY: RC = re	frigerated condenser	CA = ca	rbon adsorber
2.(a) How much perchlore		•	ist 12 mon	nths?
(b) If less than 12 mon	ths, how many? [] months	3 ,	
Check why it is less	s than 12 months:	New owner: [] Did i	not keep r	ecords: []

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine

Unopened store [____] (date of expected opening ____

3. What is the facility's Indicate with an "				tions found in s	ection (3) of Pa		
Small Area S	ource	(X)	0.0	•			
Tran	to-dry machin sfer only on-s machine type		(used less	than 140 gallon than 200 gallon than 140 gallon	s of perc per ye	ear)	
Large Area S	ource '						٠,
Tran	to-dry machin sfer only on-si machine type		(used 200	- 2,100 gallons - 1,800 gallons - 1,800 gallons	of perc per yea	r)	
4. What control techno (Indicate with an "		ed on machines	pursuant to	section (5) of F	Part II of this no	tification form	n?
Existing mac (NONE REQ	hines at small UIRED) [area source		New machines at Refrigerated con		rce	
Existing mac Carbon adsor Refrigerated	L	area source		New machines at Refrigerated con		rce J	
5. A facility which co Rule 62-213.300, F.A. exemption criteria or t All steam and hot wat No such units on-site	.C. Verify that that no such un	all steam and l	not water go (see attach	enerating units of ed-memo for the	n-site meet the		ant to
How many boilers do	you have on-si	te?					
For each boiler, indica	ite its horsepov	ver (HP) rating:	15	R_			
What type of fuel do y	ou use? [No. 2 fue		natural gall No. 4 fue	loil		. .
6. Equipment Monitor	ing and Recor	dkeeping Inform	nation		•		
Check all logs which a	are required to	be kept on-site	in accordar	nce with the requ	uirements of thi	is general perr	nit:
(a) Purchase receipts a	and solvent pur	chases/solvent	addition log	,	\angle		
(b) Leak detection insp	pection and rep	oair			\boxtimes		
(c) Refrigerated conde	enser temperati	ire monitoring					
(d) Carbon adsorber ex	xhaust perc co	ncentration mor	nitoring				•
(e) Startup, shutdown	i .	•	• • • •		••••		
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DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

2/18/01 WK

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.

WOOUNG KIM

Print name of responsible official

Signature

6/23/01

Date

18/01

DEP Form No. 62-213.900(2)

Effective: 2/24/99



Department of Environmental Protection

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

David B. Struhs Secretary

June 29, 2001

JUL 2 3 2001

Mr. Wooung Kim
Supreme Fifth Ave Dry Cleaners
7400 North Federal Highway
Boca Raton, Florida 33487

Bureau of Air Monitoring
C: Mobile Sources

Dear Mr. Kim:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 27.

In reviewing your submittal, it was noted that Supreme Fifth Ave Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0990508). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Al Grasso, Palm Beach County

"More Protection, Less Process"

Printed on recycled paper.



A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

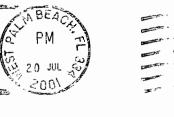
• If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

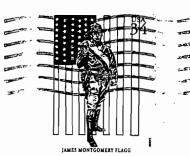
If you are a new owner, please check this and return this form with your completed notification form.

If you are a new RO (Responsible Official), and/or your existing business has moved to a new location, please check this box and return this form with your completed notification form.

• If you do not wish to continue your eligibility, please disregard this notice.

SUPREMA FIFTH AVENUE CLEANERS 7400 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487





General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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0990508-003

(a) None Required) should be marked under Control Device Required.

Dote Control Device Installed should be blond for Existing small sources

P16 (de) Required Should be marked.

P17 Responsible Official signand date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP				
TO: (NAME, OFFICE, LOCATION)	3			
1	4			
2	<u> </u>			
PLEASE PREPARE REPLY FOR:	COMMENTS:			
SECRETARY'S SIGNATURE				
DIV/DIST DIR SIGNATURE	•			
MY SIGNATURE				
YOUR SIGNATURE				
DUE DATE				
ACTION/DISPOSITION				
DISCUSS WITH ME				
COMMENTS/ADVISE				
REVIEW AND RETURN				
SET UP MEETING				
FOR YOUR INFORMATION				
HANDLE APPROPRIATELY				
INITIAL AND FORWARD				
SHARE WITH STAFF				
FOR YOUR FILES				
FROM:	DATE: PHONE:			

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):
SUPARMA FIRTH AVE DAY CLEANENS INC.
2. Site Name (For example, plant name or number):
SUPPEMA FIRTH AVE DAY CLEANEM
3. Hazardous Waste Generator Identification Number:
FL0984233072
4. Facility Location: 7400 Non14 KEDENN I FIGUR WAY Street Address:
City: BOLD 11TN County: PALM BERN Zip Code: 33487
5: Facility Identification Number (DEP Use ONLY - do not fill in):
64 1 2 0 9 9 0 5 0 8 + 0 6 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Responsible Official
6. Name and Title of Responsible Official:
Name: WOOUNG Kim Title: PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: SUPLEMA FIRTH AVE DAY CUERNESS INC
Street Address: 7400 Alongth Product LICAWAY
City: Zip Code: 37487
DOCK MITIN PHIM BEACH
8. Responsible Official Telephone Number:
Telephone: (161) 997-6124 Fax: ()
777-6/24
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contast (For example, plant manager):
` '
10. Facility Contact Address:
Character Add
Street Address:
Street Address: City: Zip Code:
City: County: Zip Code:
City: Zip Code:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MA	ACHINES ONLY		
How many dry-to-dry ma	chines do you have o	on-site?	*.*. *. *
For each dry-to-dry mach	ine on-site, please p	rovide the following informati	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")
1990	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE KI	EY: RC = refr	igerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NA	· · · ·
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have on-	site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased from the ounits purchased after machine on-site, p	om the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general formation: Date Control Device Installed
From Manufacturer		circle one)	(if already included at time of purchase, write "SAME")
	Existing/New F	RC/CA/None required	·
	Existing/New F	RC/CA/None required	
	Existing/New F	RC/CA/None required	Name of the second
[/oo] gallon (b) If less than 12 more	roethylene (perc) hans (You must fill the	ve you used within the last 12 is in)	
•	1	New store: [] New machin	ne []
	Ţ	Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

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3. What is the facility's source class Indicate with an "X". Select of			nd in section (3) of Pa	art II?
Small Area Source	\sim		1	Artista (alberta)
Dry-to-dry mach Transfer only or Both machine ty	-site	(used less than 200	gallons of perc per y gallons of perc per y gallons of perc per y	ear)
Large Area Source				
Dry-to-dry mach Transfer only on Both machine ty		(used 200 - 1,800 g	allons of perc per yea allons of perc per yea allons of perc per yea	ar)
4. What control technology is requ (Indicate with an "X".)	nired on machines	pursuant to section (5) of Part II of this no	otification form?
Existing machines at sma (NONE REQUIRED)	all area source		nines at small area sou ed condenser [urce
Existing machines at large Carbon adsorber Refrigerated condenser	e area source		nines at large area sou ed condenser [irce
5. A facility which contains non- Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such All steam and hot water generating No such units on-site	hat all steam and h units exist on-site	ot water generating	units on-site meet the	
How many boilers do you have on	-site?		• • • • • • • • • • • • • • •	
For each boiler, indicate its horsep	oower (HP) rating:	(4R)	J .	
What type of fuel do you use?	prepane No. 2 fue No. 6 fue	l oil [] No	ural gas . 4 fuel oil ner (please list)	
6. Equipment Monitoring and Rec	ordkeeping Inforn	nation		
Check all logs which are required	to be kept on-site	in accordance with t	he requirements of th	is general permit:
(a) Purchase receipts and solvent p	ourchases/solvent a	addition log	(X)	
(b) Leak detection inspection and	repair		(\times)	
(c) Refrigerated condenser temper	ature monitoring			
(d) Carbon adsorber exhaust perc	concentration mon	itoring		
(e) Startup, shutdown, malfunction	n plan			
••			*	* 11. /

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

7. Surrender of	Existing DEP Air Permit(s)
Please indicate	with an "X" the appropriate selection:
\bowtie	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 C	Official Certification
this notific statements maintain t comply wi I will pron	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in the reason. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification.
Print name	e of responsible official $\frac{6/23/\delta/}{\text{Date}}$

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PHENIX SUPPLY CO. - TAMPA CUSTOMER PERC SALES REPORT PAGE. 1

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
0423200	SUPREMA FIFTH AVENUE DRY CLEANERS INC. 7400 N. FEDERAL HIGHWA BOCA RATON FL 33487	F110396 F117237 F119477 F121107 F123127 F125318 F128289 F130337	11/03/00 01/12/01 02/02/01 02/16/01 03/09/01 03/30/01 04/27/01 05/18/01) 1300014	PERC *DOWPER* - 5 TOTAL GALLONS: PERC *DOWPER* - 15-GAL DR TOTAL GALLONS:	1.0 1.0 1.0 1.0 1.0 55.0	PL PL PL PL PL PL PL



IMPORTANT



A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

 If you wish to continue your entitlement, please complete the
enclosed notification form and return it to the Department of Environmental
Protection at the address included with the notification form. A fee is not
required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

☐ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you do not wish to continue your eligibility, please disregard this notice.

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TITLE-V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X CC	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10: 40 19905 DB TIME OUT: 11: 05	AIRS ID#: 0990 508 (old Ales*)
TYPE OF FACILITY: Des Clanding	
FACILITY NAME: Superma Quality Dey CL	DATE: 3/15/00
FACILITY LOCATION: 7400 N. Fedren! Huy	
Beca Paton F/ 3348	7
RESPONSIBLE OFFICIAL: Deb Arg 1	PHONE NUMBER: 997 - 6332
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	• • •
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
FACILITY FAILED to Notify DARM OF OWNERSHIP TRAJER 30 DAYS PRIOR TO START - UP.	FACILITY must submit new notification form to DARM ASAP.
Incomplete RAK 1035	Facility will begin Keeping complete leak check loss immediately.
Incomplete condensal Emperatura	FACILITY WILL begIN KEEPING COMPLETE CONDENSED TEMPLETURE 1055 immediately.
	P
	APA I
	Ation form on 3/16/20 and instancted
comments: ms. Feel was mailed a notifice to complete and petuen to the	Ation form on 3/16/20 and instructed DALM ASAP.
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	ay 2000
(App	oroximate)
Mist Ection combocied bi:	Aref Direk ase Print)
NSPECTOR'S SIGNATURE: Oceanes Direct	PHONE NUMBER: 355 - 3070 XT //39

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	🔀 COMPLAINT/DISCOVERY 🗆
AIRS ID#: OFFOSO8 (SIE DATE: 3/1	CTION
AIRS ID#: 0170508 (018 nies DATE: 3/1	5 /co TIME IN: 10:40 TIME OUT: 11:05
FACILITY NAME:	Thy Dey Cland
FACILITY LOCATION: 7400 N.	Federal Hwy
BOCA RATO	J F/ 33487
RESPONSIBLE OFFICIAL: Tammy R.	i.ualdi PHONE: 997 - 6332
CONTACT NAME:	PHONE:
Equinade No Historia Carlo Car	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	permit \square
The state of the s	and the second s
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source. dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	YY ON OCan not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 77 gallons. April 99 to	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY DN DN/A
2. Examining the containers for leakage?	XY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MA CN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אל אם אם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	•
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser
If classification 3 has been shecked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בארם אם עם
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly/basis?	חם אם
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ב/אם אם עם
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם.

	B. Has the responsible official of an existing large or new large area source also:		
	1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם	
	2. Measured and recorded the washer exhaust temperature at the condenser		
-	inlet and outlet weekly?	ו אם צם	□N/A
	ls the temperature differential equal to or greater than 20° F?	ם אם אם	□N/A
3	3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
I	if machines are equipped with a carbon adsorber?	DY DN C	A/NC
	Is the perc concentration equal to or less than 100 ppm?	ם אם אם	A/NC
4	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	ם אם א	A/AC
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		א/אנ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם צם	A/MI

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? Not of facility dueing inspections	MA DM
2. Maintained rolling monthly total of perc consumption? Incomplete	À Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XIN/A
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	AYU UN UN/A
Problem corrected?	XY ON ONA
8. Maintained compliance plan, if applicable?	OY ON XIN/A

ADDITIONAL SITE INFORMATION:

	•		Yes	$\cdot \mathcal{M}$	C
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	[X]	I]
		Waste area	[X]	Ţ]
		Spotting area Sealed	[X]	I]

- 2. Disposal of Water from Water Separator using approved evaporator [] [X] or contracted Wastewater service [X] []
 - (A) SARty Clew picks up the waste sludge and wastenater.
 - (B) Neu Owne when inspected .
 - @ Peec machine had a Leak dueing inspection which was being repaired by a techniciant.
 - (D) FORMAL NOTICE TO GEREST A VIOLATION/NOTICE
 - (Appearinately)
 - (F) FACILITY has failed to Notify DARM OF OWNERSHIP CHANGE

, .	PART VI: LEAK DETECTION AND I	REPAIRS			
<u> </u>	1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection	and repair	
	inspection?			XY DN	
	2. Has the facility maintained a leak log?	Incomplete "		XY DN	
	3. Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	П П П У И А	
	Door gaskets and seating	XY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	A/אוֹ אַלְ אם צם	
	Pumps	MY ON ON/A	Diverter valves	A/NO NO Y	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	A/N ON ON/A	
	Water separators	MY ON ON/A	•	•	
	4. Which method of detection is used by the	e responsible official?			
.	Visual examination (condensed sol	vent on exterior surfaces).	-	×	· .
1	Physical detection (airflow felt thro	ough gaskets)		×	
	Odor (noticeable perc odor)			×	
1	Use of direct-reading instrumentation	on (FID/PID/calorimetric tu	ibes)	Xi Xi	•
H	Halogen leak detector			×	
1	If using direct-reading instrum	nentation, is the equipmer	ı t:	X N/A	
	a. Capable of detecting pe	rc vapor concentrations in a	range of 0-500 ppm?	מם עם	
	b. Calibrated against a star (PID/FID only)?	ndard gas prior to and after	each use	מס עם	
Į.	c. Inspected for leaks and	obvious signs of wear on a	weekly basis?	DY DN	
	d. Kept in a clean and secu	are area when not in use?		CY CN	
	e. Verified for accuracy by	use of duplicate samples (calorimetric only)?	DY DN	
. Ļ		<u></u>			
	Jammy Rinaldi		mu D		
Resp	oonsible Official's Name (Please Print)	Rés	ponsible Offic	ial's Signa	tur
	(Flease Fillit)		\ , \ ,		
٠. ـ	Jeffey Dick	·	3/15/20	· ·	
	Inspector's Name (Please Print)		Date of Inspection		
	Oestor Disk		And and	ez may 2čec	
	Inspector's Signature		Approximate Date of N		

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

• If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

☐ If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you do not wish to continue your eligibility, please disregard this notice.

tile 3 2003

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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.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SUPAEMA FIRTH AVE DAY CLEANENS INC.
2. Site Name (For example, plant name or number):
SUPPEMA FIRTH AVE DAY CLEANEM
3. Hazardous Waste Generator Identification Number:
FLD984233072
4. Facility Location: 7400 NONTH REAGAN HICHWAY
Street Address: City: Palm Rend Zip Code: 33487
City: Bock 1472 County: PALM BELL Zip Code: 33487
57 Pkcilty Manufaction Number (DEPUSEONEY Sochol all tip) 18 18 18 18 18 18 18 18 18 18 18 18 18
Participation of the second se
Responsible Official
6. Name and Title of Responsible Official:
Name: WOOUNG KIM Title: PRESIDENT
X 774
7. Responsible Official Mailing Address: Organization/Firm: SUPREMA FIRTH AVE DAY CLEANERS ZNC
Street Address: 7400 NORTH REDERING GICALLAY
City: County: PAY DEATH Zip Code: 33 487
City: B. CA NAT-N County: PALM BEACU Zip Code: 33487
8. Responsible Official Telephone Number:
Telephone: (161) 997-6124 Fax: () -
. , , , - 0, , , ,
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contast (For example, plant manager):
10. Facility Control Address
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - / Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 informat	ion: –
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")
1990	Existing/New	w ROCA/None required	SAME
	Existing/New	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	***
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NA	
How many washers do yo	u have on-site?	نــــا	
How many dryers/reclaim	iers do you have o	n-site?	
			December 9, 1991, it is an EXISTIN
1993, it is a NEW unit (n permit). For each transfe	o units purchased er machine on-site	after September 22, 1993 are al , please provide the following is	lowed to operate under this general information:
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased	after September 22, 1993 are al	lowed to operate under this general
1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	o units purchased er machine on-site Status	after September 22, 1993 are al , please provide the following in Control Device Required*	lowed to operate under this general information: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased er machine on-site Status (circle one)	after September 22, 1993 are al , please provide the following in Control Device Required* (circle one)	lowed to operate under this general information: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n	o units purchased or machine on-site Status (circle one) Existing/New	after September 22, 1993 are al , please provide the following in Control Device Required* (circle one)	lowed to operate under this general information: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer	co units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New	after September 22, 1993 are all, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	lowed to operate under this general information: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer	o units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are all, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchlor	o units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are al please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA/CA/None required RC/CA/None required	lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KE	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are al please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA RC/CA/None required Accident condenser CA Reve you used within the last 12 this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [___] (date of expected opening _

	ility's source classificat an "X". Select one cla		n the definitions found in section (3) of Part II?
Small Ar	rea Source	$oldsymbol{\times}_1$	
,	Dry-to-dry machines of Transfer only on-site Both machine types on		(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 Ar	ea Source		
•	Dry-to-dry machines of Transfer only on-site Both machine types on	•	(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 te (Indicate with		n machines	pursuant to section (5) of Part II of this notification form?
	machines at small area REQUIRED) [X	source	New machines at small area source Refrigerated condenser []
Carbon a	machines at large area dsorber [source]]	New machines at large area source Refrigerated condenser
Rule 62-213.300,	F.A.C. Verify that all	steam and h	units shall not be eligible to use the general permit pursuant to water generating units on-site meet the following (see attached memo for the criteria).
All steam and hot No such units on-s	water generating units	exempt	OR
How many boilers	do you have on-site?		
For each boiler, in	dicate its horsepower ((HP) rating:	15 HB
What type of fuel of	do you use?	propane No. 2 fuel No. 6 fuel	
6. Equipment Mor	nitoring and Recordkee	ping Inform	nation
Check all logs whi	ich are required to be k	ept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receip	pts and solvent purchas	ses/solvent a	
(b) Leak detection	inspection and repair		\simeq
(c) Refrigerated co	ondenser temperature n	nonitoring	
(d) Carbon adsorb	er exhaust perc concen	tration mon	
(e) Startup, shutdown, malfunction plan			

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

1/2/01

Thereby 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.

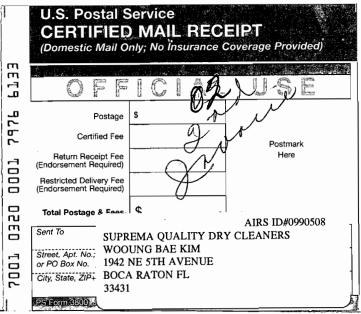
WOOUNG KIM

Print name of responsible official

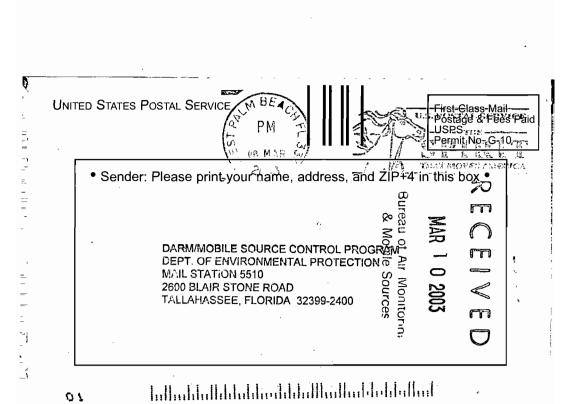
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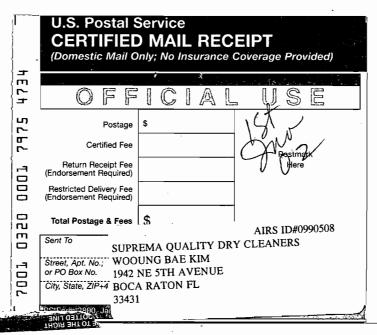
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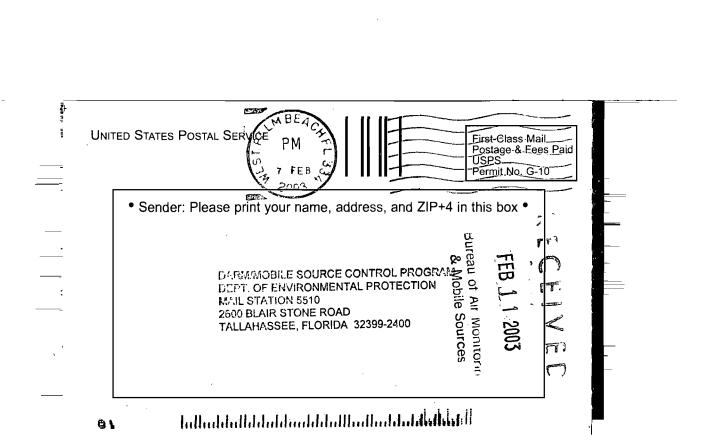


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
AIRS ID#0990508 SUPREMA QUALITY DRY CLEANERS WOOUNG BAE KIM 1942 NE 5TH AVENUE BOCA RATON FL	D. Is delivery address different frem 1?
33431	3. Service Type ✓ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2 Article Number (Copy from service label)	0350 0007 3456 6733
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952





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. Article Addressed to: AIRS ID#0990508 SUPREMA QUALITY DRY CLEANERS WOOUNG BAE KIM 1942 NE 5TH AVENUE 	A. Received by (Please Print Clearly) B. Date of Delivery 2 7 03 C. Signature X
BOCA RATON FL 33431	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Copy from service label)	N 3 2 0 0 0 0 1 7 9 7 5 4 7 3 4



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PS Form 3811, Ju	• •		turn Receipt 10	02595-99-M-1789



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

41 4728 MAR 1 2002

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

2/17/02 PLEASE REMOVER OUR CLEAN AIR PERMIT FROM FACILITY, WE REMOVED THE DRYCLEANING MACHINE 9/2001, AND DO NOT PROCESS ANY GARMENTS ON PREMISES. TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

No1E, AIRS ID # 0990508 SUPREMA QUALITY DRY CLEANERS WOOUNG BAE KIM 1942 NE 5TH AVENUE **BOCA RATON FL** 33431

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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2. Article Number (Copy from service label)					
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PS Form 381	1 , July 1999	Domestic Return	Receipt		102595-99-M-1789

1039	CERTIFIED MAIL (Domestic Mail Only; No Inst	RECEIPT urance Coverage Provided)
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0001	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
7001 0350	Sen SUPREMA QUALITY D WOOUNG BAE KIM Stre or F 1942 NE 5TH AVENUE City 33431	D# 0990508 RY CLEANERS
SENDER, COMB	ETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items item 4 if Restrict Print your name so that we can re 	1, 2, and 3. Also complete ed Delivery is desired. and address on the reverse eturn the card to you. to the back of the mailpiece, space permits.	A. Received by (Please Print Clearly) Su LTY C. Signature X
1. Article Addressed to SUPREMA QUA WOOUNG BAE 1942 NE 5TH AV	AIRS ID # 0990508 LITY DRY CLEANERS KIM	D. Is delivery address different from to 1? ☐ Yes If YES, enter delivery address below: ☐ No
BOCA RATON F 33431		3. Service Type Certified Mail

4. Restricted Delivery? (Extra Fee)

7001 0320 0001 7976 1039

Domestic Return Receipt

Yes

102595-99-M-1789

2. Article Number (Copy from service label)

PS Form 3811, July 1999