

# Department of Environmental Protection

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

David B. Struhs Secretary

April 22, 1999

Mr. Pyong S. Lee Prestige Cleaner 4525 P. G. A Boulevard Palm Beach Garden, Florida 33418

Re: Facility No.: 0990572

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 15, 1999.

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, of 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

0990572 p(Ce) Regurod I hould be marked

RECEIVED

APR 1 5 1990

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.

cility Name and Location
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
LEES INVESTMENT GROUP INC
Site Name (For example, plant name or number):
PRESTIGE CLEANER
Hazardous Waste Generator Identification Number:
FLD04245V816
Facility Location: Street Address: 4525 P. G. A Blvd
City: PALM BEACH GARDEN County: PALM BEACH Zip Code: 33418
Facility Identification Number (DEP Use ONLY - do not fill in):
0990579
sponsible Official
Name and Title of Responsible Official:  me: PYONG S. LEE Title: PRES.
Responsible Official Mailing Address: Organization/Firm: LSES INVESTMENT GROUP INC. Street Address: 4525 P. G. A BIVL City: PALM BEACH GARDEN County: PALM BEACH Zip Code: 33418
Responsible Official Telephone Number: Telephone: (56/)627-0598  Fax: ( ) -
cility Contact (If different from Responsible official)
Name and Title of Facility Contact (For example, plant manager):
Pyong S./LEE president.
Facility Contact/Address:
Street Address: 4525 P.G. A Blvd
City: PALM BEACH GARDEN County: PALM BEACH Zip Rode: 33418
Facility Contact Telephone Number:
Telephone: (561)627/0598   Fax: ( / ) -

## BEST AVAILABLE COPY

Facility Information			
1 (a) DRY-TO-DRY MA	ACHINES ONLY	<i>(</i>	
How many dry-to-dry mad	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n;
Date Initially Purchased From Manufacturer AEA. 76214 MY 8.	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1997	Existing Ne	ROCA/None required	SAME
	Existing/Ne	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		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have o	n-site? []	•
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased o units purchased	from the manufacturer between I after September 22, 1993 are allo	December 9, 1991 and September 22, owed to operate under this general
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	
	Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME")  ### RCCA/None required  Existing/New RC/CA/None required  TROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber  **RANSFER MACHINES ONLY**  nany washers do you have on-site?		
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
	• • •	•	nonths?
(b) If less than 12 mor	nths, how many? [	2 months	
Check why it is les	s than 12 months	: New owner: [ \( \bigcup_{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}}}}}}}}}}} \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}}}}}}}}} \ext{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}}}}}}}} \ext{\text{\text{\text{\text{\text{\text{\text{\tilit}}}}}}}}} \text{\text{\text{\text{\text{\text{\text{\tex	p records: []
		New store: New machine	e []
		Unopened store [] (date of e	expected opening)

## BEST AVAILABLE COPY

3. What is the facility's source classification based on Indicate with an "X". Select one classification o	
Small Area Source [X]	
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:	<u> </u>
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Startup, shutdown, malfunction plan	

## BEST AVAILABLE COPY

7. Surrender o	of Existing DEP Air Permit(s)						
Please indicate	Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are						
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.						
Responsible (	Official Certification						
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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.  Imptly notify the Department of any changes to the information contained in this notification.						
Print nam	Print name of responsible official						
Signature	5, Lee 4/12/99 Date						

# TITLE VAIR QUALITY GENERAL PERMIT! INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11125 TIME OUT: 125	OPOCE   VAIRS 10 =: 0990572
TYPE OF FACILITY: Dry cleaning	N 1997 · · -
FACILITY NAME: Prestige Clean	estill DATE: 6-9-99
FACILITY LOCATION: 4525 P.G.A.	
PBG, F	L& MO33418
RESPONSIBLE OFFICIAL: PYONG LEE	PHONE NUMBER: 627-059
	· · · · · · · · · · · · · · · · · · ·
	· ·
hand .	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ME IN: 1125 TIME OUT: 12 DATE: 0990572  VPE OF FACILITY: Dry Cleaning 1000 DATE: 6-9-99  ACILITY NAME: PSESTIGE Cleanes Monitoring Nonington DATE: 6-9-99  ACILITY LOCATION: 4525 P.C.A. But the Sources PB G. F. & MODE 3 CHES  ESPONSIBLE OFFICIAL: PYONG LEE PHONE NUMBER: 627-0578  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213:300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  COMMENTS:  The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOW	
•	
	<u>  -</u>
TIME OUT:   2 ARS 10 %; 0990 572  PRE OF FACILITY: Dry Cleaning 1990 572  CILITY NAME:   POESTIGE Cleanes W 1999  CILITY LOCATION:   4525   C.A.   2 Marks 10 %; 2 Marks 10 Marks 10 %; 2 Marks 10 %;	
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED	
DATE: 6-9-99  CILITY NAME: PRESTIGE CLEAN EN MONIGER DATE: 6-9-99  CILITY LOCATION: 4525 P.G. A. Dela Moniger Monitorian DATE: 6-9-99  CILITY LOCATION: 4525 P.G. A. Dela Monitorian DATE: 6-9-99  SPONSIBLE OFFICIAL: PYONG E.E. PHONE NUMBER: 627-0578  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213-300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  DIMMENTS:  The Annual Compliance Certification form has been properly certified and submined to the inspector.  THE OF NEXT INSPECTION: June 2000  (Spection Conducted by: R. C. L. S. S. L. S. S. C. S. C. S. C. S.	
-	
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
·	/ 1
SILLE OF HEAT MIST BETTOM.	
INSPECTION CONDUCTED BY: / Ch	okshi"
	Please Print)
INSPECTOR'S SIGNATURE: A V- Chokel	PHONE NUMBER: 333 -30'

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	_Za	COMPLAINT/DISC	OVERY	a
AIRS ID#: 0990572 DEFACILITY NAME: PREFACILITY LOCATION: 4  RESPONSIBLE OFFICIAL: CONTACT NAME:	PBG,	CLER P.G.A.	HUER BIVL L 33	418	98
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DARM					
PART II: CLASSIFICATION			to a large to	eri erile el Vijeti i	
Facility indicated on notification (check appropriate box) A.		-	☐ No notification for ☐ Drop store/out of		oleum
1. Existing small area sour	ce 🖸 2.	New small are	a source		•
1. Existing small area sourd dry-to-dry only, x < 140 gal/stransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr drj tra bo	New small are y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o	< 140 gal/yr 200 gal/yr 0 gal/yr		
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	yr dry tra bo (cc ce	y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on of New large are y-to-dry only, 1 unsfer only, 200 th types, 140 \le	< 140 gal/yr 200 gal/yr 0 gal/yr rafter 12/9/91)		
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)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	yr dry tra bo (cc ce	y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on of New large are y-to-dry only, 1 unsfer only, 200 th types, 140 \le	< 140 gal/yr 200 gal/yr 0 gal/yr rafter 12/9/91) a source 40 \( \leq \times \leq 2,100 \) gal/yr \( \leq \times \leq 1,800 \) gal/yr \( \times \leq 1,800 \) gal/yr		
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)  3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classification of the please check the facility of facility of the property of the please check the facility of the please check the	tra bo (cc ce	y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on on New large are y-to-dry only, 1 unsfer only, 200 onstructed on on Y DN  n: Il permit as num and is not eligi	< 140 gal/yr 200 gal/yr 0 gal/yr rafter 12/9/91) a source 40 \( \leq \times \leq 2,100 \) gal/yr \( \leq \times \leq 1,800 \) gal/yr \( \times \leq 1,800 \	e nit	

# 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### 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 refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1.	Equipped all machines with the appropriate vent controls?	ΣY	ΠN
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ZY	□N □N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY	ON ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	χŃΥ	□N
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?		ON ON/A
5.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØÝ	, On

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?	□V □N
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	A/ND ND YD
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
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,	
if machines are equipped with a carbon adsorber?	AVAD ND YD
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
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?	A/MD MD YD
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ב/אם אם עם

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY ON ON/A and parts installed w/in 5 days of receipt? DY DN PAYA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? AND NO YO 7. Maintained deviation reports? PY ON ON/A Problem corrected? DY DN PXVA 8. Maintained compliance plan, if applicable?

PARI	VI: LEAR DETECTION AND	REPAIRS			
I. Dae	s the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	and repair	
ins	pection?			MD YD	
2. Has	the facility maintained a leak log?	•		אם אם	
3. Do	es the responsible official check the	following areas for leaks	s?	•	
	Hose connections, fittings, couplings, and valves	A/NO NO YE	Muck cookers	OY ON PANA	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	AINO NO YES	Exhaust dampers	DY DN DN/A	·
	Pumps	AND ND YS	Diverter valves	אואם אם צם	
	Solvent tanks and containers	אוחם אם צם,	Cartridge filter housings	מ/אם אם צם	
	Water separators	ØY ON ON/A			
4. Wł	nich method of detection is used by	the responsible official?			·
1	Visual examination (condensed	solvent on exterior surfac	es)	.4	
	Physical detection (airflow felt t	hrough gaskets)	•		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	Alga	
ļ .	- Halogen leak detector			PIA	
	If using direct-reading ins	trumentation, is the equi	ipment:	ØN/A	
	a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	אם צם	
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	אם צם	
	d. Kept in a clean and	secure area when not in t	ise?	אם צם	
	e. Verified for accura-	cy by use of duplicate san	nples (calorimetric only)?	מם עם	
£					3
	PYONG S. LEE		Lucana S. C	Lee	
rogas	sible Official's Na	me	Responsible Off	icial's Sign	ature
	(Please Print)	1	100	28	
_	gr. V. Choks	hi	6-9-9		
	Inspector's Name (Please)	Prizi)	Date of Inspection		

Inspector's Signature

use 2000

Approximate Date of Next Inspection

ADDIT	IANO	SITEIL	VEOR	MATION:
$\sim$ 0011	いいいんし	2115 11	11010	11/2 1 1 0 11 1

			Yes,	NO	
l.	Secondary Containment for:	Dry Cleaning Machine & Storage area			
		Waste area Spotting area Sealed	M	[	1
		Spotting area Sealed	1/1	ſ	]

2. Disposal of Water from Water Separator using approved evaporator / [ ]

or contracted Wastewater service [ ] [ ]

Since This is a New owner, Mr Lee was explained to keep records for look check and perc purchase receipts, look check and perc purchase receipts, THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389589

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** 

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0990572

PRESTIGE CLEANER
PYONG S LEE
4525 PGA BLVD
PALM BEACH GARDEN FL 33418

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PRESTIGE CLEANERS
4525 P.G.A. Blvd.
Garden Square Shoppes
Palm Beach Gardens, FL 33418





Sandy Bowman
Dereral formits Section
Bureou of Air Monitoring & Mobil Sources
Department of Environmental Protection
2600 Blair Stone Rd
Tallohassee F1 32399-2400

	INSPECTION	SUMMARY RE		
TYPE OF INSPECTION: ANNU	JAL 🗹	COMPLAINT/DISC	OVERY	RE-INSPECTION
TIME IN:T	TIME OUT:		_AIRS ID#:O	190572
TYPE OF FACILITY: Pr	cleener			
FACILITY NAME: PARS	lige Clea	41 17	•	DATE: 7/12/20
	525 P6A	Birl	·	
	Palm Beach	bordes	33416	
RESPONSIBLE OFFICIAL: P)		РН	ONE NUMBER:	027 0548
Based on the results of the compliance with DEP Rule 62-213	•	_	•	is found to be in
Based on the results of the complia discrepancies were noted:	ince requirements ev	raluated during this in	spection, the follow	ing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLO	W-UP ACTION	REQUIRED
		-	•	
	· · · · · · · · · · · · · · · · · · ·		7	<u> </u>
			Bureau	
			Mobile Sol	
			intoring.	
		<del>-   .:</del>	· · · · · · · · ·	
OMMENTS:				
•				
e Annual Compliance Certification form has	been properly certi	fied and submitted to t	the inspector.	YES NO
ATE OF NEXT INSPECTION:	•	7/01	. · <u> </u>	
SPECTION CONDUCTED BY:	m Lieb	proximate)		
: SPECTOR'S SIGNATURE:	h Lil	ease Print) PHONE	NUMBER: 37	5.30 0

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE-INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCO	OVERY	• • •
V	RE-INSPECTION				
AIRS ID#: <u>0990572</u>	DATE: 7/12/0	) <sub>TIME</sub>	IN:TIME	OUT:	
FACILITY NAME:	estige Cleane	R5			
FACILITY LOCATION:	•				
	Palm Beach 6	FARdens	F/ 334/8		
RESPONSIBLE OFFICIAL :	Pyons Lee		_ PHONE:627 -	0598	
CONTACT NAME:			PHONE:		
DIDEL NOMPLOAMON					
PART I: NOTIFICATION		<u>.</u>			
(check appropriate box)	20 days mais at atamtum				
1. New facility notified DARM					
2. Facility failed to notify DARM	A to use general permit				
PART II: CLASSIFICATION			<u> </u>	2 2 2de	
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of but		
A.				•	
1. Existing small area sourc		New small	area source , x < 140 gal/yr	<b>3</b>	
dry-to-dry only, $x < 140$ gal/y transfer only, $x < 200$ gal/yr		nsfer only, x			
both types, $x < 140 \text{ gal/yr}$	bot	th types, x <	140 gaVyr		
(constructed before 12/9/91)	(co	instructed on	or after 12/9/91)		
3. Existing large area source	e 🗆 4.	New large a	rea source	ì	
dry-to-dry only, $140 \le x \le 2,1$	00 gal/yr dry	-to-dry only	, 140≤x≤2,100 gal/yr		
transfer only, $200 \le x \le 1,800$			$00 \le x \le 1,800 \text{ gal/yr}$		ľ
both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$ )			$\leq x \leq 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility class	sification 🗆 Y	אם ץ	□Can not determine		
-	qualified for a general	permit as nu	mber above ible for a general permit		
B. The total quantity of perchloro facility was 68 gallons.	ethylene (perc) purchas	sed within th	e preceding 12 months by	this dry cleaning	

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? DY □Ν 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MINIA beds according to the manufacturer's specifications? 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 refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ω√ □N verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ロル ロル
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	A/NO NO YO
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, if machines are equipped with a carbon adsorber?	OY ON ON/A
X	di di diva
Is the perc concentration equal to of less than 100 ppm?	A/NO NO YO
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,	٠.
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ANO NO YE a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY ON ON/A and parts installed w/in 5 days of receipt? DY DN XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? אם עם 6. Maintained startup/shutdown/malfunction plan? DY DN DXYA 7. Maintained deviation reports? DY DN ØN/A Problem corrected? DY DN XXNA 8. Maintained compliance plan, if applicable?

ADI	DITIONAL SI7	TE INFORMATION:			
					Yes NO
1.	Secondary	Containment for:	Dry Cleaning	Machine & Storage area	
				Waste area	111
				Spotting area Sealed	
			·		
	·				
					ž.
		•			
	***	<b></b>	·	•	
2	nimara] c	of Water from Water	Commenter 11		M LI
2.	Disposar o	T Water IIOn mate		sing approved evaporator I Wastewater service	[1]
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#### **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. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	acility Name and Location	•				
1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	LEE'S INVESTMENT	GRIVP ZNC				
2.	2. Site Name (For example, plant name or number):					
`	PRESTIGE CLEANERS					
3.	Hazardous Waste Generator Identification Nur	mber:				
	FL0042455816					
4.	Facility Location: 452 PEA BL					
	Street Address:	Tin Code: 27 V/a				
	City: Pour Bones GARDENS COUNT	y: PALM BEACH Zip Code: 33410				
.5.	Facility Identification Number (DEP Use ONL	Y - do not fill in):				
		0990572-00				
<b>10</b>						
	esponsible Official					
6.	Name and Title of Responsible Official:					
Nai	ame: PYONG LEE	Title: MKS104~7				
	PYONE ZEE					
7.	Responsible Official Mailing Address:					
7.	Responsible Official Mailing Address: Organization/Firm:	SAME				
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:	SANK				
7.	Responsible Official Mailing Address: Organization/Firm:					
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number:	SANK Zip Code:				
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:	SANK				
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number:	SANK Zip Code:				
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: (16, )627 - 0198	Zip Code:  Fax: ( ) -				
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number:	Zip Code:  Fax: ( ) -				
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: ((C, )(27 - 0)/98	Zip Code:  Fax: ( ) -				
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: ((C, )(27 - 0)/98  Acility Contact (If different from Responsible Contact (For example Contact (For ex	Zip Code:  Fax: ( ) -				
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: ((C, )(27 - 0)/98	Zip Code:  Fax: ( ) -				
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: ((C, )(27 - 0)/98  Acility Contact (If different from Responsible Contact (For example Contact (For ex	Zip Code:  Fax: ( ) -				
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: (/ C, ) (27 - 01/98)  acility Contact (If different from Responsible Contact (For example 1)) Name and Title of Facility Contact (For example 1)  0. Facility Contact Address:	Zip Code:  Fax: ( ) -				
<b>Fac</b> 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: (/C, ) (27 - 0) 98  Accility Contact (If different from Responsible Contact (For example Contact (For	Zip Code:  Fax: ( ) -  Official)  ple, plant manager):				
<b>Fac</b> 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County:  Responsible Official Telephone Number: Telephone: (/C, )(27 - 01/98)  acility Contact (If different from Responsible Contact (For example of Facility Contact (For example of Fa	Zip Code:  Fax: ( ) -  Official)  ple, plant manager):				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair
inspection?			DY ON
2. Has the facility maintained a leak log	?		MY ON
3. Does the responsible official check th	e following areas for leal	cs?	
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	OY ON X
Door gaskets and seating	אוחם אם צם	Stills	ÐÝ ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN XN/A
Pumps .	אואם אם עם	Diverter valves	DY ON ON/A
Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfac	es)	æ'
Physical detection (airflow felt the	rough gaskets)		
Odor (noticeable perc odor)		•	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			<b>X</b>
If using direct-reading instr	umentation, is the equip	oment:	<b>X</b> N/A
,		s in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use	אם אם
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY DN
d. Kept in a clean and so	ecure area when not in us	e?	מם עם
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	אם צם
Maria			
Prong Lee			Ler
oonsible Official's Name (Please Print)	e	Responsible Offic	_
Inspector's Name (Please Prin	<u> </u>	Date of Inspection	00
,		Zate of hispection	
m Lill		7601	
Inspector's Signature		Approximate Date of N	ext Inspection

#### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e 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")
1298	Existing/No	ROCA/None required	1998
	Existing/Ne	w RC/CA/None required	)
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	l	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased	ine was purchased to units purchased er machine on-site Status	I from the manufacturer between I	Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(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	<u> </u>
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
· · · · · · · · · · · · · · · · · · ·	roethylene (perc) ns (You must fill	have you used within the last 12 m	nonths?
(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 machine	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 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   New machines at small area source
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 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 No such units on-site  OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: 20 [HP]
What type of fuel do you use?  [] propane  [] 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
(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

## 

# **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.

#### Bowman, Sandy

From:

Butler, Rick

Sent:

Monday, June 25, 2001 2:01 PM

To:

Bowman, Sandy

Subject:

FW: Title V General Air Permit AIRS #1050279001

#### FYI

-----Original Message-----

From:

Singeltary - Jay Higham [mailto:Highamj@singeltary.com]

Sent:

Monday, June 25, 2001 1:40 PM

To:

Butler, Rick

Subject:

Title V General Air Permit AIRS #1050279001

I received a form for renewal of the 5 year Title V Air General Permit for Same Day Cleaners, whose plant is located at 5626 Cypress

Gardens Blvd., Winter Haven, Fl.

I, as President of Wellmar, Inc., was the owner of Same Day Cleaners until June 28, 1999 when the business was sold to Jang's Enterprises, Inc. You may contact the new owner c/o Same Day Cleaners, 5626 Cypress Gardens Blvd., Winter Haven, FL 33884.

Jay Higham President Wellmar, Inc.



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#0990572

PRESTIGE CLEANER PYONG S LEE 4525 PGA BLVD PALM BEACH GARDEN FL 33418 D.00

#21713 JAN13 2003

#21713 JAN13 2003

# Mobile For Government use only Org.: \$250101000, EO: A1

# Find: 20-2-035001

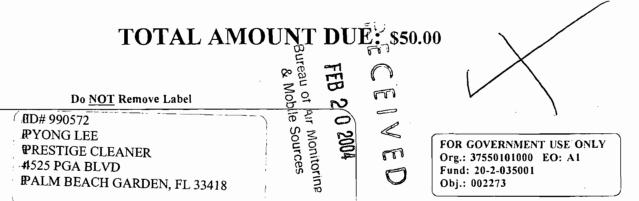
Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436421 FEB17 2004

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



# This portion must be attached to remittance for proper handling 399739

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 # 0990572

PRESTIGE CLEANER
PYONG S LEE
4525 PGA BLVD
PALM BEACH GARDEN FL 33418

FOR GOVERNMENT USEONES Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411922 DEC19 2001

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 # 0990572

PRESTIGE CLEANER PYONG S LEE 4525 PGA BLVD PALM BEACH GARDEN FL 33418

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

PRESTIGE CLEANERS
4525 P.G.A. Blvd.
Garden Square Shoppes
Palm Beach Gardens, FL 33418

34 34

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

335	U.S. Postal Service III CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
40	For delivery information visit our website at www.usps.com
650	OFFICIALOUSE
12.	Postage \$
103	Certified Fee
00	Return Reciept Fee (Endorsement Required)
260	Restricted Delivery Fee (Endorsement Required)
ļū.	ID# 990572
m	PYONG LEE
8	SE PRESTIGE CLEANER
75	4525 PGA BLVD
	PALM BEACH GARDEN, FL 33418
	Ċ
	PS Form 3800, June 2002 See Reverse for Instructions
I .	ADDRESS (COLO VEGATION)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X  B. Received by (Printed Name)  C. Date of Delivery  No		
ID# 990572 PYONG LEE PRESTIGE CLEANER			
4525 PGA BLVD PALM BEACH GARDEN, FL 33418	3. Service Type  Certified Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number 7003 (Transfer from service label)	2260 0003 5650 8335		
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1540		

8147	(Domestic Mail O	MAIL™ RECEIPT  nly; No Insurance Coverage Provided)
	For delivery informa	tion visit our website at www.usps.com
01,40	OFF	ICIAL USE
	Postage	s / () \( \tau \)
<b>±</b>		$\vdash$
	Certified Fee	Poskmark
4000	Return Reciept Fee (Endorsement Required)	Here
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	Restricted Delivery Fee (Endorsement Required)	
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700	LEES INVEST	MENT GROUP INC
7	4525 PGA Blvd	·····
	PALM BEACH	I GARDENS, FL 33418
		Secretaria for Instructions
	้ใจสะบาทเจอบุบสูมนาเยะ2บเ	16 State of the St

SENDER: COMPLETE THI	S SECTION	COMPLETE THIS SECTION ON DELIV	'ERY
<ul> <li>Complete items 1, 2, and item 4 if Restricted Delive</li> <li>Print your name and addr so that we can return the</li> <li>Attach this card to the bar or on the front if space per</li> </ul>	ry is desired. ess on the reverse card to you. ck of the mailpiece,		Agent Addressee C. Date of Delivery
Article Addressed to:		<ul> <li>Is delivery address different from item If YES, enter delivery address below:</li> </ul>	
0990572001AG LEES INVESTMENT	GROUP INC		e de la companya de l
4525 PGA Blvd PALM BEACH GARD	ENS, FL 33418	3. Service Type  Certified Mail	ot for Merchandise
	: 	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7003 050	0004 0140 8147	
PS Form 3811, August 2001	Domestic Retu	rn Receipt	102595-02-M-1540

Bureau of Air Monitoring