

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 10, 2001

Mr. Soo Hwan Kim  
Bayou Cleaners  
2812 Orange Grove Way  
Palm Harbor, Florida 34684

Re: Facility No.: 1030336-002

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 8, 2001.

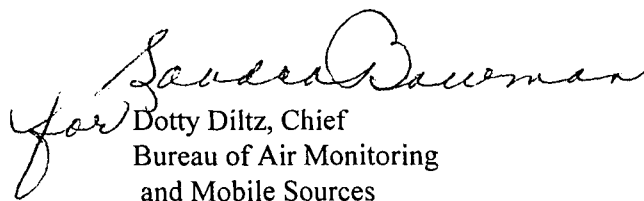
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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6/19 Fees Paid 96-2000  
SOC entered to  
Compliance IN

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Bureau of Air Monitoring  
& Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Soo Hwan Kim, Individual OWNER
2. Site Name (For example, plant name or number): Bayou cleaners
3. Hazardous Waste Generator Identification Number: FLD984223008
4. Facility Location: Street Address: 1073 S. Pinellas Ave City: Tarpon Springs County: Pinellas Zip Code: 34689
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official 1030336-002

6. Name and Title of Responsible Official: Name: Soo Hwan Kim Title: Bayou cleaners OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2812 ORANGE GROVE WAY City: Palm Harbor County: Pinellas Zip Code: 34684
8. Responsible Official Telephone Number: Telephone: (727) 942-1734 Fax: ( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): same as above.
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) Fax: ( )

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
01-OCT-1991	Existing/New	RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY:      RC = refrigerated condenser      CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?  

How many dryers/reclaimers do you have on-site?  

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY:      RC = refrigerated condenser      CA = carbon adsorber

[ 38.8 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ ] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]  
New store: [ ] New machine [ ]  
Unopened store [ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
(Indicate with an "X". Select one classification only.)

Small Area Source [ X ]

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 [ ]

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 [ X ] OR  
No such units on-site [ ]

How many boilers do you have on-site? [ 1 ]

For each boiler, indicate its horsepower (HP) rating: [ 1.5 ] [ ] [ ]

What type of fuel do you use? [ ] propane [ ] natural gas  
[ ] No. 2 fuel oil [ ] No. 4 fuel oil  
[ ] No. 6 fuel oil [ X ] Other (please list) electric

**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) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**7. Surrender of Existing DEP Air Permit(s)**

Please indicate with an "X" the appropriate selection:

SHK 6-13-01

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 1030336-001-AG.
- 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.*

Soo Hwan Kim  
Print name of responsible official

[Signature]  
Signature

6/2/01  
Date

6/13/01

## Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  <p style="text-align: center; font-size: 1.2em;">Soo Hwan Kim, Individual OWNER</p>
2.	Site Name (For example, plant name or number):  <p style="text-align: center; font-size: 1.2em;">Bayou cleaners</p>
3.	Hazardous Waste Generator Identification Number:  <p style="text-align: center; font-size: 1.2em;">FLD984223008</p>
4.	Facility Location: Street Address: 1073 S. Pinellas Ave City: Tarpon Springs      County: Pinellas      Zip Code: 34689
5.	Facility Identification Number (DEP Use ONLY - do not fill in):  <p style="text-align: right; font-size: 1.5em;">1030336-002</p>

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JUN 08 2001

Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6.	Name and Title of Responsible Official: Name: Soo Hwan Kim	Title: Bayou cleaners OWNER
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 2812 ORANGE GROVE WAY City: Palm Harbor      County: Pinellas      Zip Code: 34684	
8.	Responsible Official Telephone Number: Telephone: (727) 942-1734      Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):  <p style="text-align: center; font-size: 1.2em;">same as above.</p>
10.	Facility Contact Address:  Street Address: City:      County:      Zip Code:
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01-OCT-1991	<u>Existing</u> /New	RC/CA/ <u>None required</u>	same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber



2.(a) How much perchloroethylene (perc) have you used within the last 12 months?  
[ 38.8 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ ] months

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
(Indicate with an "X". Select one classification only.)

Small Area Source [ X ]

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 [ ]

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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".)

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(NONE REQUIRED) [ X ]

New machines at small area source  
Refrigerated condenser [ ]

Existing machines at large area source  
Carbon adsorber [ ]  
Refrigerated condenser [ ]

New machines at large area source  
Refrigerated condenser [ ]

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All steam and hot water generating units exempt [ X ] OR  
No such units on-site [ ]

How many boilers do you have on-site? [ 1 ]

For each boiler, indicate its horsepower (HP) rating: [ 1.5 ] [ ] [ ]

What type of fuel do you use? [ ] propane [ ] natural gas  
[ ] No. 2 fuel oil [ ] No. 4 fuel oil  
[ ] No. 6 fuel oil [ X ] Other (please list) electric

**6. Equipment Monitoring and Recordkeeping Information**

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- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

**7. Surrender of Existing DEP Air Permit(s)**

Please indicate with an "X" the appropriate selection:

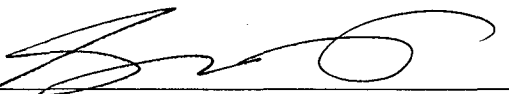
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 1030336-001-AG.
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**Responsible Official Certification**

*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.*

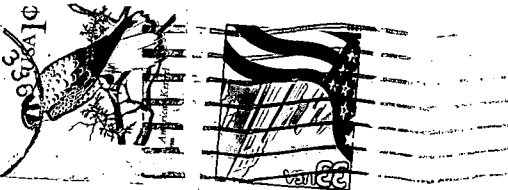
*I will promptly notify the Department of any changes to the information contained in this notification.*

Soo Hwan Kim  
Print name of responsible official

  
Signature

6/2/01  
Date

Soo Hwan Kim DBA Bayou cleaners  
2812 Orange Grove Way  
Palm Harbor, FL 34684



Title V General Permitting Office  
Bureau Of Air Monitoring and Mobile Sources  
MS-5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL. 32399-2400

32399-6842 01



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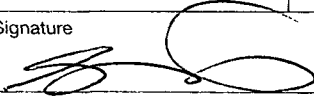
Postage \$ \_\_\_\_\_  
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 Return Receipt Fee  
 (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee  
 (Endorsement Required) \_\_\_\_\_  
 Total Postage \_\_\_\_\_

Postmark  
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AIRS ID#1030336

Sent To **BAYOU CLEANERS**  
**SOO HWAN KIM**  
 Street, Apt. N or PO Box No **2812 ORANGE GROVE WAY**  
 City, State, Zi **PALM HARBOR FL 34684**

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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> </ul>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
	C. Signature X 	
1. Article Addressed to:  <p style="text-align: right;">AIRS ID#1030336</p> <p>BAYOU CLEANERS                      SOO HWAN KIM                      2812 ORANGE GROVE WAY                      PALM HARBOR FL                      34684</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Copy from service label)</i>	4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
7001 0320 0001 7976 6843		



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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 14 2003

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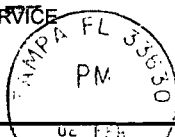
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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td colspan="2">Total Postage &amp; Fees</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees		<p style="text-align: center;">Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees											
<p>AIRS ID# 1030336 1stC          BAYOU CLEANERS          1073 S Pinellas Ave          TARPON SPRINGS, FL 34689</p>											
<p>Sent To</p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>											

7004 2510 0002 3939 0669

PS Form 3800, June 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID# 1030336 1stC          BAYOU CLEANERS          1073 S Pinellas Ave          TARPON SPRINGS, FL 34689</p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          2/8/05</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 0669</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

Division of Air Monitoring  
& Mobile Sources

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

2/15

TOTAL AMOUNT DUE: \$50.00

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1030336	10
BAYOU CLEANERS	
1073 S Pinellas Ave	
TARPON SPRINGS, FL	34689

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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435466 JAN 20 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1030336
SOO KIM
BAYOU CLEANERS.
2812 ORANGE GROVE WAY
PALM HARBOR FL 34684

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

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BUREAU OF AIR MAIL SERVICES  
JAN 23 2004





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412213 DEC 26 2001

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

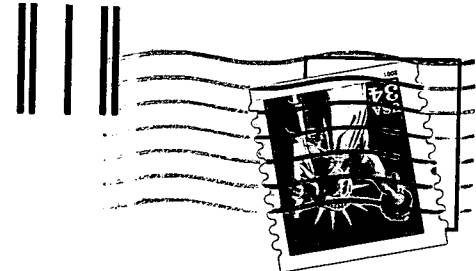
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 1030336  
 BAYOU CLEANERS  
 SOO HWAN KIM  
 2812 ORANGE GROVE WAY  
 PALM HARBOR FL  
 34684

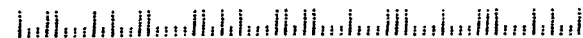
FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273

BAYOU CLEANERS  
 1073 S. PINELLAS AVE  
 TARPON SPRINGS, FL 34689  
 (727) 942-1734



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

32315+3070 56



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444806 JAN21 2005

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 1030336 10  
BAYOU CLEANERS  
1073 S Pinellas Ave  
TARPON SPRINGS, FL 34689

**FOR GOVERNMENT USE ONLY**  
**ORG.: 37550101000 EO: A1**  
**FUND: 20-2-035001**  
**OBJECT: 002273**

*Printed on recycled paper.*