

Department of Environmental Protection

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

Colleen M. Castille Secretary

February 24, 2006

Mr. Dae Jin Lim Coastal Cleaners, Incorporated 2924 Penridge Drive Palm Harbor, Florida 34684

Re: Facility No.: 1030352-003

Dear Mr. Lim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 5, 2006.

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,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Mr. Gary Robbins, Pinellas County

"More Protection, Less Process"

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11/30/2005_INSZ-compliance Inspection walkthough

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):				
COASTAL CLEANERS INC.				
2. Site Name (For example, plant name or number):				
3. Hazardous Waste Generator Identification Number:				
7000 362334				
4. Facility Location: Street Address: 2/66 MAIS ST				
City: DUNEDIN County: PINELLAS Zip Code: 34698				
Similarility identification Number (2022 1900) is conformation.				
Responsible Official 6. Name and Title of Responsible Official:				
Name: DAE JIN LIM Title: OWNER.	•			
7. Responsible Official Mailing Address: Organization/Firm:	•			
Organization/Firm: 2924 PENRIDGE DR. Street Address:				
City: PALM HARBOR County: PINZLLAS Zip Code: 34684				
8. Responsible Official Telephone Number:				
Telephone: (727) 787 0118 Fax: (727) 787- 0118				
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: $(727)734-7983$ Fax: () -				
	_			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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

Facility Information

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

How many dry-to-dry machines do you have on-site?				
For each dry-to-dry mach	ine on-site, pleas	e provide the following informatio	n:	
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")	
0/1/05	Existing/Ne	ew RC/CA/None required	SAMZ	
	Existing/Ne	ew RC/CA/None required		
	Existing/Ne	ew RC/CA/None required		
*CONTROL DEVICE KE	EY: RC = r	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MACI	HINES ONLY			
How many washers do yo	u have on-site?	. []		
How many dryers/reclaim	ers do you have	on-site?		
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased			
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			carbon adsorber	
2.(a) How much perchlor	EY: RC = r	refrigerated condenser CA =		
	EY: RC = r	refrigerated condenser CA =		
2.(a) How much perchlor [//6] gallor (b) If less than 12 more	EY: RC = r roethylene (perc) as (You must fill oths, how many?	refrigerated condenser CA = have you used within the last 12 m this in) months	nonths?	
2.(a) How much perchlor [//6] gallor (b) If less than 12 more	EY: RC = r roethylene (perc) as (You must fill oths, how many?	refrigerated condenser CA = have you used within the last 12 m this in) months Refrigerated condenser CA =	p records: []	
2.(a) How much perchlor [//6] gallor (b) If less than 12 more	EY: RC = r roethylene (perc) as (You must fill oths, how many?	refrigerated condenser CA = have you used within the last 12 m this in) months	p records: []	

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3. What is the facility's source classification based on Indicate with an "X". Select one classification or	* *			
Small Area Source				
Transfer only 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 []				
Transfer only 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 p (Indicate with an "X".)	oursuant 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			
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 OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [<u>15</u>			
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Information	ation			
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 ac				
(b) Leak detection inspection and repair	LX)			
(c) Refrigerated condenser temperature monitoring	لنكا			
(d) Carbon adsorber exhaust perc concentration moni				
(e) Startup, shutdown, malfunction plan	تخا			

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7. Surrender o	of Existing DEP Air Permit(s)			
Please indicat	e with an "X" the appropriate selection:			
ĽXI	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 I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. 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. Simply notify the Department of any changes to the information contained in this notification. Sin Limitation.			
Signature	12/27/05			

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

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Effective: 2/24/99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 467142 JAN12 207

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

RECEIVED

SEN 1 9 2007

TOTAL AMOUNT DUE: \$50.00

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& Mobile Sept. NOT Remove Label

AIRS ID# 1030352 COASTAL CLEANERS 2166 Main Street DUNEDIN, FLORIDA 34698 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

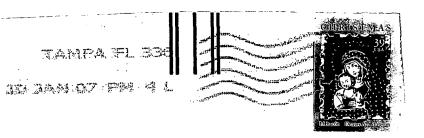
FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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COASTAL CLEANERS 2166 Main St. Dunedin, FL 34698 (727) 734-7983



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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458622 Feb 3 2006 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

