

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

February 6, 2009

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Young Soon Lee Tony's Cleaners 12007 Indian Rocks Road Largo, Florida 33774

Re: Facility No: 1030446-003

Dear Mr. Lee:

The Department has received the Air General Permit Registration Form for the dry cleaning facility that you submitted on January 5, 2009.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely.

Sandra F. Veazey, Chief Bureau of Air Monitoring And Mobile Sources

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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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
2. Site Name (For example, plant name or number):					
2. Site Name (For example, plant name or number):					
TONY'S Cleaners					
3. Hazardous Waste Generator Identification Number:					
FLD CESOG 4. Facility Location: MCF SYSTEMS Atlanta, Inc. Street Address: 5353 Snapfinger wood Dr. City Decatur GEORGIA Zip Code: 30035					
4. Facility Location: MCF SYSTEMS Atlanta, Inc.					
Street Address: 5353 Snapfinger wood Dr.					
City Decatur County: GEORGIA Zip Code: 30035					
5. Facility Identification Number (DEP Use ONLY - do not fill in):					
[17] 医乳头类原理的 医网络内部内部内部内部 医小脑内 17 (1997) 11 (1997) 12 (1997) 12 (1997) 12 (1997) 12 (1997) 13 (1997) 14 (1997)					
103077096					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: Young Soon LOR Title: Owner					
7. Responsible Official Mailing Address:					
Street Address: 12 mg 11-12- Docks Rd					
City: Largo County: Dinellas Zip Code: 33774					
Organization/Firm: Tony's Cleaner Street Address: 12007 Indian Rocks Rd City: Largo County: pinellas Zip Code: 33114					
8. Responsible Official Telephone Number:					
Telephone: $(\Lambda_2\Lambda)$ $(-\Lambda_2 - \lambda_1)$ Fax: $()$					
1 1000,0000 (12) 545-0686					
Telephone: (121)595-3686 Fax: () -					
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):					
Facility Contact (If different from Responsible Official)					
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Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address:					
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:					
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address:					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1/8/09-1:30pm 1/8/09-1:30pm PER telecon PER young W/MR. young Soon LEE Soon LEE									
	Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information:								
						Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
						SUPREMA	Existing/Ne	RC/CA/None required	SAME
						1995	Existing/Ne	ew RC/CA/None required	
		Existing/Ne	ew RC/CA/None required						
	*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber								
		1.(b) TRANSFER MACHINES ONLY							
		How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:							
	Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")					
		Existing/New	RC/CA/None required						
		Existing/New	RC/CA/None required	-					
		Existing/New	RC/CA/None required						
	*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber								
	 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [] gallons (You must fill this in) (b) If less than 12 months, how many? [] months 								
	(w) 11 1000 mail 12 mon								

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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 base Indicate with an "X". Select one classification	ed on the definitions found in section (3) of Part II?				
Small Area Source	()				
Dry-to-dry machines only on-s 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-s 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 machi (Indicate with an "X".)	nes 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 []				
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []				
	ons units shall not be eligible to use the general permit pursuant to nd hot water generating units on-site meet the following 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?	1/8/09-1:30 PM TELECON				
For each boiler, indicate its horsepower (HP) rat	1/8/09-1:30 PM TELECON 2.4 hp - PER MR LEE				
	ne [] natural gas fuel oil [] No. 4 fuel oil fuel oil [] Other (please list) Electric				
6. Equipment Monitoring and Recordkeeping In	formation				
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/solve	ent addition log [X]				
(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

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 1030446 - 002 - A-G 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official Suparure Date

DEP Form No. 62-213.900(2) Effective: 2/24/99 TONY'S CLEANERS & SHOE REPAIR 12007 INDIAN HUCKS ROAD LARGO, FL 33774 727-595-3686 TAMPA FL 335 SAINT PETERSBURG FL 31 DEC 2008 PM 5 T



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

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Wise, Jane

From:

Wise, Jane

Sent:

Wednesday, January 14, 2009 2:59 PM

To:

'phesslin@co.pinellas.fl.us'; 'grobbins@pinellascounty.org'

Cc:

Veazey, Sandra; Bowman, Sandy

Subject:

Recently Received AG Registrations

Attachments: 1030446-003.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us