

Department of

Environmental Protection

Jeb Bush Governor

> Mr. In Taek Ma Hi Tech Cleaning & Laundry, Inc. 5523 Roosevelt Boulevard Clearwater, Florida 33760

Re: Facility No.: 1030459-002

Dear Mr. Ma:

Twin Towers Office Building & Attention & 2600 Blair Stone Road
2600 Blair Stone Road

Allahassee, Florida 32399-2400 We have not Colleen M. Castille Secretary

July 20, 2004 recieved a bill for \$50 and I will pay

but if I had made a Mistake

On the Pay of Whomever"

then Send it to the company

Who is supposed to recieve

Drim In Tack me the money.

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 17, 2004.

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"

Printed on recycled paper.



Department of Environmental Protection

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

Colleen M. Castille Secretary

July 28, 2004

Mr. In Taek Ma Hi Tech Cleaning & Laundry, Inc. 5523 Roosevelt Boulevard Clearwater, Florida 33760

Re: Facility No.: 1030459-002

Dear Mr. Ma:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#2225) in the amount of \$50 in payment of your Title V General Permit fee.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosure

HI TECH CLEANERS & LAUNDRY INC

5523 Roosevelt Blvd Clearwater, FL 33760 Phone 727-536-1288

7-25-64 DATE

PAY TO THE Department Environmental Pretection \$ 50 XX

GIRLING DOLLARS DOLLAR

THE RELATIONSHIP PEOPLE"

FOR MS#55/0 MCACT#5521 In Tack Me

AIRS ID - 002 1030459 October 17, 2007

RFCEIVED

OCT 22:2007

Bureau OT AIT MONITORING

& Mobile Sources

Mr. Dibble:

Hi Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd., Clearwater, FL, 33760, Existing Large has recently purchased and installed a new dry to dry machine. We are notifying you in writing that the 2007 Multi Matic L 40, Serial No. 40SL-R1-0807-7572 has been in use since approximately August 10, 2007. If you have Any questions concerning this mailing, you may contact me at (727) 536-1288.

Sincerely,

In Tack Ma In Tack M-

....

Eastern Machinery Corporation 4220 Steve Reynolds Blvd #23

4220 Steve Reynolds Blvd #23 Norcross, GA 30093 United States

Voice: (770) 921-5877 Fax: (770) 921-5891

Bill To:

INVOICE

Invoice Number: 346

Invoice Date:

Aug 10, 2 307

Page:

Ship to:

4

Hitech Cleaners 5523 Roosevelt Clearwater, FL United States	Blvd 33760	adds - ann sain			5523 R	Cleaners coosevelt ater, FL States	Blvd	The second constraints	
Custom	er ID	and the second	Custo	mer PO			Payment	Terms	
Hitech CI	eaners		et all de des délattes els mais en al den haves que de s			- 8	Net 30 [·
Sales R	ep ID		Shippin	g Method	पुरुषेक्षंत्र ि क्षः	SI	ip Date		Date
	, , , , , ,		Bes	t Way				9/	7/07
Quantity	Item	1-4-3-5-Pi V -5-7-A		Description	With a Distance Miles Migrales have come		Unit Price	Aı	nount
1.00	Dry Cleaning N	<i>N</i> achine	Subtotal Sales Tax	IC S404 DRY CL	EANING		33,000.00		33,000.00
Check/Credit Memo No:				ce Amount Credit Applied					33,000.00
		TOTAL	de :	e i seleketiya	rai pail, aa j		• 1	33 000 00	

BOARD OF COUNTY COMMISSIONERS

John Morroni - Chairman
Kenneth T. Welch - Vice Chairman
Ronnie E. Duncan
Calvin D. Harris
Susan Latvala
Karen Williams Seel
Robert B. Stewart





June 30, 2005

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

Re: Hi-Tech Cleaners & Laundry, Inc. - 1030459-002-AG

Ms. Bowman:

Enclosed is a Title V General Permit Notification for Hi-Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd Clearwater, FL, 33760, which was recently collected. During the annual inspection it was found that the responsible official and owner, Taek Ma had failed to submit a notification form to correct the classification from small to large existing source. The facility had exceeded the 12-month consecutive total of perchloroethylene purchase limit in June 2004. The facility's purchase level is currently 165 gallons. Our office assisted him in processing this notification.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail. (mmccann@pinellascounty.org)

Sincerely,

Matt McCann, Environmental Program Manager Air Quality Division

cc: RF, PF (103 0459)

Attachment: Form 62-213.900(2)

PLEASE ADDRESS REPLY TO: 300 S. Garden Avenue Clearwater, Florida 33756

> Phone: (727) 464-4422 FAX: (727) 464-4420

TDD: (727) 464-4106 Website: www.pinellascounty.org



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.	Facility Owner/Company Name (Name of corporation, agency, or individual owr	ier):			
	$11. \mathcal{T}$	11.			
	Hi lech				
2.	Site Name (For example, plant name or number):				
	Hi Tech Cleaner				
2					
3.	Hazardous waste Generator Identification Number:				
	Facility Location: 5323 Rosevelt Blud				
4.	Facility Location: 5523 Kosevelt ISLUA				
	SHEEL Address.		•		
	City: Clearwater County: PINellac Zipc	Code:	>-0/A		
	1-1-4-1003		33760		
.5	Facility Identification Number (DEP Use ONLY do not fill in):	Misso.	\$.\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	1030459-002				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	103075000				
Res	esponsible Official				
	Name and Title of Responsible Official:				
	IN Tae R Ma Title: Own	er.			
7.	Responsible Official Mailing Address:				
	Responsible Official Mailing Address: Organization/Firm: Hi Tech Cleaner				
	Street Address: 5523 Rouse velt BLuck City: County: Discounty: Zip C				
	City: County: On I/ Zip C	Code:	/ A		
	Clearwater Ptve 1195		SS 160		
8.	Responsible Official Telephone Number: Telephone: (727) 536 - 1288 Fax: ()				
	Telephone: $(727)536-1288$ Fax: ()	_			
			•		
Fac	acility Contact (If different from Responsible Official)				
9.	<u> </u>				
٠.	(a of shample, plant manager).				
	$\mathcal{N} / \mathcal{H}$				
10). Facility Contact Address:				
	Tueling Conditional Tuberoso.				
	Street Address:				
	City: County: Zip C	ode.			
	City. Zip C	Joue.			
11	. Facility Contact Telephone Number:				
11.					
	Telephone: () - Fax: ()	-			

DEP Form No. 62-213.900(2)

Facility Information

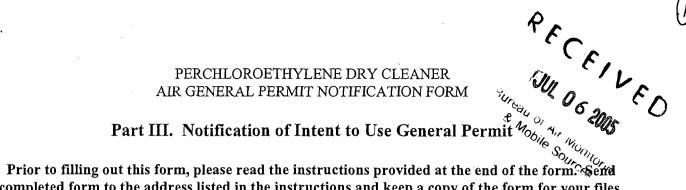
1.(a) DRY-TO-DRY M	ACHINES ONL	Υ .		
How many dry-to-dry machines do you have on-site? []				
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	n:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
12/1/88	Existing N	ew RC/CA/None required	Same	
	Existing/No	ew RC/CA/None required .	· ·	
	Existing/N	ew RC/CA/None required	···	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?	[]		
How many dryers/reclain	ners do you have	on-site? []		
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased			
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	·	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber	
1/ 1	roethylene (perc) ns (You must fill	have you used within the last 12 m this in)	onths?	
(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 [1 (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 Indicate with an "X". Select one classification or					
Small Area Source []					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site Large Area Source	(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)				
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 p (Indicate with an "X".)	ursuant 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 []				
	nits shall not be eligible to use the general permit pursuant to be twater generating units on-site meet the following exemption of memo for the criteria).				
All steam and hot water generating units exempt No such units on-site	[<u>X</u>] OR				
How many boilers do you have on-site? []					
For each boiler, indicate its horsepower (HP) rating: [20: []				
What type of fuel do you use? [X] propane [No. 2 fuel [No. 6 fuel					
6. Equipment Monitoring and Recordkeeping Informa	ition				
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 ad	ldition log [X]				
(b) Leak detection inspection and repair	<u>X</u>].				
(c) Refrigerated condenser temperature monitoring	(<u>X</u>)				
(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 [_____] 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. IN TACK MA Print name of responsible official Signature Date



completed form to the address listed in the instructions and keep a copy of the form for your files.

	•	-	10
Fa	cility Name and Location		
1.	Facility Owner/Company Name (Name of corporation, ag	ency, or individu	ual owner):
	JR ENTERPRISES OF CENTRAL	Adinat	INC
2.	Site Name (For example, plant name or number):		
	CELEBRITY CLERNERS.		
3.	Hazardous Waste Generator Identification Number:	•	
4.	Facility Location: Street Address: 1905, CR 427		
	City: LONGWOOD County: SEH'	NOLE	Zip Code: 32750
5,	Facility Identification Number (DEP Use ONLY - do not f	ill iii);	
Res	sponsible Official		
	Name and Title of Responsible Official: me: Julio Ronero	Title: PRE	SIDENLE OMNES
7.	Responsible Official Mailing Address:	·	
	Organization/Firm: SAME AS ABOVE Street Address:		
	City: County:		Zip Code:
8.	Responsible Official Telephone Number: Telephone: (407) 831-9962	Fax: (407	E0-7-28(
Fac	cility Contact (If different from Responsible Official)		·
9.	Name and Title of Facility Contact (For example, plant ma	nager):	
10.	Facility Contact Address:		
	Street Address:		
	City: County:		Zip Code:
11.	Facility Contact Telephone Number:		
	Telephone: () -	Fax: () -

DEP Form No. 62-213.900(2)



Facility Information

1.(a) DRY-TO-DRY M	IACHINES ONI	LY	
How many dry-to-dry m	achines do you ha	ave on-site?	
For each dry-to-dry mac	hine on-site, pleas	se provide the following information	Ľ.
Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required* c) (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing	RC/CA/None required	SAME
	Existing/N	lew RC/CA/None required	
	Existing/N	lew RC/CA/None required	·.
*CONTROL DEVICE K	LEY: RC =	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		
How many washers do yo	ou have on-site?	[0]	
How many dryers/reclain	ners do you have	on-site? [O	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased no units purchased	n the manufacturer prior to or on De I from the manufacturer between De I after September 22, 1993 are allow e, please provide the following infor	ed 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	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA = 0	carbon adsorber
_		have you used within the last 12 mor	nths?
] gallor	ns (You must fill	this in)	
(b) If less than 12 mon	ths, how many? [1 months	
Check why it is les	s than 12 months:	New owner: [X] Did not keep	records: []
		New store: New machine	
		Unonened store [] (date of ex	rected opening

DEP Form No. 62-213.900(2)



	an "X". Select one class			id in section (3)	of Part II?	
Small Are	ea Source	[X]				
,	Dry-to-dry machines only Transfer only on-site Both machine types on-s	(u	sed less than 140 sed less than 200 sed less than 140	gallons of perc	per year)	
Large Are	ea Source					
-	Dry-to-dry machines only Transfer only on-site Both machine types on-si	(u	sed 140 - 2,100 g sed 200 - 1,800 g sed 140 - 1,800 g	allons of perc p	er year)	
4. What control ted (Indicate with a	chnology is required on ran "X".)	nachines purs	uant to section (5	5) of Part II of th	nis notification f	orm?
	machines at small area so REQUIRED) []	urce		nines at small are ed condenser	ea source	
Carbon ad	nachines at large area sor dsorber [] ted condenser []	urce		ines at large are ed condenser	a source	
Rule 62-213.300, F	n contains non-exempt en F.A.C. Verify that all ste uch units exist on-site (se	am and hot w	ater generating u	nits on-site mee		
All steam and hot w No such units on-si	water generating units exite	empt [_	✓] OR	· · · · · · · · · · · · · · · · · · ·		
How many boilers	do you have on-site?				•	
For each boiler, inc	licate its horsepower (HI	P) rating: [/]		
What type of fuel d		propane No. 2 fuel oil No. 6 fuel oil	No.	ural gas 4 fuel oil er (please list)		<u>.</u>
6. Equipment Moni	itoring and Recordkeepin	ng Information	n			
Check all logs which	ch are required to be kept	t on-site in ac	cordance with the	requirements o	of this general pe	ermit:
(a) Purchase receip	ts and solvent purchases/	solvent addit	ion log	[X]		
(b) Leak detection i	inspection and repair			[X]		
(c) Refrigerated cor	ndenser temperature mon	itoring			-	
(d) Carbon adsorbe	r exhaust perc concentrat	tion monitorii	ng	[*		
(e) Startup, shutdo	wn, malfunction plan					

DEP Form No. 62-213.900(2)



	·
7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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 notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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. In the Department of any changes to the information contained in this notification. LIO ROTERO Dee of responsible official December 19630-05 Date

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):
IN THEIR MA / HOTECH Cheaning & Laundry Inc.
2. Site Name (For example, plant name or number):
Wascocleen Donini
3. Hazardous Waste Generator Identification Number:
ACCESAGE CESAGE
4. Facility Location: Street Address: 5523 RoseVelt Blud
City: (learwater County: Pinellas Zip Code: 33766
5: Bacility Identification Number (DER USE ONLY SECOND Fillin): 600
Responsible Official
Responsible Official 6. Name and Title of Responsible Official: In Tak Ma Name: IN TACK MA Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 5523 Krosevelt Boulevard City: 61 a
City: Clear Vater County: Pomellas Zip Code: 33760
8. Responsible Official Telephone Number:
Telephone: (727)536-1288 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
IN TACK MA
10. Facility Contact Address:
Street Address: 5523 Roosevelt Blud
City: Cleen water County: Pinnellas Zip Code: 33760
11. Facility Contact Telephone Number:
Telephone: (727) 536-1288 Fax: () -

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

•			-
Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONLY	Y	
How many dry-to-dry ma	chines do you hav	e on-site?]
For each dry-to-dry mach	ine on-site, please	provide the following info	rmation:
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")
	Existing/Ne	w RC/CA/None required	Same
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	. —
unit. If the transfer machi 1993, it is a NEW unit (n	ners do you have on as purchased from the was purchased to units purchased	the manufacturer prior to from the manufacturer bet	or on December 9, 1991, it is an EXISTING ween December 9, 1991 and September 22, are allowed to operate under this general ing information.
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required (circle one)	
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K		efrigerated condenser	CA = carbon adsorber st 12 months?
[/ 20] gallo	ns (You must fill	this in)	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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

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 [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 [] 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: [] []					
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					
(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

/. Su	irrender (of Existing DEP Air Permit(s)	
Pleas	se indicat	e with an "X" the appropriate selection:	
!		I hereby surrender all existing DEP air pethis notification form; the permit number	rmits authorizing operation of the facility indicated in (s) are
1		No DEP air permits currently exist for the form.	operation of the facility indicated in this notification
Resp	onsible (Official Certification	
3.	this notifi statement maintain comply w	ication. I hereby certify, based on informates made in this notification are true, accurathe air pollutant emissions units and air powith all terms and conditions of this general	fined in Part II of this form, of the facility addressed in ion and belief formed after reasonable inquiry, that the te and complete. Further, I agree to operate and llution control equipment described above so as to permit as set forth in Part II of this notification form.
	~÷	IN TAEK MA	
j	Print nam	ne of responsible official	•
]	Signature	ruck ma	Date

1030399 1030459

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

- 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.

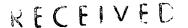
Facility Contact

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.

DEP Form No. 62-213.900(2)

BOARD OF COUNTY COMMISSIONERS

John Morroni - Chairman Kenneth T. Welch - Vice Chairman Ronnie E. Duncan Calvin D. Harris Susan Latvala Karen Williams Seel **Robert B. Stewart**



DEC 2 2-2005

Bureau of Air Worthorns & Mobile Sources

for firey



December 20, 2005

Sandy Bowman

General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS 5510

Florida Department of Environmental Protection

2600 Blair Stone Road

Tallahassee, Florida 32399-2400

Hi-Tech Cleaners & Laundry, Inc. - 1030459-002-AG Re:

Ms. Bowman:

Enclosed is a copy of the Title V General Permit Notification for Hi-Tech Cleaners & Laundry, Inc., 5523 Roosevelt Blvd Clearwater, FL, 33760, which was completed May 26, 2005. Upon review of the facility status, it appears that your department did not receive the permit notification form. We are forwarding the notification to your office for processing. During the annual inspection it was found that the responsible official and owner, Taek Ma had failed to submit a notification form to correct the facility's classification from small to large existing source. The facility had exceeded the 12-month consecutive total of perchloroethylene purchase limit in June 2004. The facility's purchase level is currently 165 gallons. Our office assisted him in processing this notification.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail. (mmccann@pinellascounty.org)

Sincerely,

1. 1. 1. 1. 1.

Matt McCann, Environmental Program Manager

Jahr, 196

Air Quality Division—

cc: (RF, PF (103 0459)

Attachment: Form 62-213.900(2) THE WASHINGTON BUILDING

TO DECEMBER OF THE PROPERTY OF THE

\\Air quality\vol1\USERS\WPDOCS\Airqual\Air Compliance\AQI\GPVNotLtr0459 slj.doc

PLEASE ADDRESS REPLY TO: 300 S. Garden Avenue Clearwater, Florida 33756

Phone: (727) 464-4422 FAX: (727) 464-4420

TDD: (727) 464-4106

Website: www.pinellascounty.org

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

DEC 2 2 2005

Part III. Notification of Intent to Use General Permit

Bureau of Air Wonttoring

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):
Hi Tech
2. Site Name (For example, plant name or number):
Hi Tech Cleaner
3. Hazardous Waste Generator Identification Number:
CESQG
4. Facility Location: 5323 Rosevelt BLud Street Address:
City: CLearwater County: PINellas Zip Code: 33760
5. Facility Identification Number (DEP Use ONLY -do not fill in):
1030707-062
Responsible Official
6. Name and Title of Responsible Official:
Name: IN Taek Ma Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: Hi Tectl Cleaner
Street Address: 5523 RINGELIP / BLUCK
City: Clearwater County: Ptnellas Zip Code: 33760
8. Responsible Official Telephone Number: Telephone: (727) 536 - 1288 Fax: () -
Telephone. ((1277)356-1200
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
N/P
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone () - H Fax: () -

DEP Form No. 62-213.900(2)

	•					
Yearittan Ye Commention			•			
Facility Information	A CHINES ONLY	K7		•	•	
i.(a) DRY-TO-DRY M			- 1	•	y)	
How many dry-to-dry ma	•		lL	.J	,	
For each dry-to-dry mach	ine on-site, please	provide the fo	ollowing informa			···
Date Initially Purchased From Manufacturer	Status (circle one)		Device Required ne)	(if alread	ntrol Device In ly included at t e, write "SAME	ime of
12/1/88	Existing Ne	ew RC/CA/	None required	Sa	me_	
	Existing/Ne	w RC/CA/I	None required	·	 -,	
	Existing/Ne	w RC/CA/i	None required	·	·	
	•					
*CONTROL DEVICE K	EY: RC = r	efrigerated cor	ndenser C	A = carbon adso	orber	
1.(b) TRANSFER MAC	HINES ONLY					•
How many washers do yo	u have on-site?	[]			
How many dryers/reclaim	ers do you have o	on-site? []			
If the transfer machine wa unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer	ne was purchased o units purchased	from the manuafter Septemb	ufacturer betweer er 22, 1993 are a	n December 9, I allowed to opera	991 and Septe	mber 22,
Date Initially Purchased From Manufacturer	Status (circle one)	Control Dev (circle one)	ice Required*	(if alread	ntrol Device In ly included at t e, write "SAME	ime of
	Existing/New	RC/CA/Non	e required	. ,		
	Existing/New	RC/CA/Non	e required	· ——		
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/Non	e required			
	_	_		•		
*CONTROL DEVICE K	EY: RC=r	efrigerated cor	ndenser C	A = carbon adso	orber	
2.(a) How much perchlor [165] gallo	roethylene (perc) l	-	within the last 12	2 months?		

DEP Form No. 62-213.900(2)

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

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: [___]

		ssification based or one classification o		ound in section (3)	of Part II?	
Small	Area Source	[]			Ÿi	
	Dry-to-dry mach Transfer only or Both machine ty		(used less than 2	40 gallons of perc 200 gallons of perc 40 gallons of perc	per year)	
Large	Area Source					
	Dry-to-dry mach Transfer only or Both machine ty		(used 200 - 1,80	0 gallons of perc p 0 gallons of perc p 0 gallons of perc p	per year)	
4. What control (Indicate wi		uired on machines p	ursuant to section	n (5) of Part II of t	his notification	form?
	ng machines at sma E REQUIRED)	Il area source		achines at small ar rated condenser	ea source	
Carbo	ng machines at larg n adsorber erated condenser	e area source		achines at large are trated condenser	ea source	
Rule 62-213.30	00, F.A.C. Verify the	exempt emissions u hat all steam and ho on-site (see attache	t water generatin	g units on-site mee		
All steam and h	not water generating on-site	g units exempt	[<u>X</u>] OR			
How many boil	ers do you have on	-site? []				
For each boiler	, indicate its horsep	oower (HP) rating:	20.1 [] [_	_] .		
What type of fu	uel do you use?	[X] propane [No. 2 fue [No. 6 fue	oil []	natural gas No. 4 fuel oil Other (please list)		<u> </u>
6. Equipment N	Monitoring and Rec	ordkeeping Inform	ation	•		
Check all logs	which are required	to be kept on-site i	accordance with	the requirements	of this general	permit:
(a) Purchase re	ceipts and solvent p	ourchases/solvent a	ldition log	[X]		
(b) Leak detect	ion inspection and	repair		: <u>[X</u>].		
(c) Refrigerated	d condenser temper	ature monitoring		[_X]		
(d) Carbon adso	orber exhaust perc	concentration moni	toring	[]		
(e) Startup, shi	utdown, malfunctio	n plan		[_X_]		

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 [_____] No DEP air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification 1, the undersigned, am the responsible official, as defined in Part 11 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 11 of this notification. I will promptly notify the Department of any changes to the information contained in this notification. IN TACK MA Print name of responsible official Signature Date

DEP Form No. 62-213.900(2)

In Tack Ma

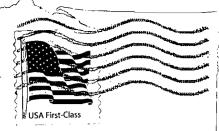
HI TECH CLEANERS

5523 ROOSEVELT BLVD

CLEARWATER, FL 33760

ST PETERSBURG FL 337

19 OCT 2007 PM 4



Gener Permits Section

Breau of Air Monitoring and Mobile Source

Ms 5510

Florida Dep. of Environmental Protection

2600 Blair Stone Road

323334654 Tallaha Language Tallaha Language Tallaha Language Tallaha 2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443220 DEC13204

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# 1030459 10 HI TECH CLEANERS 5523 Roosevelt Blvd CLEARWATER, FL 33706 FOR GOVERNMENT USE ON THE

FOR GOVERNMENT USE QNIZ ORG.: 37550101000 EO: A1 & FUND: 20-2-035001

OBJECT: 002273

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458411 JAN25 2006

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1030459 10 HI TECH CLEANERS 5523 Roosevelt Blvd CLEARWATER, FL

33706

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FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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466**03**4 DEC14206

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AIRS ID# 1030459 HI TECH 5523 Roosevelt Blvd CLEARWATER, FLORIDA 33706 CHE SOUTH SOUTH

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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■ 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. 1 Article Addressed to: AIRS ID # 1030459001AG 10 HI TECH CLEANERS 5523 Roosevelt Blvd	D. Is delivery address different from item If YES, enter delivery address below	Agent Addressee C. Date of Delivery 1? Yes	
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