

Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 5, 2007

Mr. Bong Soo Tai Wymore Cleaners 250 South Wymore Road Altamonte Springs, Florida 32714

Re: Facility No.: 1170070-003.

Dear Mr. Tai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 1, 2007.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Caroline Shine, Central District



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

June 1, 2007

Mr. Bong Soo Tai Wymore Cleaners 250 South Wymore Road Altamonte Springs, Florida 32714

Re: Facility No.: 1170070

Dear Mr. Tai:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#1715) in the amount of \$100 in payment of your Title V General Permit fee along with your Title V Perchloroethylene Dry Cleaner Air General Permit Notification Form..

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 850/921-9586.

Sincerely,

Dick Dibble

Air General Permit Program Bureau of Air Monitoring and Mobile Sources

a @ Wiblile

DD/jw

Enclosure

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SUN 0 1 2007

mit R Mobile Sour morroe

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 | cility Name and Location | | | |
|---|---|--|--|--|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | |
| | BONG SUO TAI | | | |
| 2. | Site Name (For example, plant name or number): | | | |
| | hymore cleaners | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | |
| | FLD 134060359 | | | |
| 4. | Facility Location: Street Address: 250 S. Wymore nd. | | | |
| | City: altomente savines County: Seminale FL. Zip Code: 32714 | | | |
| 5. | Facility Identification Number (DEP Use ONLY - do not fill in): | | | |
| | Facility Identification Number (DEP Use ONLY - do not fill in): | | | |
| | ponsible Official | | | |
| | Name and Title of Responsible Official: | | | |
| Nar | ne: BONG SOO TAI DWNEN | | | |
| 7. | Responsible Official Mailing Address: Organization/Firm: Wymore Cleaners Street Address: 250 S. suymore Rd. City: altamonte springs County: Seminole TL Zip Code: 32714 | | | |
| 8. | Responsible Official Telephone Number: Telephone: (407) 862-9611 Fax: () | | | |
| Facility Contact (If different from Responsible Official) | | | | |
| | 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: () - Fax: () - | | | |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

MICHAEL YOUNG 2369

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of 2003 purchase, write "SAME") 2003 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 adsorber1.(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 Control Device Required* Date Control Device Installed Status 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 KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? 40 | 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: [____]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: New machine New machine

Unopened store [____] (date of expected opening _____)

| 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 | (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 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 [] | | | |
| | nits shall not be eligible to use the general permit pursuant to it water generating units on-site meet the following exemption I 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: [| <i>15</i>][_] | | | |
| What type of fuel do you use? [] 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 | [_X _] | | | |
| (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

| | 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 v | 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 sits 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. |
| | 804 4 Sou Thi |

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



7003 2260 0000 3901 4924



0000

General permit section
Bureau of Air monitoring and Mobile source
Dept. of environmental protection

2600 Blair stone Rd.

Tullahssee. FL. 32399 - 2400