

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 16, 2001

Mr. Sun Mo Hwang
Wymore Cleaners
250 South Wymore Road
Altamonte Springs, Florida 32714

Re: Facility No.: 1170070-002

Dear Mr. Hwang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 13, 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. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

MEMORANDUM

TO: Jane Wise

FROM: Dick Dibble

DATE: June 1, 2007

TIME: 11:40 AM

SUBJECT: Return Check to sender

DESCRIPTION:

The attached check # 1715 in the amount of \$100.00 should be returned to the remitter below as it was submitted in error along with his Perchloroethylene Dry Cleaner Air General Permit Notification Form.

I called Mr. Tai to inform him that we do not accept and/or process registration fees in the Title V Air General Permit Program and that we would be returning his check to him.

**AIRS ID# 1170070
WYMORE CLEANERS
Attn: Mr Bong Soo Tai
250 S Wymore Rd.
Altamonte Springs, FL 32714**

Thank you for your assistance.

Dick

Fees Paid
SOC 5
Compliance IN

1170070-002

P15

1(a) (None Required) should be
circled under Control Device Required
Date Control Device Installed should
be blank for Existing small sources.

P17 Responsible official sign and date
for changes made.

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.

RECEIVED

JUL 13 2001

Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Wymore cleaners</i>
2. Site Name (For example, plant name or number): <i>Wymore cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FL D 134060359</i>
4. Facility Location: Street Address: <i>250 S. Wymore Rd.</i> City: <i>Attamonte Springs</i> County: <i>Seminol</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1170070-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>SUN MO HWANG</i> Title: <i>manager / owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>250 S. Wymore Rd.</i> City: <i>Attamonte Springs</i> County: <i>Seminol</i> Zip Code: <i>32714</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 862-9611</i> Fax: () -

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: () - Fax: () -

Facility Information

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

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

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")
<u>08-DEC-91</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

 110 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
- 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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 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

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 form.

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

SUN MO HWANG
Print name of responsible official


Signature

7-8-01
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG - 3 2001
CLEANED
JUL 13 2001
Bureau of Air Monitoring
& Mobile Sources

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): <i>Wymore cleaners</i>
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6. Name and Title of Responsible Official: Name: <i>SUN MO HWANG</i> Title: <i>manager / owner</i>
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Facility Information

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
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2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[110] 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.)

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- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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S.M.H.

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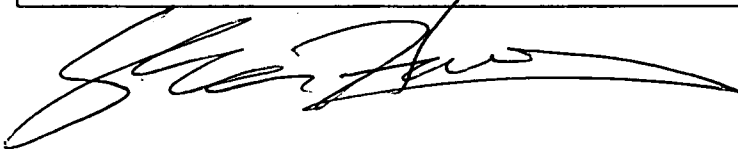
I will promptly notify the Department of any changes to the information contained in this notification.

SUN MO HWANG

Print name of responsible official


Signature

7-8-01
Date



7-28-01

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445790 FEB 9 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# 1170070 10 WYMORE CLEANERS 250 S. Wymore Rd ALTAMONTE SPRINGS, FL 32714
--

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

Printed on recycled paper.

RECEIVED
 FEB 10 2005
 & Mobile Sources Monitoring

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466313 DEC 21 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

Do NOT Remove Label

AIRS ID# 1170070 WYMORE CLEANERS 250 S. Wymore Rd ALTAMONTE SPRINGS, FLORIDA 32714
--

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

Printed on recycled paper.

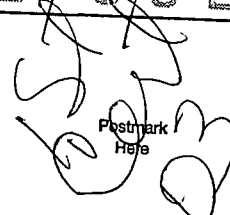
DEC 22 2006
 Bureau of
 & Mobile Sources

X

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 1140 0001 7556 3807

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	ID# 1170070	Postmark Here
Sent	SUN HWANG	
	WYMORE CLEANERS	
Street or PO	250 S WYMORE ROAD	
City, &	ALTAMONTE SPRINGS, FL 32714	

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:


ID# 1170070
 SUN HWANG
 WYMORE CLEANERS
 250 S WYMORE ROAD
 ALTAMONTE SPRINGS, FL 32714

2 Article Number
 (Transfer from service label)

7001 1140 0001 7556 3807

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee



B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 .If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES⁷
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

FEB 9 2004
Bureau of Air Monitoring
& Mobile Sources



7001 0320 0001 7975 7384

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	<i>[Signature]</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Po		

AIRS ID#1170070

Sent To **WYMORE CLEANERS**
SUN MO HWANG
 Street, Ap or PO Box **250 S WYMORE ROAD**
ALTAMONTE SPRINGS FL
 City, State **32714**

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:

WYMORE CLEANERS
SUN MO HWANG
250 S WYMORE ROAD
ALTAMONTE SPRINGS FL
32714

AIRS ID#1170070

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]
 B. Received by (Printed Name) **S. HWANG**
 C. Date of Delivery **2-7-05**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

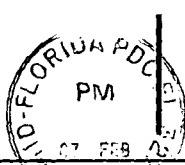
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number
 (Transfer from service label)

7001 0320 0001 7975 7384

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

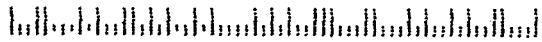
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

RECEIVED

21



9412 4410 4000 0050 E002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark
Here

AIRS ID# 1170070 1stC
WYMORE CLEANERS
250 S. Wymore Rd
ALTAMONTE SPRINGS, FL 32714

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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# 1170070 1stC
WYMORE CLEANERS
250 S. Wymore Rd
ALTAMONTE SPRINGS, FL 32714

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- Agent
 Addressee

B. Received by (Printed Name)

SUN HWANG

C. Date of Delivery

2/1/5

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2005
Bureau of Air Monitoring
& Mobile Sources

01





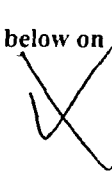
(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437070 MAR '1 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



RECEIVED
MAR 4 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

ID# 1170070
SUN HWANG
WYMORE CLEANERS
250 S WYMORE ROAD
ALTAMONTE SPRINGS, FL 32714

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458309 JAN 23 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

RECEIVED
JAN 23 2006
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

1170070 10
WYMORE CLEANERS
250 S. Wymore Rd
ALTAMONTE SPRINGS, FL 32714

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY								
<ul style="list-style-type: none"> ■ 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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) Jae. C. Ha</td> <td style="width: 50%;">B. Date of Delivery 2-9-02</td> </tr> <tr> <td colspan="2">C. Signature X [Signature]</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) Jae. C. Ha	B. Date of Delivery 2-9-02	C. Signature X [Signature]		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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C. Signature X [Signature]									
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 1170070</p> WYMORE CLEANERS SUN MO HWANG 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714	3. Service Type <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 style="font-size: 1.2em; font-family: cursive;">70000600002641286211</p> Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes								

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <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>Total P.</td> <td></td> </tr> </table>	Postage \$		Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total P.		<p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID # 1170070</p> <p>WYMORE CLEANERS</p> <p>Recipien SUN MO HWANG</p> <p>Street, Apt 250 S WYMORE ROAD</p> <p>City, State 32714</p>
Postage \$											
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total P.											
<p style="font-size: 0.8em;">7000 0600 0026 4128 6211</p>	<p style="font-size: 0.8em;">PS Form 3800, February 2000 See Reverse for Instructions</p>										

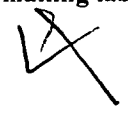


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413840 FEB 6 2002

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# 1170070 WYMORE CLEANERS SUN MO HWANG 250 S WYMORE ROAD ALTAMONTE SPRINGS FL 32714

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