

# Department of Environmental Protection

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

Colleen M. Castille Secretary

September 1, 2005

Mr. Young Sop Im Society Cleaners 2409 West State Road #434 Longwood, Florida 32771

Re: Facility No.: 1170358-003

Dear Mr. Im:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 2005.

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 رجح

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Mr. Tom Mulligan, Central District

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 191-2604
SOC REPORTS 7000 SOCK
TO SOCK
TO

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 been a copy of the form for your files. 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):	
·	Site Name (For example, plant name or number):	
2.	Site Name (For example, plant name or number):	
	So Ceity Cleaners  Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location: Sita Q 11 CT (1971	
٦.	Street Address: 1 200 1 200 11	
	Facility Location: 2409 W. ST 434 Street Address: Longwood The 201711 City: County: Seminole Zip Code:	
5.	Facility Identification Number (DEP Use ONLY - do not fill in): 42" 15" 15" 15" 15" 15" 15" 15" 15" 15" 15	
	70358-003	
447		
Res	ponsible Official	
6	Name and Title of Responsible Official:	
Naı	ne: Koung (op IN Title: Owner	
	Responsible Official Mailing Address: 2409 W. ST 434 Organization/Firm: Street Address: longwood County: Seminale Zip Code: 3277/	
7.	Responsible Official Mailing Address: 2409 W. ST 434	
	Organization/Firm:	
	City: Longwood County: Seminole Zip Code: 3277/	
	City. Mylattic County. Sprinter	
	Responsible Official Telephone Number:	
	Telephone: (4.7) & 62-3968 Fax: () -	
	7 / 50	
_	We on a second of the second o	
	ility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
٠	Same	
10.	Facility Contact Address:	
	$m{i}$	
	Street Address:	
	City: Zip Code:	
11.	Facility Contact Telephone Number:	
- ••	Telephone: ( ) - Fax: ( ) -	
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## **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 Control Device Required\* Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 997 RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? 0 How many dryers/reclaimers do you have on-site? 0 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 Status Control Device Required\* Date Control Device Installed 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 adsorber

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

[ 100] 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 [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)  []  New machines at small area source Refrigerated condenser  []		
Existing machines at large area source  Carbon adsorber  Refrigerated condenser  Carbon adsorber  Refrigerated condenser  Carbon adsorber  Car		
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. 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 [X]		
(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 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 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.  Somptly notify the Department of any changes to the information contained in this notification.  The of responsible official
Signature	Boun 9 5 1 1 1 1 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. completed form to the address listed in the instructions and keep a copy of the form for your files.

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1.	Facility Owner/Company Name (Name of corporation, agency, or individ	ual owner):
	Site Name (For example, plant name or number):	
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	So Ceity Cleaners  Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location: 2409 W. ST 434 Street Address: Coug word County: Seminole	· · · · · · · · · · · · · · · · · · ·
	Street Address: Long word 52771	7:- Cada
	city. Seminole	Zip Code:
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	Albana Cara
	170358-0	103
	ponsible Official	
6.	Name and Title of Responsible Official:	
Nan	Responsible Official Mailing Address: 2409 W. ST 434 Organization/Firm: Street Address: loogwood Firm 327 City: Longwood County: Seminole	<i>y</i> y y y
7.	Responsible Official Mailing Address: 2409 w 57 434	
	Street Address / Loogwood Fic 321	nı
	City: / nawood County: Seminole	Zip Code: 3277/
8.	Responsible Official Telephone Number:	;
	Telephone: $(407)$ 862-3968 Fax: (	) -
	ility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	Same	
10.	Facility Contact Address:	
	Chant Addings.	
	Street Address: City: County:	Zip Code:
	Only.	Zip Gode.
11		
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*CONTRO	DL DE	VICE	KEY:
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RC = refrigerated condenser

CA = carbon adsorber

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

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

New store: [\_\_\_] New machine [\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_\_)

		sification based or one classification o		nitions found in section (3	) of Part II?
Small A	rea Source	[ <b>_X</b> _]			•
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used le	ss than 140 gallons of persons than 200 gallons of persons than 140 gallons than 140 gallon	c per year)
Large A	rea Source	[]			
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used 20	00 - 2,100 gallons of perc 00 - 1,800 gallons of perc 00 - 1,800 gallons of perc	per year)
4. What control te (Indicate with		ired on machines p	oursuant t	o section (5) of Part II of	this notification form?
	machines at smal REQUIRED)	l area source		New machines at small a Refrigerated condenser	rea source
Carbon a	machines at large adsorber ated condenser	e area source		New machines at large at Refrigerated condenser	rea source
	F.A.C. Verify th	at all steam and ho	ot water g	enerating units on-site me	general permit pursuant to et the following exemption
All steam and hot No such units on-s		units exempt		OR	
How many boilers	s do you have on-	site?			
For each boiler, in	ndicate its horsepo	ower (HP) rating: [	[] [_	Lı.5ı ₹	<del></del>
What type of fuel	do you use?	] propane [] No. 2 fuel [] No. 6 fuel		natural gas No. 4 fuel oil Other (please list)	<u>.</u>
6. Equipment Mor	nitoring and Reco	rdkeeping Informa	ation		
Check all logs whi	ich are required t	o be kept on-site ir	n accorda	nce with the requirements	of this general permit:
(a) Purchase recei	pts and solvent p	urchases/solvent ac	ddition lo	g [人]	
(b) Leak detection	inspection and r	epair			
(c) Refrigerated co	ondenser tempera	ture monitoring		[_X_]	
(d) Carbon adsorb	er exhaust perc c	oncentration moni	toring	[]	
(e) Startup, shutde	own, malfunction	plan			•

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
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_	ne of responsible official
Signature	Ban 9 5 M 7-12-205 Date