

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

November 16, 2004

Toubee Y. Yang
New Boot Ranch Cleaners
316 East Lake Road
Palm Harbor, Florida 34685

Re: Facility No.: 1030324-003

Dear Yang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 30, 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"

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EMISSION FEE DATES 196-2003
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 5
COMPLIANCE STATUS IN

2/23/2004

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DEC 6 2004
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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Richard Yang (Toubee Yang)</i>
2. Site Name (For example, plant name or number): <i>New Boot Land Cleaners</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>316 East Lake Rd.</i> Street Address: City: <i>Palm Harbor</i> County: <i>Pinellas</i> Zip Code: <i>34685</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Richard Yang</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>316 East Lake Rd.</i> City: <i>Palm Harbor</i> County: <i>Pinellas</i> Zip Code: <i>34685</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 789-3518</i> Fax: <i>(727) 734-4464</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Tou Yang, or Mee Xiong</i>
10. Facility Contact Address: Street Address: <i>316 East Lake Rd.</i> City: <i>Palm Harbor</i> County: <i>Pinellas</i> Zip Code: <i>34685</i>
11. Facility Contact Telephone Number: Telephone: <i>(727) 789-3518</i> Fax: () -

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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>October, 2001</u>	Existing/ <u>New</u>	<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? [0]

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?

[15] gallons (You must fill this in)

(b) If less than 12 months, how many? [2.5] months

Check why it is less than 12 months: New owner: [X] 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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" 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 1/0
(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.

TOUBEE YANG

Print name of responsible official



Signature

12/02/04

Date

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

SEP 30 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 - Change of ownership

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <u>TOUBEE Y. YANG</u>
2. Site Name (For example, plant name or number): <u>316 East Lake Road, Palm Harbor, FL 34685</u>
3. Hazardous Waste Generator Identification Number: <u>Permit # 1030324-002-AG</u> <u>AIRS ID # 1030324 - old owner</u>
4. Facility Location: Street Address: <u>316 East Lake Rd</u> City: <u>Palm Harbor</u> County: <u>Pinellas</u> Zip Code: <u>34685</u>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <u>1030324-003</u>

Responsible Official

6. Name and Title of Responsible Official: Name: <u>TOUBEE Y. YANG</u> Title: <u>Owner</u>
7. Responsible Official Mailing Address: Organization/Firm: <u>TOUBEE Y. YANG DBA New Boat Ranch Cleaners</u> Street Address: <u>316 E. Lake Rd</u> City: <u>Palm Harbor</u> County: <u>Pinellas</u> Zip Code: <u>34685</u>
8. Responsible Official Telephone Number: Telephone: <u>(727) 789-3518</u> Fax: <u>(727) 734-4464</u>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <u>TOUBEE Y. YANG</u>
10. Facility Contact Address: <u>Same as above # 7</u> Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - <u>Same as above # 7</u> Fax: ()

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")
Sept 2001	Existing <input checked="" type="radio"/> 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

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

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".)

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

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 _____

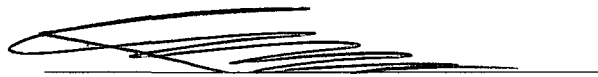
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

TOUBEE Y. YANG
Print name of responsible official


Signature

Sept 27, 04
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448726 MAR 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

RECEIVED
MAR 11 2005
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

1030324

AIRS ID# ~~1030324~~ 1030324006.....2nd Cert 05
 NEW BOOT RANCH CLEANER
 316 East Lake Road
 PALM HARBOR, FL 34685

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457739 JAN 9 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 17 2006
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

1030324 10

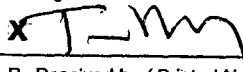
NEW BOOT RANCH CLEANER
 316 East Lake Road
 PALM HARBOR, FL 34685

FEAIR ACCT. CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
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 FUND: 20-2-035001
 OBJECT: 002273

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Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here
AIRS ID# 1030324 1stC NEW BOOT RANCH CLEANER 316 East Lake Road PALM HARBOR, FL 34685	
Sent To Street, Apt. N or PO Box No. City, State, Zi	
<small>PS Form 3800, June 2002</small>	

SENDER: COMPLETE THIS SECTION <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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID# 1030324 1stC NEW BOOT RANCH CLEANER 316 East Lake Road 1030324 PALM HARBOR, FL 34685 </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> <p>B. Received by (<i>Printed Name</i>) Tou Yang </p> <p>C. Date of Delivery 2.7.05 </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: </p> <p>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> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
7004 2510 0002 3938 7256	

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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DAP/MOBILE SOURCE CONTROL
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 110510
2600 GULF BREEZE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile Sources
Mail Monitoring

FEB 16 2005

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To AIRS ID#1.03032e+006.....2nd Cert 05
 NEW BOOT RANCH CLEANER
 Street, Apt. 1 or PO Box N 316 East Lake Road
 City, State, Z PALM HARBOR, FL 34685

PS Form 3811 ns

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:

1030324

AIRS ID#1.03032e+006.....2nd Cert 05
 W BOOT RANCH CLEANER
 East Lake Road
 PALM HARBOR, FL 34685

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 7873

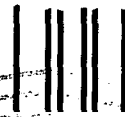
COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
Tan M. Yang
- B. Received by (Printed Name) C. Date of Delivery
Tan M. Yang 3.4.05
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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. •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 7 2005

RECEIVED

0001

