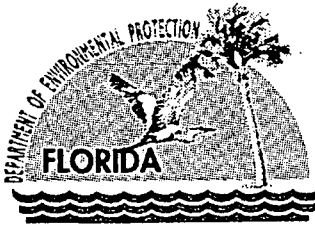


Complains FN
SOC 3

Fees 96-01



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 10, 2002

Mr. Franco A. Owusu
Joshua Cleaners
1450 North Courtenay Parkway, #24
Merritt Island, Florida 32953

Re: Facility No.: 0090154-002

Dear Mr. Owusu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 2002.

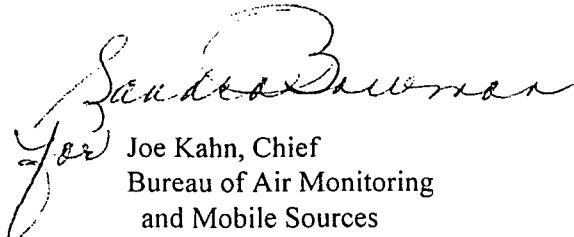
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

09/18/2002

CAB

Spoke with Franco Owusu, Owner of Joshua Cleaners, and he stated that he had purchased 139 gallons of perchloroethylene in the past 12 months.

Page 15

2. (a) Add number of gallons of perchloroethylene purchased in past 12 months.

Page 16

6. (e) Required for all sources and should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 9 2002
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):
JOSHUA ENTERPRISES INTERNATIONAL Inc.
2. Site Name (For example, plant name or number):
JOSHUA CLEANERS
3. Hazardous Waste Generator Identification Number:
STEM - 40541
4. Facility Location: 1450 N. COURTENAY PKWY. #24 Street Address: City: Merritt Island m.I. County: BREVARD Zip Code: 32953
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0090154-002

Responsible Official

6. Name and Title of Responsible Official:
Name: FRANCO A. DWUSU Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: 1450 N. COURTENAY PKWY. #24 Street Address: City: m.I. Merritt Island County: BREVARD Zip Code: 32953
8. Responsible Official Telephone Number:
Telephone: (321) 452-0462 Fax: (321) 452-7008

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
FRANCO A. DWUSU
10. Facility Contact Address:
Street Address: 1450 N. COURTENAY PKWY. #24 City: m.I. County: BREVARD Zip Code: 32953
11. Facility Contact Telephone Number:
Telephone: () Same AS ABOVE 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")
FEB 1991	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
_____	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")
N/A	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".)

- | | |
|--|--|
| <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? (1)

For each boiler, indicate its horsepower (HP) rating: 15

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 0090154.
- 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.

Lucrecio Owsen
Print name of responsible official

[Signature]
Signature

9/04/02
Date

Bowman, Sandy

From: Rice, Rodell
Sent: Friday, August 08, 2008 9:44 AM
To: Bowman, Sandy
Subject: Dry Cleaners

Hello Sandy,

Could you deactivate the following drycleaner facilities for me?

Facility ID	Name	Comment
0090151	Metro Cleaners	The facility is closed/shutdown, discovered upon inspection.
0090154 ✓	Joshua Cleaners	The facility purchased a Petroleum drycleaner machine.

8/8/2008

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

469861 FEB23 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#90154
JOSHUA ENTERPRISES
INTERNATIONAL INC
1450 N Courtenay Pkwy #27
MERRITT ISLAND, FLORIDA 32953

RECEIVED
FEB 28 2007
Bureau of Air Mail & Mobile Sources

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

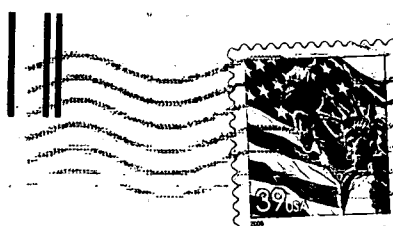
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

Joshua Enterprises International, Inc.
DBA Joshua Cleaners
1450 N Courtenay Pkwy Ste 24
Merritt Island, FL 32953

ORLANDO FL 329

21 FEB 07 PM 4 L



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 6098



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459738 MAR 6 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# 90154 10
JOSHUA CLEANERS
1450 N Courtenay Pkwy #27
MERRITT ISLAND, FL 32953

Bureau of Air Mail & Mobile Sources



MAR 08 2006

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FUND: 20-2-035001
OBJECT: 002273

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	AIRS ID#0090154.....2 nd Cert 05
Sent To	JOSHUA CLEANERS
Street, Apt or PO Box	1450 N Courtenay Pkwy #27
City, State,	MERRITT ISLAND, FL 32953
PS Form 3800, June 2002	
See Reverse for Instructions	

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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Frederic Curson</i> C. Date of Delivery <i>3-4-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>AIRS ID#0090154.....2nd Cert 05 JOSHUA CLEANERS 1450 N Courtenay Pkwy #27 MERRITT ISLAND, FL 32953</p> </div>	<div style="text-align: center;">  </div>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3938 7386</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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Permit No. G-10

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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

MAR 7 2005

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421349 JAN 6 2003

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#0090154
JOSHUA CLEANERS
FRANCO A OWUSU
1450 N COURTENAY PKWY #24
MERRITT ISLAND FL
32953

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

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JAN 08 2003
Bureau of Air Monitoring
& Mobile Sources

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436227 FEB 11 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

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90154
FRANCO OWUSU
JOSHUA CLEANERS
1450 N COURTENAY PKWY #24
MERRITT ISLAND FL 32953

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448511 MAR 7 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

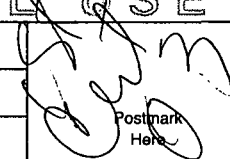
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label


AIRS ID# 90154 1stC
JOSHUA CLEANERS
1450 N Courtenay Pkwy #27-2cf
MERRITT ISLAND, FL 32953

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

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MAR 9 2005
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total ID# 90154	
Sent to: FRANCO OWUSU	
JOSHUA CLEANERS	
Street or PO Box: 1450 N COURTENAY PKWY #24	
City: MERRITT ISLAND, FL 32953	
PS Form 3811, August 2001 See reverse for instructions	

7003 2260 0003 5650 0148

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. 		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x</i> 	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ID# 90154 FRANCO OWUSU JOSHUA CLEANERS 1450 N COURTENAY PKWY #24 MERRITT ISLAND, FL 32953 </div>		B. Received by (Printed Name) <i>FRANCO OWUSU</i>	C. Date of Delivery <i>2/10</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <i>(Transfer from service label)</i>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5650 0148 </div>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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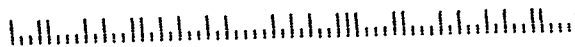
• Sender: Please print your name, address, and ZIP+4 in this box.

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

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AIRS ID# 90154 1stC JOSHUA CLEANERS 1450 N Courtenay Pkwy #27 MERRITT ISLAND, FL 32953	
PS Form 3800, June 2002 See Reverse for Instructions	

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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <input type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ <i>[Signature]</i> C. Date of Delivery <i>2/7/05</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
1. Article Addressed to: AIRS ID# 90154 1stC JOSHUA CLEANERS 1450 N Courtenay Pkwy #27 MERRITT ISLAND, FL 32953	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 0500 0004 0144 7054	

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TALLAHASSEE, FLORIDA 32399-2400

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