

Fees Paid
SOC 3
Compliance IN



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

August 17, 2001

Mr. Otto Parets
Spic N Span Cleaners
6707 Taft Street
Hollywood, Florida 33024

Re: Facility No.: 0112223-002

Dear Mr. Parets:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 17, 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. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JUL 17 2001

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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): OTTO F. PARETS
2. Site Name (For example, plant name or number): SPIC N SPAN CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 084 123256
4. Facility Location: Street Address: 6707 TART STREET City: HOLLYWOOD FL County: BROWARD Zip Code: 33024
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112223-002

Responsible Official

6. Name and Title of Responsible Official: Name: OTTO PARETS Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: SPIC N SPAN CLEANERS Street Address: 6707 TART STREET City: HOLLYWOOD FL County: BROWARD Zip Code: 33024
8. Responsible Official Telephone Number: Telephone: (954) 987-8840 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JAMIE
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? [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")
15 APRIL 1994	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> 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 adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [N/A]

How many dryers/reclaimers do you have on-site? [N/A]

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?

[50] gallons (You must fill this in)

(b) If less than 12 months, how many? [N/A] 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.

AIRS ID # 0112223001AG

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.

OTTO PARETS
Print name of responsible official

Otto Paretz
Signature

7/10/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456908 DEC16 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

112223 10
SPIC-N-SPAN CLEANERS
6707 Taft Street
HOLLYWOOD, FL 33024

Bureau of Air Monitoring
& Mobile Sources

DEC 19 2005

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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444148 JAN 6 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# 112223 10
SPIC-N-SPAN CLEANERS
6707 Taft Street
HOLLYWOOD, FL 33024

Bureau of Air Monitoring
& Mobile Sources

JAN 7 2005

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434970 JAN 5 2004

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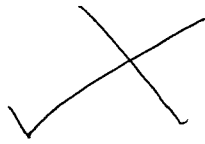
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

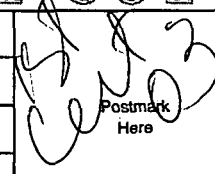
112223
OTTO PARETS
SPIC-N-SPAN CLEANERS
6707 TAFT STREET
HOLLYWOOD FL 33024

Bureau of Air Monitoring
& Mobile Sources

JAN 6 2004



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

4200 1595 0003 0003 2260 0922 3003 3007	U.S. Postal Service™	
	CERTIFIED MAIL™ RECEIPT	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
	Postage \$	 Postmark Here
	Certified Fee	
	Return Receipt Fee (Endorsement Required)	
	Restricted Delivery Fee (Endorsement Required)	
	Total Pos	ID# 112234
Sent To	RAJENDRA CHAUHAN	
Street, Apt. or PO Box	SUNSHINE CLEANERS	
City, State	6734 NORTH UNIVERSITY DRIVE	
	TAMARAC, FL 33321	
PS Form 3800, June 2002		See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <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;"> <p>ID# 112234 RAJENDRA CHAUHAN SUNSHINE CLEANERS 6734 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321</p> </div>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>R. Chauhan</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>R. Chauhan</i> <i>2/6</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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? (Extra Fee) <input type="checkbox"/> Yes</p>
7003 2260 0003 5651 0024	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

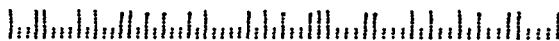
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

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420569 DEC 12 2002

DEC 16 2002
Air Monitor
& Mobile Sources

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AIRS ID#0112223

SPIC-N-SPAN CLEANERS
OTTO PARETS
6707 TAFT STREET
HOLLYWOOD FL
33024

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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412602 JAN 4 2002 X

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112223

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