

Fees Paid
906 ✓



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 27 2001

Mr. James W. Falkowski
Lamar One Hour Dry Cleaners
6430 Pembroke Road
Miramar, Florida 33023

Re: Facility No.: 0112228-002

Dear Mr. Falkowski:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 2001.

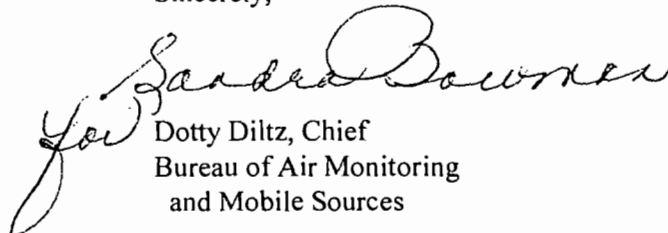
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

6-18-01

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):	L A M A R 1 Hour Dry Cleaners		
2. Site Name (For example, plant name or number):	L A M A R 1 Hour Dry Cleaners		
3. Hazardous Waste Generator Identification Number:	F L D - 9 8 1 - 0 2 6 - 2 1 4		
4. Facility Location: Street Address:	6430 Pembroke Rd	City:	Zip Code:
		MIRAMAR	33023
	County:	Broward	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	012228-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	JAMES W FALKOWSKI	Title:	Pres
7. Responsible Official Mailing Address:	Organization/Firm:	SAME AS ABOVE		
	Street Address:			
	City:	County:	Zip Code:	
8. Responsible Official Telephone Number:	Telephone:	(954) 983-7519	Fax:	(954) 983-9038

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME			
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? 2

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")
11-86	Existing/New	RC/CA/None required	SAME
7-95	Existing/New	RC/CA/None required	SAME
	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?

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)

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection: *NOT Applicable*

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.

JAMES W FALKOWSKI
Print name of responsible official


Signature

6-18-01
Date

RECEIVED
JUN 02 2001
Bureau of Air Monitoring & Mobile Sources
checked 6/20/01

(cut here)



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434288 DEC15 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

112228
JAMES FALKOWSKI
LA MAR 1 HOUR DRY CLEANERS
6430 PEMBROKE ROAD
MIKAMAR FL 33023

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

Bureau of Air Monitoring
& Mobile Source
DEC 17 2003



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#0112228
LA MAR 1 HOUR DRY CLEANERS
JAMES W FALKOWSKI
6430 PEMBROKE ROAD
MIRAMAR FL
33023

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

420562 DEC 12 2002

DEC 16 2002

Bu. & Mobile Sources
TU JI Air Monitoring

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443437 DEC172004

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# 112228 10
LA MAR 1 HOUR DRY CLEANERS
6430 Pembroke Road
MIRAMAR, FL 33023

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

456950 DEC19 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

112228 10
LA MAR 1 HOUR DRY CLEANERS
6430 Pembroke Road
MIRAMAR, FL 33023

Buy
Mobile Sources
Air Monitoring

RECEIVED
DEC 21 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.