FeesPaid 96-01 SDC 5 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

January 2, 2002

Mr. Patrick Sultan Total Cleaners, Inc. 6900 Stirling Road Hollywood, Florida 33024

Re: Facility No.: 0112283-002

Dear Mr. Sultan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 12, 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: Ms. Daniela Banu, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112283-002 12/18/2001 Spoke to Patrick Seellon and be stated that the 20 horsepower boils at Total Cleaners operates on natural gas.

Page 16 5. Select fuel type for locker-

DEP RO	OUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3
1	4
, 2. <u>,                                     </u>	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
ACTION/DISPOSITION	· ·
DISCUSS WITH ME	
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	
SHARE WITH STAFF	
FOR YOUR FILES	
FROM:	DATE: PHONE:

### **BEST AVAILABLE COPY**

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

REC	EI	
DEC )	2 200	ED

Part III. Notification of Intent to Use General Permi

Prior to filling out this form, please read the instructions provided at the end of the form. Mend completed form to the address listed in the instructions and keep a copy of the form for your lies in

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

TOTAL CLEANERS INC PATRICK SULTAN PRESIDE.	N !
2. Site Name (For example, plant name or number):	
TOTAL CLEANERS INC.	
3. Hazardous Waste Generator Identification Number:	
SITE 10. 5862270 LEENLE # HM.02942-01	
4. Facility Location: Street Address: 6900 STIRUNGRO. City: NOWYWOOD. County: BROWNRD Zip Code: 33074	:
15: Facility Identification: Number (DEP Use ONLY - do not fill in):	1
ET 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	),
Responsible Official  6. Name and Title of Responsible Official:	
7,70,000,000	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 6700 TILLING ROAD	
City: HOLLYWOOD County: BROWNRD Zip Code: 330 24	
8. Responsible Official Telephone Number:	
Telephone: (954) 962-6166 Fax: ( ) -	
<del> </del>	لــــ
Facility Contact (If different from Responsible Official)	_
9. Name and Title of Facility Contact (For example, plant manager):	
SHERRY RAMONSS	
10. Facility Contact Address:	
Street Address: 6900 STIRUNG ROAD	- [
City: NOLLYWOOD County: FROWNED Zip Code: 330 24	
11. Facility Contact Telephone Number:	$\dashv$
Telephone: (954) 962-6166 Fax: ( ) -	
	ز

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Name and Location

# Facility Information (a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	•		
For each dry-to-dry, mach	nine on-site, pleas	se provide the following information	on:
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")
NON 32	ExistingN	ew RCCA/None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE &	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased no units purchased	d from the manufacturer between I	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
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 K		•	carbon adsorber
	roetnylene (perc) ns (You must fil	have you used within the last 12 n this in)	ionths?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: Did not kee	p records: []
		New store: New machine	e
		Unopened store [ ] (date of	expected opening

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Small Area Source		$\sim$		•		
Transfer o	y machines or only on-site nine types on	•	(used le	ss than 140 ga ss than 200 ga ss than 140 ga	llons of per	c per year)
Large Area Source						
Transfer o	y machines or only on-site nine types on-		(used 20	10 - 2,100 gall 10 - 1,800 gall 10 - 1,800 gall	ons of perc	per year)
I. What control technology (Indicate with an "X".)	is required or	n machines	pursuant	to section (5)	of Part II of	f this notification
Existing machines (NONE REQUIRE		source		New machine Refrigerated		area source
Existing machines Carbon adsorber	[	source		New machine Refrigerated		rea source
Refrigerated conde  A facility which contains Rule 62-213.300, F.A.C. V	non-exempt erify that all	steam and h	hot water	generating uni	ts on-site n	neet the follow
A facility which contains Rule 62-213.300, F.A.C. Vexemption criteria or that not all steam and hot water gen	s non-exempt erify that all so such units e	steam and lexist on-site	hot water	generating uni	ts on-site n	neet the follow
6. A facility which contains Rule 62-213.300, F.A.C. Vexemption criteria or that not all steam and hot water gend such units on-site	s non-exempt erify that all so such units e erating units	steam and lexist on-site	hot water	generating unitable the distribution in the di	ts on-site n	neet the follow
i. A facility which contains	s non-exempt erify that all so such units e serating units ave on-site?	steam and hexist on-site	hot water (see attac	generating unitable the distribution in the di	ts on-site n	neet the follow
6. A facility which contains Rule 62-213.300, F.A.C. Vexemption criteria or that not all steam and hot water gends such units on-site	s non-exempt erify that all so such units exerating units ave on-site? horsepower (	steam and hexist on-site	thot water (see attack)	generating uniched memo for OR  I matura I No. 4	ts on-site n r the criteri r the criteri fuel criteri fuel criteri	neet the follow
A facility which contains Rule 62-213.300, F.A.C. Vector of the property of the facility which contains Rule 62-213.300, F.A.C. Vector of the facility which contains and hot water gend of such units on-site. How many boilers do you have or each boiler, indicate its what type of fuel do you use	s non-exempt erify that all so such units elerating units ave on-site?  horsepower (	steam and hexist on-site exempt  HP) rating: ] propane ] No. 2 fue ] No. 6 fue	thot water (see attack)	generating uniched memo for OR  I matura I No. 4	ts on-site n r the criteri r the criteri fuel criteri fuel criteri	neet the follow
A facility which contains rule 62-213.300, F.A.C. Vector of the property of the facility which contains rule for each boiler, indicate its what type of fuel do you use for equipment Monitoring and rule for each boiler.	s non-exempt erify that all so such units elerating units ave on-site?  horsepower (	steam and hexist on-site exempt  HP) rating: ] propane ] No. 2 fue ] No. 6 fue	thot water (see attack)  20]	generating uniched memo for OR  I natura I No. 4 I Other	ts on-site n r the criteria l gas fuel oil (please list	neet the follow
A facility which contains Rule 62-213.300, F.A.C. Vexemption criteria or that not all steam and hot water gend such units on-site.  How many boilers do you have a contained and hot water gend or such units on-site.	s non-exempt erify that all so such units e serating units eve on-site? horsepower (	exempt  HP) rating: Propane No. 2 fue No. 6 fue	20] [ cloil cloil mation in accord	generating unithed memo for OR  I natura I No. 4 I Other  ance with the	ts on-site n r the criteria l gas fuel oil (please list	neet the follow
A facility which contains Rule 62-213.300, F.A.C. Vexemption criteria or that not all steam and hot water gend such units on-site.  How many boilers do you have a for each boiler, indicate its.  What type of fuel do you use.  Equipment Monitoring are check all logs which are recommended.	s non-exempt erify that all so such units exerciting units ave on-site?  horsepower (	exempt  HP) rating: Propane No. 2 fue No. 6 fue	20] [ cloil cloil mation in accord	generating unithed memo for OR  I natura I No. 4 I Other  ance with the	ts on-site n r the criteria l gas fuel oil (please list	neet the follow a). ) ts of this gener

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 sources 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.

I will promptly notify the Department of any changes to the information contained in this notification.

PATRICK SULTAN

Print name of responsible official

DEP Form No. 62-213.900(2) Effective: 2/24/99

Signature

#### 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.

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### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

DID NOT EDNTACT

FLAIR ACCT. CODE 3720203500137550100004 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

AIRS ID# 112283
TOTAL CLEANERS INC
6900 Stirling Road
HOLLYWOOD, ELORID

HOLLYWOOD, FLORIDA 33024

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

PATRICK SULTAN (954) 962-6166

SOUTH FLORIDA PEC
FL 330 2 L
OP FEE 2007 PM

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

## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 458940 FEB15 2866

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# 112283 1st TOTAL CLEANERS 6900 Stirling Road HOLLYWOOD, FL 33024 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

·434358 DEC17 2993

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

112283 PATRICK SULTAN TOTAL CLEANERS 6900 STIRLING ROAD HOLLYWOOD FL 33024

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-0350015

Obi.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421817 JAN15 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

**TOTAL CLEANERS** PATRICK SULTAN 6900 STIRLING ROAD HOLLYWOOD FL

33024

AIRS ID#0112283

FOR GOVERNMENT USE CONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

### **BEST AVAILABLE COPY**

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### 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 making label.

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Labe!

10 AIRS ID# 112283 TOTAL CLEANERS 6900 Stirling Road HOLLYWOOD, FL 33024

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**