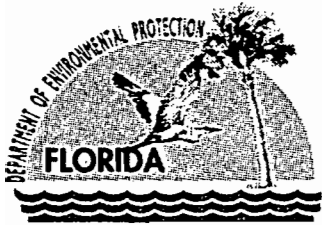


4/21/03 Called & left message for Ly Ka-Hui, 3:07P CAB  
3/8/03 Called & spoke with Ly Ka and I will send  
page 14 for correction. (CAB)



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

May 20, 2003

Mr. Dieu-Ly Hoa  
J T Golden Hanger Cleaner Corp.  
12046 Northwest 47 Street  
Coral Springs, Florida 33076

Re: Facility No.: 0112414-002

Dear Mr. Hoa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 17, 2003.

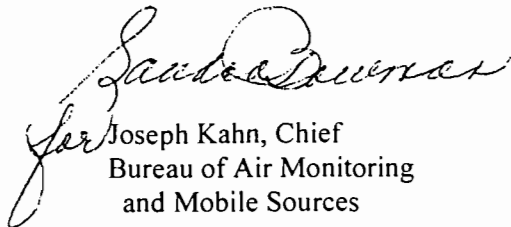
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
APR 17 2003  
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): <i>DIEU - LY HOA.</i>
2. Site Name (For example, plant name or number): <i>JT GOLDEN HANGER CLEANER CORP.</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>7108. WEST. MCNAB ROAD.</i> City: <i>TAMARAC.</i> County: <i>BROWARD.</i> Zip Code: <i>33321.</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0112414-002</i>

**Responsible Official**

6. Name and Title of Responsible Official: Name: _____ Title: _____
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____
8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: _____ County: _____ Zip Code: _____
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -



RECEIVED  
MAY 08 2003

BEST AVAILABLE COPY

RECEIVED  
APR 17 2003  
Bureau of Air Monitoring  
& Mobile Sources

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):	DIEU - LY HOA.
2. Site Name (For example, plant name or number):	JT GOLDEN HANGER CLEANER CORP.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	7108. WEST. MCNAB ROAD. TAMARAC. County: BROWARD. Zip Code: 33321.
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112914-002

Responsible Official

6. Name and Title of Responsible Official: Name:	DIEU - LY HOA. Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Organization/Firm: 12046. NW. 47TH STREET. CORAL SPRING. County: BROWARD. Zip Code: 33076.
8. Responsible Official Telephone Number: Telephone:	(954) 346-8176. Fax: ( ) - 0

Facility Contact (If different from Responsible Official)

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

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>February 1996</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?   

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?

  70   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>   | <u>New machines at small area source</u>                   |
| (NONE REQUIRED) <input type="checkbox"/>        | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>   | <u>New machines at large area source</u>                   |
| Carbon adsorber <input type="checkbox"/>        | Refrigerated condenser <input type="checkbox"/>            |
| 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
- (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

~~FD # 012-4110-07A~~

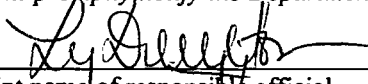


No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*



Print name of responsible official

HOA D LY

Signature

4/14/03

Date



## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

# PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 03324 0112414

The name and address of the owner or operator;

J.T. GOLDEN HANGER

*Name of the owner or operator of the dry cleaning facility*

HOA LY

*Mailing address of the owner or operator of the dry cleaning facility*

7108 W. McNab Rd

*Mailing address line 2*

TAMARAC, FL 33321

*City State Zip Code*

The address (that is, physical location) of the dry cleaning facility;

same as above

*Name of the dry cleaning facility*

*Address of the dry cleaning facility (physical location)*

7108 W. McNab Rd

*Address line 2*

TAMARAC FL 33321

*City State Zip Code*

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one:  No  Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one:  No  Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 90 gallons  
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one:  No  Yes

All information contained in this statement is accurate and true.

[Signature]  
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4  
Air Toxics and Monitoring Branch  
61 Forsyth Street SW  
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
2600 Blair Stone Road, MS #5510  
Tallahassee, Florida 32399-2400

**DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.**

To Whom It May Concern:

GOLDER HANSEN CLEANERS has  
Name of Facility

just received, on SEP-12 2008, notice of  
the need to file the attached form. Since we were  
not aware of the ruling requiring this information  
prior to the date above, please accept this  
information as our attempt to remain compliant  
with Local, State and federal statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Title

**JT GOLDEN HANGER CLEANER CORP**  
7108 West McNab Rd  
Tamarac, FL 33321



*General Permits Section.  
Bureau of Air Monitoring and Mobile Sources. MS 5510.  
Department of Environmental Protection.  
2600 Blair Stone Road.  
Tallahassee, Florida, 32399-2400.*

32399+2400



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.

468300 FEB 5 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 112414  
GOLDEN HANGER CLEANERS  
7108 West McNab TRoad  
TAMARAC, FLORIDA 33321

Mobile Source

FEB 07 2007

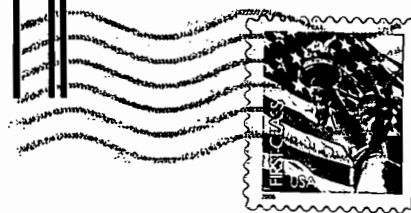
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

**JT GOLDEN HANGER CLEANER CORP**  
7108 West McNab Rd  
Tamarac, FL 33321

FT LAUDERDALE  
FL 332  
03 FEB 2007 PM 3 L



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



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.

434991 JAN 6 2004

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

112414  
DIEU-LY HOA  
GOLDEN HANGER CLEANERS  
7108 WEST MCNAB ROAD  
TAMARAC FL 33321

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

Bureau of Air Monitoring  
& Mobile Sources

JAN 8 2004

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

458420 JAN25 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

112414 10  
GOLDEN HANGER CLEANERS  
7108 West McNab TRoad  
TAMARAC, FL 33321

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

445014 JAN26 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# 112414 10  
GOLDEN HANGER CLEANERS  
7108 West McNab TRoad  
TAMARAC, FL 33321

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

**RECEIVED**  
JAN 27 2005  
Bureau of Air Monitoring  
& Mobile Sources

*Printed on recycled paper.*

**JT GOLDEN HANGER CLEANER CORP**  
7108 West McNab Rd  
Tamarac, FL 33321

FT LAUDERDALE  
FL 333  
18 SEP 2008 PM 1 L



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING AND MOBILE SOURCES

2600 BLAIR STONE RD, MS # 5510

TALLAHASSEE, FLORIDA 32399-2400

32399+6542



J. T. GOLDEN HANGER.

7108. WEST. MCNAB RD.

TAMPA. FL. 33327.

(954) 724-9977.

ATT !

MR. RICK BUTLER.

Do Not  
Scan

## General Permit Scanning Submission Form

Case File ID : 0112414-002

**To be filled in by Customer:**

	The following sections are included:	Document Date	Page Count
✓	Acknowledgement Letter	5/20/2003	1
✓	Registration	4/17/2003	<del>2</del> 6
✓	Fee Acknowledgement	2-5-2007	2
✓	Correspondence	9/18/2008	3
✓	Fee ACK.	1-25-2006	1
✓	Fee ACK.	1-26-2005	1
✓	Fee ACK.	1-6-2004	1

**Customer Verification:**

The above checked sections are included in this case file:

Customer Signature: *PKant*

JAN 30 2009

~~15~~ 15

**To be filled in by Scan Operator:**

✓	The following sections were scanned:
✓	Acknowledgement Letter
✓	Registration
✓	Fee Acknowledgement
✓	Correspondence(s)

**Scan Operator Verification:**

The above checked sections were scanned for this case file:

Scan Operator Signature & date: *K. Can*

FEB 03 2009