



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 14, 2007

Mrs. Jenny Toko
Sutton Place Cleaners
814 South Federal Highway
Deerfield Beach, Florida 33441

Re: Facility No.: 0112451-004

Dear Mrs. Toko:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 14, 2007.


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,


for Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle-Broward County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 199-2006
SOC REPORTS
COMP. STATUS - SNC MNC IN

TRPT - SOCF - Statement of Compliance
Report - 4/30/2007 - IN
INSP - Broward Co - C Bittle

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
MAY 14 2007
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):	TKS COSMOS INC., DBA: Sutton Place Cleaners, Jenny TOKO
2. Site Name (For example, plant name or number):	Sutton Place Cleaners
3. Hazardous Waste Generator Identification Number:	FLD981004104
4. Facility Location: Street Address: 814 S. Federal Hwy City: Deerfield Beach County: Howard Howard County Zip Code: 33441	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112451-004

Responsible Official

6. Name and Title of Responsible Official: Name: Jenny TOKO Title: President /owner	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1527 Courtyard Run E. City: Boca Raton County: Palm Beach County Zip Code: 33433	
8. Responsible Official Telephone Number: Telephone: (954) 428 - 2321 Fax: (954) 428 - 2321	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Daniel TOKO (Plant Manager)
10. Facility Contact Address: Street Address: 814 S. Federal Hwy. City: Deerfield Beach County: Howard County Zip Code: 33441	
11. Facility Contact Telephone Number: Telephone: (954) 428 - 2321 Fax: (954) 428 2321.	

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")
1994	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[10] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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.

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

Signature

Date



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MAY 15, 2007

TO: JENNY TOKO

PHONE: (954) 428-2321

FAX: (954) 428-2321

FROM: DICKSON DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: SIGNATURE PAGE - NO SIGNATURE

CC: _____

Total number of pages including cover sheet: ~~5~~ SIX

Message

JENNY TOKO,

PLEASE SIGN THE SIGNATURE PAGE (16),

PRINT NAME, AND DATE WHEN YOU COMPLETED THE

FORM. THEN SEND ORIGINAL SIGNATURE PAGE TO

THE ADDRESS ON THE LAST PAGE OF THIS FAX.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

Sincerely, Dick Dibble

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

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

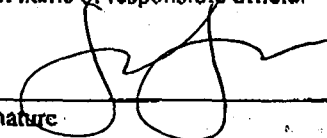
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Jenny TOKO
Print name of responsible official


Signature

5/15/07
Date

RECEIVED

MAY 15 2007

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):	TKS COSMOS INC.		
2. Site Name (For example, plant name or number):	Sutton Place Cleaners.		
3. Hazardous Waste Generator Identification Number:	HM-00911-05		
4. Facility Location:	Street Address:	City:	Zip Code:
	814 S. Federal Hwy	Deerfield Beach	33441
		County: Broward	
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	Jenny Toko	President
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	Sutton Place Cleaners	1521 Courtyard Run E.
	City: Boca Raton	County: Palm Beach
		Zip Code: 33433
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(561) 338-7192	(561) 338-7192

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Name:	Title:
	Daniel Toko	Plant Manager
10. Facility Contact Address:	Street Address:	City:
	1521 Courtyard Run E.	Boca Raton
		County: Palm Beach
		Zip Code: 33433
11. Facility Contact Telephone Number:	Telephone:	Fax:
	(561) 338 7192	(561) 338-7192

2

Facility Information

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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>Existing</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:

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2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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

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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
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- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

RECEIVED
MAY 25 2007
Bureau of Air Management
Mobile Source

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.

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.



Jenny TOKO

Print name of responsible official


Signature

5/15/07

Date

~~Sorry~~ Sorry about that.
So I've decided  
to send you both.
I made a copy for my-
self - Thank you!
Jenny

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

Print name of responsible official

Signature

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.

AirsID# 0112451-004

INACTIVE ^{to} ~~crossed~~

NEW OWNERS
DURING 30 DAY REVIEW

~~REASON~~
~~ADDITIONAL COMMENTS~~
~~SIGNATURE~~

TRANSMISSION VERIFICATION REPORT

TIME : 05/15/2007 09:37
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BR0621568046

DATE, TIME 05/15 09:35
FAX NO./NAME 619544282321
DURATION 00:01:45
PAGE(S) 06
RESULT OK
MODE STANDARD
ECM



Florida Department of
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MAY 15, 2007

TO: JENNY TOKO

PHONE: (954) 428-2321

FAX: (954) 428-2321

FROM: DICKSON DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: SIGNATURE PAGE - NO SIGNATURE

CC: _____

Total number of pages including cover sheet: ~~FIVE~~ SIX

Message

JENNY TOKO,

PLEASE SIGN THE SIGNATURE PAGE (16),

PRINT NAME, AND DATE WHEN YOU COMPLETED THE



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MAY 15, 2007

TO: JENNY TOKO

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Division of Air Resources Management

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CC: _____

Total number of pages including cover sheet: ~~FIVE~~ SIX

Message

JENNY TOKO,

PLEASE SIGN THE SIGNATURE PAGE (16),

PRINT NAME, AND DATE WHEN YOU COMPLETED THE

FORM. THEN SEND ORIGINAL SIGNATURE PAGE TO

THE ADDRESS ON THE LAST PAGE OF THIS FAX.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

SINCERELY, Dick Dibble

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

Mail the signed and completed page to:

Attn: Dick. Dibble
Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

TRANSMISSION VERIFICATION REPORT

Airs ID #
0112451

TIME : 05/15/2007 12:28
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME	05/15 12:26	<i>INITIALLY SHE SAID:</i>
FAX NO./NAME	619544282321	
DURATION	00:01:37	
PAGE(S)	06	
RESULT	OK	
MODE	STANDARD ECM	

ART PENNETTA COMPLETED THE 1ST FORM FOR HER - NOT THIS ONE



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Solc
Secretary

AFTER I TOLD HER THEY WERE NOT SUPPOSED TO DO THAT SHE REACTED BY SAYING, "WILL HE GET IN TROUBLE FOR THAT?" AND THEN SHE SORT OF RECENTED HER STORY, AND SAID HE JUST HELPED HER FIND THE ANSWERS,

FAX TRANSMITTAL SHEET

DATE: May 15, 2004

TO: JENNY TOKO

PHONE: (954) 428-2321

FAX: (954) 428-2321

FROM: DICKSON DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: 2ND FORM REC'D TODAY

CC: _____

Total number of pages including cover sheet: SIX

Message

JENNY -
LET ME KNOW WHERE YOU THINK
THIS MAY HAVE COME FROM.



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kotthamp
Lt. Governor

Michael W. Sole
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: MAY 15, 2007

TO: JENNY TOKO

PHONE: (954) 428-2321

FAX: (954) 428-2321

FROM: DICKSON DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

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THANK YOU -

Dick Dibble

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"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

RECEIVED

MAY 15 2007

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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2. Site Name (For example, plant name or number):	Sutton Place Cleaners.	
3. Hazardous Waste Generator-Identification Number:	HM-00911-05	
4. Facility Location:	Street Address: 814 S. Federal Hwy City: DEERFIELD BEACH County: Broward Zip Code: 33441.	
5. Facility Identification Number (DEP Use ONLY - do not fill in):		

Responsible Official

6. Name and Title of Responsible Official:	Name: JENNY TOKO Title: President	
7. Responsible Official Mailing Address:	Organization/Firm: Sutton Place Cleaners Street Address: 1521 Courtyard Run E. City: BOCA RATON County: PALM BEACH Zip Code: 33433.	
8. Responsible Official Telephone Number:	Telephone: (561) 338-7192 Fax: (561) 338-7192.	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	DANIEL TOKO Title: Plant Manager	
10. Facility Contact Address:	Street Address: 1521 Courtyard Run E. City: BOCA RATON County: PALM BEACH Zip Code: 33433.	
11. Facility Contact Telephone Number:	Telephone: (561) 338-7192 Fax: (561) 338-7192.	

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

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1.(b) TRANSFER MACHINES ONLY

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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?

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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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?

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.

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

Signature

Date

Sutton Place Cleaners
814 S. Federal Hwy.
Deerfield Beach, FL 33441

WEST PALM BEACH

FL 334

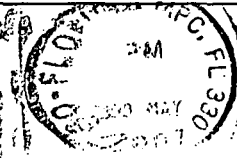
23 MAY 2007 PM 1 L



ATTN
DICK DIBBLE
Air General Permit Program.
Bureau of Air Monitoring + MOBILE
Sources, MS 5510.
Department of Environmental Protection
2600 Blair Stone Road.
Tallahassee, FL 32311-2400.

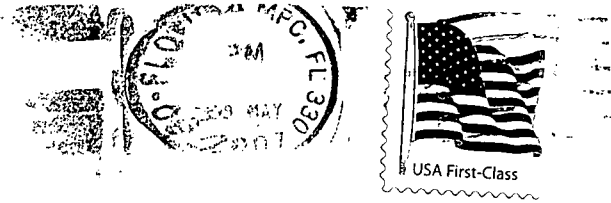
323999 4000 420 44 0001

Sutton Place Cleaners
814 S. Federal Hwy
Deerfield Bch, FL 33441



General Permits Section
Department of Environmental
Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399

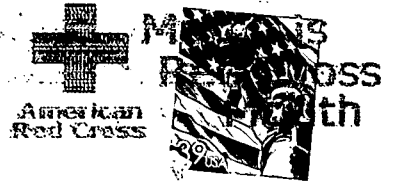
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2600 Blair Stone Rd.
Tallahassee, FL 32399

SUTTON PLACE CLEANERS
814 S. FEDERAL HWY
DEERFIELD BCH, FL 33441

WEST PALM BEACH
FL 334
10 MAY 2007 PM 1 L



General Permits Section
Bureau of Air Monitoring & Mobile Sources,
MS 5510
Department of Environmental Protection
2600 Blair Stone Rd.

323: : +E Tallahassee, FL 32399