

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-Designee

January 26, 2007

Mr. Arthur Leviton
House of Lorraine
Valet Services, Incorporated
500 East Hallandale Beach
Halladale Beach, Florida 33009

Re: Facility No.: 0112463-002

Dear Mr. Leviton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 26, 2006.


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,


Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle-Broward County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 199-2005...
SOC REPORTS 5.....
COMP. STATUS - SNC MNC (D)

3/18/2006

INSP - INS2-Compliance Inspection
walkthrough

7

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 16 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):	House of Corraive Valet Services INC
2. Site Name (For example, plant name or number):	House of Corraive
3. Hazardous Waste Generator Identification Number:	FLD 069168304
4. Facility Location: Street Address: City:	SAPLY KLEEN SYS, INC 00064 581 Mulliken Dr. Hebron OH. Zip Code: 43025
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112463-002

Responsible Official

6. Name and Title of Responsible Official: Name:	(Leviton) Arthur Leviton	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	500 E. HALLANDALE Bch. Blvd. Hallandale Bch. FL	County:	Broward
		Zip Code:	33009
8. Responsible Official Telephone Number: Telephone:	(954) 458-0526	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: ()

2006 DEC 27 PM 3:41

AIR QUALITY DIVISION

Facility Information

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

How many dry-to-dry machines do you have on-site?

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>1/05</u>	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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

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?

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".)

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? 1

For each boiler, indicate its horsepower (HP) rating: 20 40

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.

Arthur Levitay
Print name of responsible official

[Signature]
Signature

2/21/06
Date

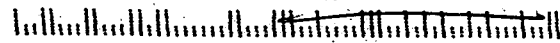
SUPERIOR DRY CLEANERS
5733 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

SOUTH FLORIDA PDC
FL 330
15 DEC 2006 PM 3 T



TO:
ENVIRONMENTAL PROTECTION DEPT,
115 ANDREWS AVE ROOM A24C
FOR LAUDERDALE, FL,
33301

33301+1B1B



RECEIVED

DEC 26 2006

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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.

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	House of Lorraine Valet Services INC
2. Site Name (For example, plant name or number):	House of Lorraine
3. Hazardous Waste Generator Identification Number:	FLD069168304
4. Facility Location: Street Address: City:	Safely Klean Sys. INC 000642 581 Mulliken Dr. Hebron OH. Zip Code: 43025
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112463-002

Responsible Official

6. Name and Title of Responsible Official: Name:	Arthur Leviton	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	500 E. HALLANDALE Bch. Blvd. Hallandale Bch. FL	County:	Broward
		Zip Code:	33009
8. Responsible Official Telephone Number: Telephone:	(954) 458-0526	Fax:	() -

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11/05	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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Large Area Source

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- 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).

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 No. 6 fuel oil Other (please list) _____

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- (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:

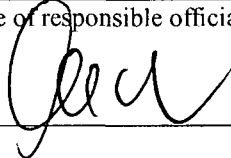
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
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I will promptly notify the Department of any changes to the information contained in this notification.

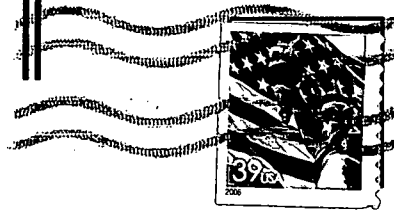
Arthur Levitoy
Print name of responsible official


Signature

2/21/06
Date

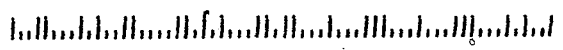
H.O.L. Valet Services, Inc.
500 E. Hallandale Beach Blvd.
Hallandale Beach, Florida 33009

SOUTH FLORIDA PD
FL 330 3 L
07 FEB 2007 PM



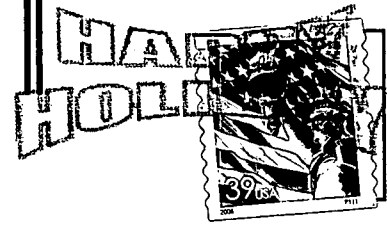
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 B099



HOUSE OF LORRAINE VALET
500 E. Hallandale Beach Blvd.
Hallandale Beach, Florida 33019

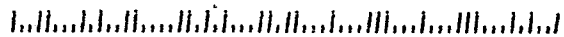
SOUTH FLORIDA PD
FL 330
22 DEC 2006 PM 1 T



No Check
DN

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

323153070 B099



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.

468843 FEB 9 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#112463
VALET SERVICES INC
500 E, Hallandale Beach Blvd.
HALLANDALE, FLORIDA 33009

RECEIVED
FEB 13 2007
Butler & Mobile Source

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