

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

July 24, 2006

Mr. Nik Mody
One Price Cleaner
2306 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

Re: Facility No.: 0112673-001

Dear Mr. Mody:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 15, 2006.

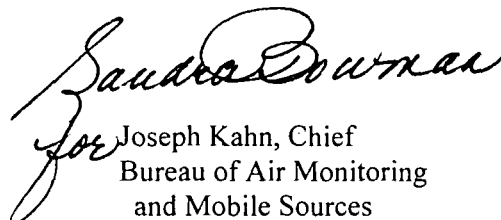
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Clifton Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES
NO ACTIVITY FOR FACILITY. ✓
SOC REPORTS.....

COMP. STATUS - SNC MNC IN

Insp - Broward Co - CB

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 15 2006

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): ONE PRICE CLEANER
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FLD984259200
4. Facility Location: Street Address: 2306 E. OAKLAND PARK BLVD City: FT LAUDERDALE County: BROWARD Zip Code: 33306
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0112673-001

Responsible Official

6. Name and Title of Responsible Official: Name: MIK MOODY Title: PRES.
7. Responsible Official Mailing Address: Organization/Firm: ONE PRICE CLEANER Street Address: 2306 E OAKLAND PARK BLVD City: FT LAUDERDALE County: BROWARD Zip Code: 33306
8. Responsible Official Telephone Number: Telephone: (954) 630-0850 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: () -

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")
NOV 95	<input checked="" type="radio"/> Existing <input type="radio"/> New	<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?

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".)

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

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

RECEIVED

JUN 01 2007

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GREEN EARTH DRY CLEANERS
2. Site Name (For example, plant name or number):	GREEN EARTH DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD984259200
4. Facility Location: Street Address: City: FT. LAUDERDALE County: BROWARD Zip Code: 33306	2306 E. OAKLAND PARK BLVD
5. Facility Identification Number (DEP Use ONLY do not fill in):	0112673-001

Responsible Official

6. Name and Title of Responsible Official: Name: NIK MOY Title: PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: FT. LAUDERDALE County: BROWARD Zip Code: 33306
8. Responsible Official Telephone Number: Telephone: (954) 630-0850 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
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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")
1995	Existing/New	RC/CA/None required	1995
	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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	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)

NO LONGER USING PERC AT THIS LOCATION EFFECTIVE MAY 07

(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)
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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)
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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".)

- | | |
|--|---|
| <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) ELECTRIC

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.

NIK MOOY
Print name of responsible official


Signature

5/7/07
Date

Material Safety Data Sheet

1. Product and Company Identification

Enviro Tech International, Inc.
2525 W. LeMoyne Avenue
Melrose Park, Illinois 60160
www.eti-solvents.com

CHEM-TEL 24-HR EMERGENCY CONTACT:
U.S., CANADA, Puerto Rico,
U.S. Virgin Islands (800) 255-3924
INTERNATIONAL CALLS: (800) 248-0585
Non-emergency: (708) 343-6641

PRODUCT DESCRIPTION: Patented Stabilized n-Propyl Bromide Mixture
U.S. Patents 5616549, 5824162, 5938859, 6176942 & 6402857B2. European Patent 781842:
France, Great Britain, Italy, Netherlands; Sweden 781842. Germany 69604477.3 Canadian
Patent 2284792. Israeli Patent 132000. Australian Patent 720172. Mexican Patent No. 212927.

PRODUCT GENERAL USE: Precision Vapor Degreasing, Ultrasonic Cleaning, Cold Wipe Cleaning

GENERAL DESCRIPTION: Non-flammable Azeotropic Solvent Mixture

2. Composition and Ingredient Information

n-Propyl Bromide (stabilized) Molecular Formula: C ₃ H ₇ Br CAS Number: 106-94-5 Synonyms: 1-Bromopropane, nPB, 1-BP	OSHA PEL not established	>95 % by weight
Patented Stabilizer Package Includes: nitromethane CAS 75-52-5 <0.6% 1,2 butylene oxide CAS 106-88-7 <0.6%	100 ppm Not established	Total <5 % by weight Other specific components and amounts of components comprise Trade Secrets per 1920.1200(i)(1)
Enviro Tech International, Inc. recommends a workplace exposure guideline of 100 ppm 8 hour for the <i>Dry-Solv</i> mixture based on the assessment of the scientific data relevant to <i>nPB</i> and <i>Dry-Solv</i> mixtures.		

3. Hazards Identification

Emergency Overview : *Dry-Solv* has no flash point and is non-flammable per OSHA and DOT regulations. However, vapors will form a flammable mixture at a concentration estimated to be in the range of 3.8% to 9.5% by volume with air based on nPB.

Potential Health Effects:

INHALATION: High concentrations are irritating to the respiratory tract and may cause headache, dizziness, nausea, vomiting or narcosis. Chronic overexposure at high levels may cause adverse effects in the central nervous system, reproductive system, respiratory system, kidney, and liver. Persons having pre-existing diseases of the lungs, eyes or skin may have an increased susceptibility to the hazards of excessive exposure.

OCULAR: Irritant to eyes

DERMAL: Irritant. May de-fat skin and/or cause rash

INGESTION: Irritant to mouth, mucous membranes and gastro-intestinal tract.

4. First Aid Measures

INHALATION: Remove person to fresh air. Give oxygen if breathing is difficult. Apply CPR respiration if individual is not breathing.

EYE: Flush eyes with water for at least 15 minutes. Seek emergency medical attention.

SKIN: Wash contaminated areas with soap and water.

INGESTION: Drink large amounts of water. DO NOT induce vomiting. Seek emergency medical attention.

Material Safety Data Sheet

5. Fire Fighting Measures

FLASH POINT (Method):	None (ASTM D-56 TCC) None (ASTM D-92 COC) None (ASTM D-93 TCC)
FLAMMABLE LIMITS:	Estimated 3.8 to 9.5 % by volume in air based on NPB
AUTO-IGNITION TEMPERATURE:	Not Available
EXTINGUISHING MEDIA:	Extinguishing media should be chosen based on surrounding conditions.
FIRE FIGHTING PROCEDURE:	Use NIOSH approved self-contained breathing apparatus. Use water spray or fog to cool exposed equipment and containers.
UNUSUAL FIRE AND EXPLOSION HAZARDS:	Do not weld or cut any drum with a torch that contained <i>Dry-Solv</i> because residual vapors in the drum could be in the flammable range and an explosion could occur. Thermal decomposition may produce carbon monoxide, carbon dioxide, hydrogen halide and bromides.

6. Accidental Release Measures

Contain spillage or leakage with dikes or absorbent material to prevent migration into sewer or waterway. For large spills, evacuate and ventilate the area. Wear self-contained breathing apparatus and recommended personal protective equipment. Absorb with earth, sand, or other non-combustible absorbent material and place in closed container for disposal.

7. Handling and Storage

HANDLING:	Wear safety glasses. Use of gloves is recommended. Viton or Silvershield gloves offer the best extended protection. Nitrile, neoprene or butyl gloves offer less protection and should be used for splash protection only. DO NOT use natural rubber gloves when handling this product.
STORAGE:	Store in well ventilated, cool, dry area. Keep container closed when not in use. Minimize introduction of water or moisture into the product.

8. Exposure Controls and Personal Protection

EXPOSURE LIMITS:	Enviro Tech International, Inc. recommends a workplace exposure guideline of 100 ppm 8 hour for the <i>Dry-Solv</i> mixture based on the assessment of scientific data relevant to <i>nPB</i> and <i>Dry-Solv</i> mixtures.
RESPIRATORY PROTECTION:	Use full face piece, NIOSH approved organic vapor respirator if ventilation is not sufficient and if mists are generated.
CLOTHING/GLOVES:	Wear safety glasses. Use of gloves is recommended. Viton or Silvershield gloves offer the best extended protection. Nitrile, neoprene, or butyl gloves offer less protection and should be used for splash protection only. DO NOT use natural rubber gloves when handling this product.
EYE PROTECTION:	Always wear safety goggles or full face shield.
WORK/HYGIENIC PRACTICES:	Do not eat, drink, or smoke while working with this product. Launder soiled clothes. Provide emergency eye bath and safety shower.

Material Safety Data Sheet

9. Physical Properties

APPEARANCE:	Clear, colorless to yellow liquid
SPECIFIC GRAVITY (25/25° C, H ₂ O = 1):	1.33 ± 0.01
BOILING POINT:	Not Available
VAPOR PRESSURE, mm Hg:	Not Available
PH LEVEL (water extract):	Not Available
EVAPORATION RATE:	Not Available
WATER SOLUBILITY g/100ml @25° C:	0.24 estimated based on NPB

10. Stability and Reactivity

STABILITY:	Stable under normal conditions.
CONDITIONS TO AVOID:	Avoid open flame, electric arc and other high energy ignition sources. Prolonged contact with free water may result in diminished stabilizer and corrosion.
INCOMPATIBILITY:	Incompatible with strong alkalis, oxidizers, bases, reactive metals and natural rubber.
HAZARDOUS DECOMPOSITION:	Thermal decomposition produces carbon monoxide, carbon dioxide, and hydrogen bromide.
HAZARDOUS POLYMERIZATION:	Will not occur.

11. Toxicological Information

Mixture

In human liver cell bioassays, the mixture showed no effects to DNA or for altered enzyme function at all cell concentrations tested and no effects for acute cytotoxicity at cell concentrations below 500 ppm. The addition of the patented stabilizing package to n propyl bromide showed the same results as neat n propyl bromide.

n propyl bromide

LD₅₀ oral, rat: 4,260 mg/kg
LC₅₀ inhalation, rat: 50,291 ppm / 30 min.; 14,374 ppm / 4 hr

In human liver cell bioassays, nPB showed no effects to DNA or for altered enzyme function at all cell concentrations tested and no effects for acute cytotoxicity at cell concentrations below 500 ppm. nPB gave no adverse results in the Ames bacterial mutation study using five strains of Salmonella typhimurium. Based on the results of three different developmental studies in rats, nPB is not expected to be a developmental toxicant at recommended exposure levels. nPB was found to have caused reduced weight of the epididymis and prostate of male rats at an exposure equivalent to three and one half times the recommended workplace exposure level and showed effects on sperm motility in rats at 500 ppm and above. NIOSH study of workers exposed to nPB or more for one year found no adverse effects except for headaches reported in the highest exposure group. NPB is not listed as a carcinogen by NTP or IARC.

Stabilizer Package

Nitromethane and 1,2 butylene oxide have been classified by the NTP and/or IARC (IARC 2B - possibly carcinogenic to humans). Each compound individually comprises less than 0.6% by weight of the mixture. At a 100 ppm 8 hr TWA workplace exposure level, the exposure to each of these compounds is about 0.06 ppm or less, well under the OSHA PEL of 100 ppm set for nitromethane. No exposure level has been set for 1,2 butylene oxide.

12. Ecological Information

The Ozone Depletion Potential of n-propyl bromide has been determined to be in the range of 0.006 to 0.019.

Material Safety Data Sheet

13. Disposal Considerations

Follow Federal, State and Local governmental regulations. DO NOT flush into sanitary sewer or waterway.

14. Transportation Information

HAZARDOUS MATERIAL DESCRIPTION:	Not regulated for transportation by US DOT or USPS
DOT DESCRIPTION/PROPER SHIPPING NAMES:	Cleaning Solvent Mixture
UN NUMBER:	UN 2344 - Special Provision A3
IATA:	UN 2344 - Special Provision A3
NAFTA:	3814.00.50.90 Preference Criteria B - Originating in NAFTA territory

15. Regulatory Information

TCSA:	All of the components of this product are in the EPA TSCA inventory and are in compliance with 15 USC 2601-2629.
NESHAP:	N/A
RCRA:	N/A
HAP:	N/A
VOC:	1,314.2 g/l - 11 lbs/gal
SARA:	SARA 313 Components subject to reporting: 1,2, butylene oxide CAS 106-88-7 < 0.6% by weight; Sec. Butyl Alcohol CAS 78-92-2. < 1.3% by weight.
CERCLA:	40 CFR 302.4 Component: 1,2, butylene oxide CAS 106-88-7 < 0.6% by weight. Requires a discharge of 20,000 pounds (about 1,800 gallons) of the <i>Dry-Solv</i> mixture to reach RQ of 100 lbs.
STATE REGULATION:	n propyl bromide is known to the State of California to cause reproductive effects. NJ & PA - RTK. WHMIS - HC-1 nitromethane is known to the State of California to cause cancer. NJ-RTK. 1,2, butylene oxide NJ-RTK
SNAP:	Proposed Approved by USEPA June 3, 2003
WHMIS	Class D Division 2B
EEC (EINECS):	Ingredients Listed
CANADA (DSL):	Ingredients Listed
JAPAN (MITI):	Ingredients Listed
AUSTRALIA (AICS):	Ingredients Listed
SOUTH KOREA (ECL):	Ingredients Listed

16. Other Information

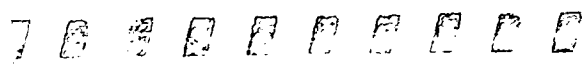
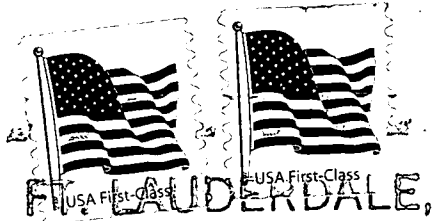
Each user of this product should study this MSDS carefully and consult appropriate expertise as necessary, to become aware of and understand the data contained in this MSDS and any hazards that may be associated with this product. The information provided in this Material Safety Data Sheet relates only to the specific material designated herein. Enviro Tech International, Inc. makes no warranty, express or implied, including the warranty of merchantability and fitness for a particular purpose, and assumes no liability or responsibility for the accuracy, completeness, timeliness or usefulness of this information. Enviro Tech International, Inc. assumes no liability for any damages incurred, whether directly or indirectly, as a result of any errors, omissions or discrepancies in this information. Enviro Tech International, Inc. assumes no liability for reliance on this data and assumes no liability for damages related to the use or misuse of this product. The user is responsible for determining the conditions of safe use of this product and for complying with all Federal, State and Local governmental laws and regulations concerning its use.

GREEN EARTH DAY CELEBRATIONS

2306 E. OAKCAMP PARK BLVD

LAUDERDALE, FL 33306

LAUDERDALE, FL 33310 JUN 1 2007 PM



GENERAL PERMITS SECTION

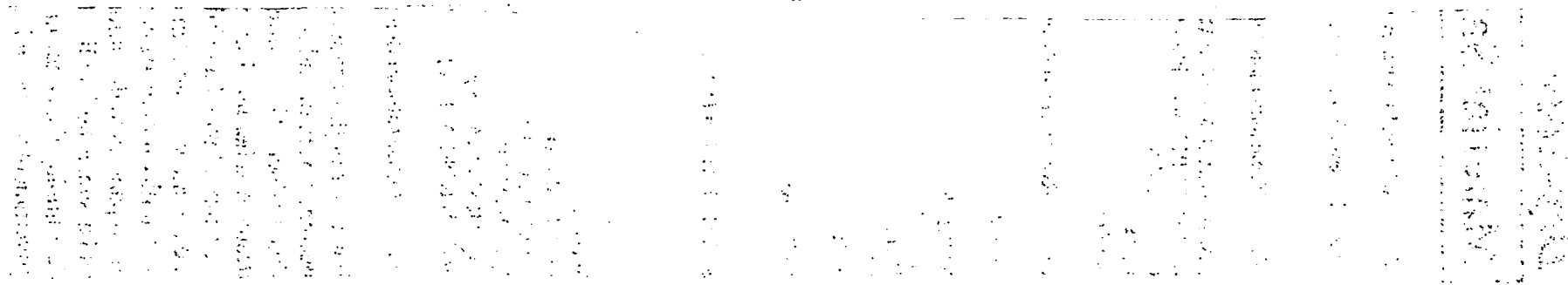
BUREAU OF AIR MONITORING

AND MOBILE SOURCES MS 5510

DEPT OF ENVIRON PROT

2600 BLAIR STONE RD

TALLAHASSEE FL 32399-2400



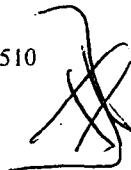
Instructions for Completing Part III of Notification Form

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.

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.

NIKHIL MODY
Print name of responsible official


Signature

6/7/06
Date



474237 MAY 9 2007

Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

(CUT HERE)

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.

1st Payment Rec'd 2/20/07

TOTAL AMOUNT DUE: \$50.00

Duplicate Payment - Refund

Request #15194

Do NOT Remove Label

RECEIVED
MAY 11 2007
Bureau of Air Quality
& Mobile Sources

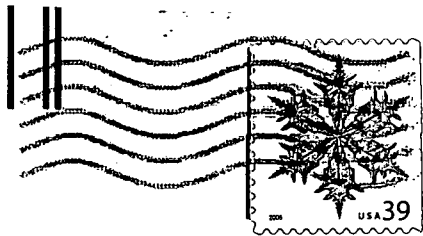
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BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

AIRS ID# 112673
ONE PRICE CLEANER
2306 E. Oakland Park Blvd
FT LAUDERDALE, FLORIDA
33306

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

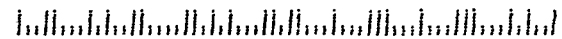
GREEN GARTH DAY CLEANING
2306 E OAKLAND PARK BLVD
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FL 333
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TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

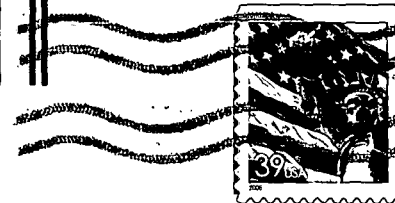
323153070 8093



S. Mody
1221 NW 111th Ave
Coral Springs, FL
33071

SOUTH FLORIDA PD

FL 330 3 L
16 FEB 2007 PM



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

323153070 8089



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

469453 FEB202007

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#112673
ONE PRICE CLEANER ✓
2306 E. Oakland Park Blvd
FT LAUDERDALE, FLORIDA 33306

United States
& Mobile Sources

FEB 22 2007

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
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