

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 22, 2003

Mr. Monty Lakadowala
M M Cleaners
3540 US 17 South, Suite 109
Green Cove Springs, Florida 32043

Re: Facility No.: 1210025-002

Dear Mr. Lakadowala:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 19, 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. Rick Banks, Northeast District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 198-2002
SOC REPORTS 4
COMPLIANCE STATUS IN

Page 15

- 1.(a) None Required should be circled under Control Device Required for a 1981 dry-to-dry machines using less than 140 gallons of perchloroethylene.

Page 16

4. Existing machines at small area source NONE REQUIRED should be marked for 1981 dry-to-dry machines using less than 140 gallons of perchloroethylene.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 19 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): | Marman Enterprize Inc. | | |
| 2. Site Name (For example, plant name or number): | M M Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | | | |
| 4. Facility Location: | Street Address: 3540 US 17 South, suite #109 | | |
| | City: Green Cove Springs | County: Clay | Zip Code: 32043 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 1210025-002 | | |

Responsible Official

| | | | |
|--|---|--|--|
| 6. Name and Title of Responsible Official: | Name: Monty Lakadwala Title: Manager | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: Marman Enterprise Inc. Street Address: 3540 US 17 S, Ste 109 City: Green Cove Springs County: Clay Zip Code: 32043 | | |
| 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: () - | | |

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") |
|--|--------------------------|--|---|
| 01-Nov 81 | Existing /New | <input checked="" type="radio"/> 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 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?

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.

MANSUR LAKADAWCH
Print name of responsible official


Signature

11-17-03
Date

7004 2510 0002 3939 3622

| | |
|--|------------------------------|
| U.S. Postal Service™ | |
| CERTIFIED MAIL™ RECEIPT | |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage: | AIRS ID# 1210025 1stC |
| Sent To | M M CLEANER |
| Street, Apt. No. or PO Box No. | 3540 US 17 South Suite 109 |
| City, State, Z. | GREEN COVE SPRINGS, FL 32043 |
| PS Form 3800, June 2002 | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

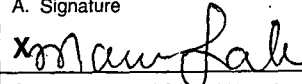
1. Article Addressed to:

AIRS ID# 1210025 1stC
M M CLEANER
3540 US 17 South Suite 109
GREEN COVE SPRINGS, FL 32043

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

M M CLEANER
LAXADAWA 10/97

C. Date of Delivery

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

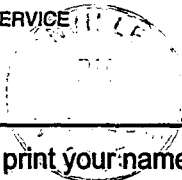
3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise™
-
-
- Insured Mail
-
- C.O.D.

7004 2510 0002 3939 3622

Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

RECEIVED
FEB 9 2005



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445186 FEB 4 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# 1210025 10
M M CLEANER
3540 US 17 South Suite 109
GREEN COVE SPRINGS, FL 32043

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

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RECEIVED
FEB 4 2005
BUREAU OF
INTERNAL SECURITY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456860 DEC15 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

1210025 10
M M CLEANER
3540 US 17 South Suite 109
GREEN COVE SPRINGS, FL 32043

Bureau of All
& Mobile Sources
Monitoring

RECEIVED
DEC 16 2005

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466069 DEC15 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

AIRS ID# 1210025
MARMAN ENTERPRISE INC
3540 US 17 South Suite 109
GREEN COVE SPRINGS,
FLORIDA 32043

Bureau of Air Mail
& Mobile Sources

DEC 15 2006

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

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FUND: 20-2-035001
OBJECT: 002273

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