

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

October 1, 2001

Mr. Charlie B. Chang Jolie Cleaner's & Laundry, Inc. 3911 West Waters Avenue Tampa, Florida 33614

Re: Facility No.: 0571092-002

Dear Mr. Chang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

florfait 96-00 50C 4 Compliand IN

057/092-002 (ce) a 1994 modime is a new machine in the regulation. New should be could under Status. B. Should be well onder Control Device Required. 4 New marines et small area source shouldbe marked. 7. All #of permit secrendered. If more add "x" by no DEPain permit exist.

add "x" by No DEPair permit exist.

A. O. Dign and date for change
mode.

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. 1	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Jolie Cleaner's & Lamby Inc.  2. Site Name (For example, plant name or number):					
2. 5						
	Jolze Cleaner's + Laundry Inc.  Hazardous Waste Generator Identification Number:					
3. 1	Hazardous Waste Generator Identification Number:					
			·			
	Facility Location: 3911 W. Waters Ave.					
1	Country -	7in Code:	25.4.4			
'	County: FL	Zip Code:	33614			
5.	Facility Identification Number (DEP Use ONLY - do not fill in);	イノへへ	0 000			
		ハレジ	2-002			
_						
	onsible Official  Name and Title of Responsible Official:					
Nam	Tide.	ner				
	Charle by Chory		·			
7.	Responsible Official Mailing Address:		·			
	Organization/Firm: 3911 W. Worters Avc					
	City: TAMPA County: FL	Zip Code:	33614			
8.	Responsible Official Telephone Number:	_				
'	Telephone: (813) 932-4915 Fax: (813	932 -	4925			
L	· · · · · · · · · · · · · · · · · · ·	-				
	lity Contact (If different from Responsible Official)					
9.   	Name and Title of Facility Contact (For example, plant manager):					
<u></u>						
10.	Facility Contact Address:					
	Street Address:					
	City: County:	Zip Code:				
11.	Facility Contact Telephone Number:					
1	Telephone: ( ) - Fax: (	) -				
L						

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

#### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	n:
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/Ne	ew RC/CA/None required	SAME
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer mach 1993, it is a <b>NEW</b> unit (r permit). For each transfer	ine was purchased no units purchased er machine on-site	I from the manufacturer between I l after September 22, 1993 are allower, 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 K	EY: RC = re	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12 m	onths?
[_30_] gallo	ns (You must fill	this in)	,
(b) If less than 12 mor	nths, how many? [	months	
Check why it is les	ss than 12 months	: New owner: Did not kee	p records: []
		New store: [] New machine	:
		Unopened store [ ] (date of a	expected opening

3. What is the facility's source classification based on Indicate with an "X". Select one classification on	
Small Area Source	
Transfer only on-site (	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source []	•
Transfer only on-site (	used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pro (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
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 ur Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site (s	
All steam and hot water generating units exempt No such units on-site	X OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [	15)
What type of fuel do you use?  No. 2 fuel o	
6. Equipment Monitoring and Recordkeeping Informa	ition
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 ad	dition log [X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring X
(e) Startup, shutdown, malfunction plan	

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
区	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
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	mptly notify the Department of any changes to the information contained in this notification.  RLIE B CHANG
Print nam	ne of responsible official
Signature	Carlo B Charle Date

### **BEST AVAILABLE COPY**

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# SEP 1 0 2011 & 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):
Jolie Clemer's a Laundry Inc.  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Jolie Cleaner's + Laundry Inc.
3. Hazardous Waste Generator Identification Number:
FL 0089278657
4. Facility Location: 3911 W. Waters Ave.
City: THIMPH County: FL Zip Code: 33614
5: Facility Identification Number (DEP Use ONLY: do not fill in):
14 1
Responsible Official
6. Name and Title of Responsible Official:
Name: Charlie B. CHANG Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: 3911 11) Wester Ave
Organization/Firm: 3911 W. Westers Ave Street Address:
Organization/Firm: 3911 W Workers AVC Street Address: City: TAMPA  County: FL  Zip Code: 33614
Organization/Firm: 3911 W. Westers Ave Street Address:
Organization/Firm: 3911 W Workers AVC Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925
Organization/Firm: 3911 W Workers AVC Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813)932-4915 Fax: (813)932-4925  Facility Contact (If different from Responsible Official)
Organization/Firm: 3911 W Workers AVC Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925
Organization/Firm: 3911 W Workers AVC Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813)932-4915 Fax: (813)932-4925  Facility Contact (If different from Responsible Official)
Organization/Firm: 3911 W Westers Ave Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
Organization/Firm: 3911 W Workers Avc Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address:
Organization/Firm: 3911 W Workers Avc Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address:
Organization/Firm: 3911 W Wasters Ave Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813) 932 - 4915 Fax: (813) 932 - 4925  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:
Organization/Firm: 3911 W Wasters Ave Street Address: City: TAMPA County: FL Zip Code: 33614  8. Responsible Official Telephone Number: Telephone: (813)932-4915 Fax: (813)932-4925  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:

DEP Form No. 62-213.900(2) Effective: 2/24/99

14

How many dry-to-dry ma	ichines do you ha	ve on-site?	CAN OF BOTH HAND
For each dry-to-dry mach	nine on-site; pleas	e provide the following informati	on:
Date Initially Purchased From Manufacturer	Status	Control Device Required* ) (circle one)	Date Control Device Installe (if already included at time opurchase, write "SAME")
1994	Existing/Ne	ew RC/CA/None required	SAME
	Existing/Ne	ew RC/CA/None required	
्ष्याची (त्रम्बर्धाच्याच्या) त्रमात्रिक (२०५०) शिक्यों विद्य	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC How many washers do yo		1	te for building
	d mare on site.		Normal 16 At Company of Male and a graph of the company of the com
How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r	as purchased from the was purchased no units purchased	et He is and the learne approprient the manufacturer prior to or on differn the manufacturer between diafter September 22, 1993 are all	December 9, 1991, it is an EXIS December 9, 1991 and Septembe owed to operate under this generate
How many dryers/reclain If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r	as purchased from the was purchased no units purchased	et ficie en la les ma typuses n n the manufacturer prior to or on d from the manufacturer between	December 9, 1991, it is an EXIS December 9, 1991 and September lowed to operate under this generation:  Date Control Device Installe (if already included at time of
How many dryers/reclaim  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased	as purchased from the was purchased to units purchased er machine on-sit Status (circle one)	in the manufacturer prior to or on diffrom the manufacturer prior to or on diffrom the manufacturer between differ September 22, 1993 are all e; please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIS December 9, 1991 and Septembe lowed to operate under this generation:  Date Control Device Installe
How many dryers/reclaim  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased	as purchased from the was purchased to units purchased er machine on-sit	in the manufacturer prior to or on diffrom the manufacturer between differ September 22, 1993 are all e; please provide the following in Control Device Required*	December 9, 1991, it is an EXIS December 9, 1991 and September lowed to operate under this generation:  Date Control Device Installe (if already included at time of
How many dryers/reclaim  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased	as purchased from the was purchased to units purchased er machine on-sit Status (circle one)	in the manufacturer prior to or on diffrom the manufacturer prior to or on diffrom the manufacturer between differ September 22, 1993 are all e; please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIS December 9, 1991 and September lowed to operate under this generation:  Date Control Device Installe (if already included at time of
How many dryers/reclaim  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased	as purchased from the was purchased from units purchased er machine on-sit  Status (circle one)  Existing/New	in the manufacturer prior to or on the manufacturer prior to or on the manufacturer between a after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXIS December 9, 1991 and September lowed to operate under this generation:  Date Control Device Installe (if already included at time of
How many dryers/reclaim  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased	as purchased from the was purchased from units purchased er machine on-sit  Status (circle one)  Existing/New  Existing/New  Existing/New	in the manufacturer prior to or on the manufacturer prior to or on the manufacturer between a after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	December 9, 1991, it is an EXIS December 9, 1991 and September lowed to operate under this generation:  Date Control Device Installe (if already included at time of
How many dryers/reclain  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	as purchased from the was purchased from units purchased er machine on-sit Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	in the manufacturer prior to or on the manufacturer prior to or on the manufacturer between a after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required	December 9, 1991, it is an EXIS December 9, 1991 and September owed to operate under this gener formation:  Date Control Device Installe (if already included at time of purchase, write "SAME")
How many dryers/reclain  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased From Manufacturer  *CONTROL DEVICE K 2.(a) How much perchlo	as purchased from the was purchased from units purchased er machine on-sit Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	in the manufacturer prior to or on the manufacturer prior to or on the manufacturer prior to or on the manufacturer between a after September 22, 1993 are all received; please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = the the manufacturer prior to or on the control of t	December 9, 1991, it is an EXIS December 9, 1991 and September owed to operate under this gener formation:  Date Control Device Installe (if already included at time of purchase, write "SAME")
How many dryers/reclain  If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf  Date Initially Purchased From Manufacturer  *CONTROL DEVICE K 2.(a) How much perchlo	as purchased from the was purchased from the was purchased from the was purchased from the was purchased for machine on-sit status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New  Existing/New	in the manufacturer prior to or on the manufacturer prior to or on the manufacturer prior to or on the manufacturer between after September 22, 1993 are all received please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = thave you used within the last 12 in this in)	December 9, 1991, it is an EXIS December 9, 1991 and September owed to operate under this gener formation:  Date Control Device Installe (if already included at time of purchase, write "SAME")

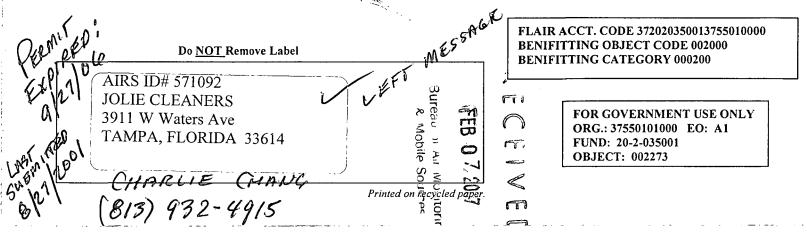
Dry-to-dry machines only on-site			•	ssification based of one classification of the classification of t	n the definitions found in only.)	Section (3) of Part II?
Transfer only on-site Both machine types on-site  Large Area Source  Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site  Dry-to-dry machines only on-site Both machine types on-site  (used 140 - 2,100 gallons of perc per year)  (used 200 - 1,800 gallons of perc per year)  (used 2140 - 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)  Existing machines at large area source Carbon adsorber Refrigerated condenser  3. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site (see attached memo for the criteria)  All steam and hot water generating units exist on-site (see attached memo for the criteria)  What type of fuel do you use?  Dry-to-dry machines only on-site?  OR  OR  OR  OR  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		Small A	rea Source	<u>.</u>	from a material care obta	) विशेष १ मुक्तिन १-५१३-५००० १ वर्गी
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year) (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)  Existing machines at large area source Carbon adsorber Refrigerated condenser  7. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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 No such units on-site  How many boilers do you have on-site?  What type of fuel do you use?			Transfer only on	i-site	(used less than 200 gallo	ons of perc per year)
All steam and hot water generating units exist on-site (see attached memo for the criteria).  All steam and hot water generating units exist on-site (see attached memo for the criteria).  What type of fuel do you use?  How many boilers do you have on-site?  How many boilers do you have on-site?  For each boiler, indicate its horsepower (HP) rating: U.S. fuel oil  No. 6 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 purchase receipts and solvent purchase receipts and solvent purchase receipts and solvent remeature monitoring  (d) Carbon adsorber attached nemonitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Startup, shutdown, malfunction plan		Large A	rea Source			
Clindicate with an "X".     Existing machines at small area source (NONE REQUIRED)   New machines at small area source (Refrigerated condenser   New machines at large area source (Carbon adsorber   New machines at large area source (Refrigerated condenser   New factors   N			Transfer only on	ı-site	(used 200 - 1,800 gallon	s of perc per year)
Refrigerated condenser				nired on machines	pursuant to section (5) of	Part II of this notification form?
Carbon adsorber Refrigerated condenser				all area source		
S. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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 No such units on-site  How many boilers do you have on-site?  For each boiler, indicate its horsepower (HP) rating: 15		Carbon	adsorber	te area source	Refrigerated co	ondenser []
For each boiler, indicate its horsepower (HP) rating: [15] [ ]  What type of fuel do you use? [ ] propane [ ] No. 4 fuel oil [ ] No. 4 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 [ ] X [ ]  (b) Leak detection inspection and repair [ ] X [ ]  (c) Refrigerated condenser temperature monitoring [ ] X [ ]  (d) Carbon adsorber exhaust perc concentration monitoring [ ] X [ ]  (e) Startup, shutdown, malfunction plan [ ] X	All stea No such	m and ho	t water generatin	g units exempt		wariota William Signi
What type of fuel do you use?    Propane   No. 2 fuel oil   No. 4 fuel oil   Other (please list)		•	-		511 11 1	
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			-	propane No. 2 fue	[X] natural	iel oil
(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	6. Equip	oment M	onitoring and Rec	cordkeeping Inform	mation	
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan	Check a	all logs w	hich are required	to be kept on-site	in accordance with the re	equirements of this general permit:
(c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan	(a) Purc	hase rece	eipts and solvent	purchases/solvent	addition log	
(d) Carbon adsorber exhaust perc concentration monitoring  (e) Startup, shutdown, malfunction plan	(b) Leal	k detection	on inspection and	repair		
(e) Startup, shutdown, malfunction plan	(c) Refr	igerated	condenser temper	rature monitoring	•	
(e) Startup, shutdown, malfunction plan	(d) Cart	oon adsor	ber exhaust perc	concentration mo	nitoring	
La production well the land we	(e) Star	rtup, shut	down, malfunction	on plan	n des sessos al signa.	
			English Francisco		Politic Ko	

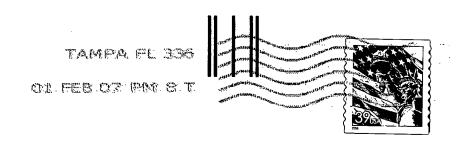
7. Surrenger	of Existing DEP Air Permit(s)
	te with an "X" the appropriate selection:  I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in
	this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
CHE	ARLIE B. CHANG
	ne of responsible official
	alle B Chaf 9/7/01/20

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

468313 FEB 5207

## **TOTAL AMOUNT DUE: \$50.00**





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

TERLITER OF THE STATE OF THE ST

458226 JAN19286

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DEE: \$50.00

Do NOT Remove Label

571092 10 JOLIE CLEANERS 3911 W Waters Ave TAMPA, FL 33614

Printed on recycled paper.

FIGAIR ACCT, CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

# TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571092

JOLIE CLEANERS CHARLIE CHANG 3911 W WATERS AVENUE TAMPA FL 33614

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



422049 JAN222003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0571092

JOLIE CLEANERS CHARLIE CHANG 3911 W WATERS AVENUE TAMPA FL 33614

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

435773 JAN28 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

571092

CHARLIE CHANG
JOLIE CLEANERS
3911 W WATERS AVENUE
TAMPA FL 33614

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO; A1 Obj.: 002273 Ou Only Obj.: 002273

445199 FEB 22005

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# 571092 JOLIE CLEANERS 3911 W Waters Ave TAMPA, FL 33614

10

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: AIL

FUND: 20-2-035001 OBJECT: 002273