

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

October 20, 2006

Mr. Dennis Miller
Miller's Cleaners, Incorporated
4199 South Tamiami Trail
Venice, Florida 34293

Re: Facility No.: 1150082-004

Dear Mr. Miller:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 18, 2006.

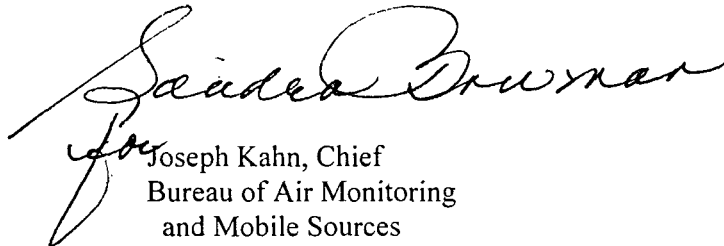
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES *9/6-2004*.....
SOC REPORTS *5*.....
COMP. STATUS - SNC MNC

*Ins2 - Compliance Inspection
walk through - 7/18/2006*

Insp. Sarasota Co - J Hickey

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 18 2006
Bureau of Air, Water,
& Noise Services

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):	Miller Cleaners Inc
2. Site Name (For example, plant name or number):	HI TECH CLEANERS
3. Hazardous Waste Generator Identification Number:	FLR 000091272
4. Facility Location: Street Address: City: County: Zip Code:	4199 S. TAMiami TRl Venice FL SARASOTA 34293
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1150082-004

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	DENNIS MILLER OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	 SAME
8. Responsible Official Telephone Number: Telephone: Fax:	(941) 497-5959 () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME
10. Facility Contact Address: Street Address: City: County: Zip Code:	 SAME
11. Facility Contact Telephone Number: Telephone: Fax:	() - SAME

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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>4-15-04</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
<u>08-DEC-91</u>	Existing <input checked="" type="radio"/> New	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>NOT IN USE</u>
_____	Existing <input type="radio"/> New <input type="radio"/>	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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 <input type="radio"/> New <input type="radio"/>	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	<input type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

195 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)

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

1150082-003

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.

DENNIS MILLER

Print name of responsible official

Dennis Miller

Signature

9-13-06

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.

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 0000 9/2 72 1150082

The name and address of the owner or operator;

DENNIS MILLER

Name of the owner or operator of the dry cleaning facility

4199 S. TAMiami TRl, Venice, FL 34293

Mailing address of the owner or operator of the dry cleaning facility

Mailing address line 2

City

State

Zip Code

The address (that is, physical location) of the dry cleaning facility;

Hi Tech Cleaners

Name of the dry cleaning facility

4199 S. TAMiami TRl, Venice, FL 34293

Address of the dry cleaning facility (physical location)

Address line 2

City

State

Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one:

No

Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one:

No

Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 90 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one:

No

Yes

All information contained in this statement is accurate and true.

Dennis Miller

Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.

To Whom It May Concern:

Hi. Tech Cleaners has
Name of Facility

just received, on 9-9-08 2008, notice of
the need to file the attached form. Since we were
not aware of the ruling requiring this information
prior to the date above, please accept this
information as our attempt to remain compliant
with Local, State and federal statutes.

Dennis Miller
Signature

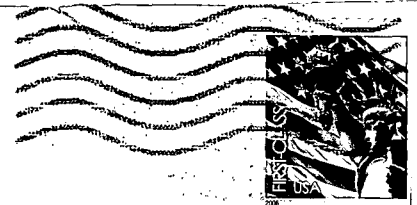
Dennis Miller
Print

PRESIDENT
Title

HI TECH CLEANER
4199 S. Tamiami Trail
Venice, FL 34293

MANASOTA FL 342

14 SEP 2006 PM 2 T



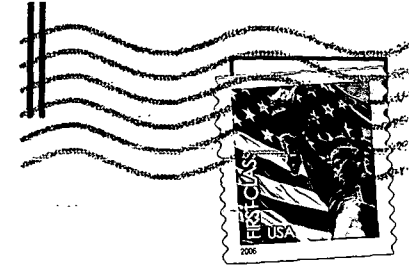
AIR GENERAL Permits Section
BUREAU of AIR Monitoring + Mobile Services, MS 5510
DEPT. OF EPA
2600 BLAIR Stone RD.
TALLAHASSEE, FL. 32399-2400

32399-2400



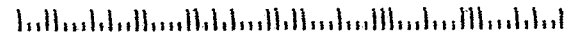
Tina & Nancy Allen
908 N 5th St
Altamonte Springs FL 32714

MID FLORIDA P.O.
FL 327 3 T
20 FEB 2007 PM



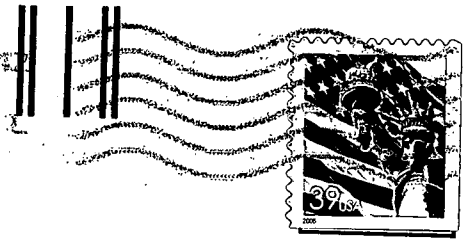
TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 8099



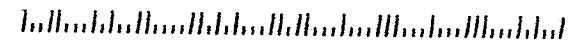
DRY CLEANER
4100 S. Tamiami Trail
Gulf Bch, FL 32208

MANASOTA FL 340
20 FEB 2007 PM 2 L



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

32315+3070 BOSS

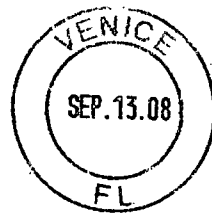


CELESTIAL MAIL™

HITECH CLEAN
4199 S. Tamiami Trail
Venice, FL 34293



7006 3450 0002 5191 7831

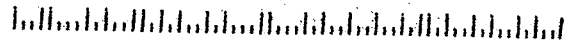


0000007204



FLORIDA DEPT. OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES
2600 BLAIR STONE RD. MS # 5570
TAMAHASSEE, FLORIDA 32399-2400

3239936542 0001



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.

469758 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

*PERMIT
EXPIRES: 9/13/04
LAST SUBMITTED: 8/13/01*

Did Not Contact

Do NOT Remove Label

AIRS ID#1170068
JAYSHREE ENTERPRISES INC ✓
908 North State Road #434
ALTAMONTE SPRINGS, FLORIDA
32714

*Bureau of Air Mail
& Mobile Source
FEB 26 2007*

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

HARISH PATEL (407) 682-225 7318

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