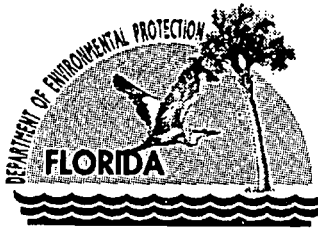


EMISSION FEE DATES '96-2003
SOC REPORTS 6
COMPLIANCE STATUS IN
12/17/2003



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

October 4, 2004

Dok Sun Yun
Port Royale Cleaners
6604 North Federal Highway
Fort Lauderdale, Florida 33308

Re: Facility No.: 0112245-003

Dear Yun:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 2004.

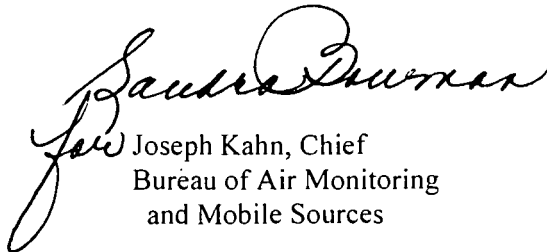
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

AUG 23 2004

Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Sara Jeanne Corporation
2. Site Name (For example, plant name or number): Pcrt Royale Cleaners
3. Hazardous Waste Generator Identification Number: FLD 984182790
4. Facility Location: Street Address: 6604 N. Federal Highway City: Ft. Lauderdale County: Broward Zip Code: 33308
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112245-003

Responsible Official

6. Name and Title of Responsible Official: Name: Dok Sun Yun Title: president
7. Responsible Official Mailing Address: Organization/Firm: Sara Jeanne Corporation Street Address: 6604 N. Federal Highway City: Ft. Lauderdale County: Broward Zip Code: 33308
8. Responsible Official Telephone Number: Telephone: (954) 938- 0836 Fax: (none) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): same as above
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? [1]

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")
4/2001	Existing/New	RC/CA/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?

[120] 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 checked="" 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) _____

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.

Dok Sun Yun
Print name of responsible official

Dok Sun Yun
Signature

8/16/04
Date

DUPLICATE PAYMENT
1st Payment Rec'd 2/5/07

DEP

DEP 14-081
DBF AA-4

REFUND REQUEST #: 14923

Airs ID # 0112245

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: PORT ROYALE CLEANERS
ADDRESS: 6604 N Federal Hwy, FT LAUDERDALE, FLORIDA 33308
AMOUNT: \$50.00 CHECK #: 1924 DEPOSIT DATE: 02-15-2007 DEPOSIT: 271357
DOCUMENT NUMBER: 469294 SYS RECEIPT#: 574427 PAYMENT#: 796237 REMIT#: 713719
REV OBJECT CODE: 002273 TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: DUPLICATE PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury, Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this 22nd day of FEBRUARY, 2007.

Richard P. Delle, ES III

Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCURED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

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.

469284 FEB15 2007

TOTAL AMOUNT DUE: \$50.00

*Duplicate
Payment
Request Made
2/22/07
14923*

Do NOT Remove Label

AIRS ID#112245
SARA JEANNE CORPORATION
6604 N Federal Hwy
FT LAUDERDALE, FLORIDA 33308

*Bureau of Air Mail
& Mobile Services*

FEB 19 2007

CEIVED

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

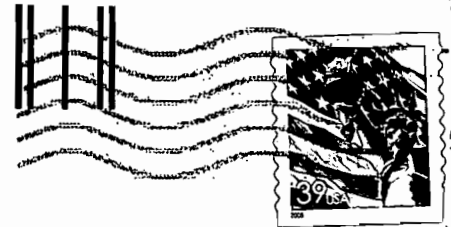
Printed on recycled paper.

PORT ROYAL CLEANERS

6604 W. FEDERAL HWY
FT. LAUDERDALE, FL 33309
TEL 352-928-1974

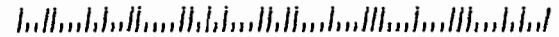
FT. LAUDERDALE
FL 33309

13 FEB 2007 PM 3 T



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

323153070 8099



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.

468314 FEB 5 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112245
SARA JEANNE CORPORATION
6604 N Federal Hwy
FT LAUDERDALE, FLORIDA
33308

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

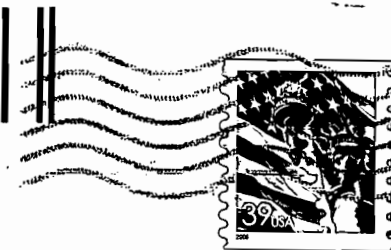
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

PORT ROYAL CLEANERS

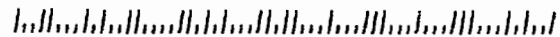
6004 W. FEDERAL HWY
PORT LANDERSVILLE, FL 32384
TEL (904) 933-0222

FT LAUDERDALE
FL 333
01 FEB 2007 PM 2 T



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

323153070 5099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457730 JAN 9 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

Bureau of Air Mail
& Money Sources
1-2006

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

112245 10 *part R*
~~NILOOK ONE HOUR #08~~
6604 N Federal Hwy
FT LAUDERDALE, FL 33308

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

Printed on recycled paper.

**PORT ROYAL DRY CLEANERS
ALTERATIONS
REPAIRS**



6604 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308
TEL: (954) 938-0836

SAME DAY SERVICES 9 AM IN - 5 PM OUT

**PORT ROYALE CLEANERS
SARA JEANNE CORPORATION**

6604 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308

AIRS ID 6112245 1220

DATE 3-21-05

63-4/630 FL
1034

PAY TO THE ORDER OF Department of Environmental protection \$ 50.00

fifty

DOLLARS

Bank of America



ACH R/T 063100277

FOR

Darden Ym



PORT ROYAL CLEANERS
PORT ROYAL CLEANERS
6604 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308
TEL (954) 833-0850
TEL (954) 833-0850

2231343070

3755
2273



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 2, 2005

NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112245.....2nd Cert 05
NULOOK ONE HOUR #08
6604 N Federal Hwy
FT LAUDERDALE, FL 33308

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



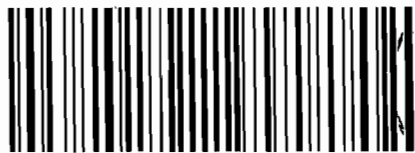
POSTAGE
REQUIRED

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

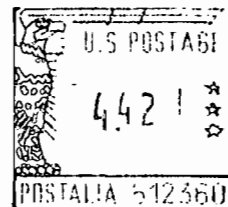
MS# 5510 MC Acct # 5521

CERTIFIED MAIL™

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7004 2510 0002 3939 0911



RECEIVED
MAR 8 2005
Bureau of Air Monitoring & Mobile Sources



- Moved, left no address
- No such number
- Moved, Not forwardable
- Address unknown

here

AIRS ID#0112245.....2nd Cert 05
NULOOK ONE HOUR #08
6604 N Federal Hwy
FT LAUDERDALE, FL 33308

33308 4410 51



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> AIRS ID#0112245.....2nd Cert 05 NULOOK ONE HOUR #08 6604 N Federal Hwy FT LAUDERDALE, FL 33308 </div>	B. Received by (Printed Name) C. Date of Delivery
2. Article (Tracking) Number: 7004 2510 0002 3939 0911	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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 Po: AIRS ID#0112245.....2nd Cert 05
 NULOOK ONE HOUR #08

Sent To: 6604 N Federal Hwy
 FT LAUDERDALE, FL 33308

Street, Apt, or PO Box
 City, State

PS Form 3800, June 2002 See Reverse for Instructions

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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112245 1stC
NULOOK ONE HOUR #08
6604 N Federal Hwy
FT LAUDERDALE, FL 33308

FINANCE & ACCOUNTING
REVENUE
2005 MAR -2 AM 11:15
FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


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

RECEIVED
FEB 28 2005
FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Printed on recycled paper.

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 \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
To: AIRS ID# 112245 1stC NULOOK ONE HOUR #08 Sent 6604 N Federal Hwy FT LAUDERDALE, FL 33308 Street or PO City	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 0500 0004 0144 5784

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> AIRS ID# 112245 1stC NULOOK ONE HOUR #08 6604 N Federal Hwy FT LAUDERDALE, FL 33308 </div>		B. Received by (Printed Name) <u>Dick Yun</u> C. Date of Delivery <u>2/1/05</u>	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 0500 0004 0144 5784			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-46

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

VEHICLE MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

