

Fees Paid
8005
Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 27 2001

Mr. Steven Lai
Fresh Look Cleaner
6129 North State Road 7
Lauderdale, Florida 33319

Re: Facility No.: 0112249-002

Dear Mr. Lai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

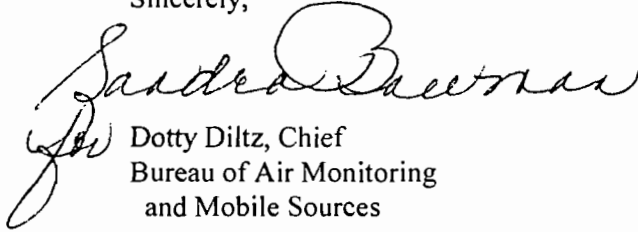
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

JUL - 6 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 22 2001

Bureau of Air Monitoring
& Mobile Sources

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):	FRESH LOOK INC.
2. Site Name (For example, plant name or number):	FRESH LOOK CLEANER
3. Hazardous Waste Generator Identification Number:	FLD 000610592
4. Facility Location: Street Address: City:	4128 N. STATE RD 7 LAUDERDALE LAKES County: BROWARD Zip Code: FL 33319
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112249-002

Responsible Official

6. Name and Title of Responsible Official: Name:	STEVEN LAI	Title:	OWNER PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	FRESH LOOK CLEANER 4128 N. STATE RD 7 LAUDERDALE	County:	BROWARD Zip Code: 33319
8. Responsible Official Telephone Number: Telephone:	(954) 485-8841	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")
04/94	Existing/New	RC/CA/None required	SAME 04/94
	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".)

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: ^{HP}

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 AIRSD # 0112249 0001AG
- 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.

STEVEN LAI
Print name of responsible official

[Signature]
Signature

6/14/01
Date

[Signature]

6/28/01

2/15/04

ID# 0112249 - 002

Steven Lai
Dry Cleaners
4129, N State road 7,
Lauderdale Lakes,
Fl 33319.

Home telephone 954-721-5073

To whom it may concern,

We sold our dry clean business (Fresh Look Inc). I am going to pay this current air permit. I am no longer running any more dry clean business and I do **not** need air permit anymore. Please **stop** issue air permit to me.

Thank you.

Sincerely

A handwritten signature in black ink, appearing to read 'Steven Lai', written in a cursive style.

Steven Lai

Please note,

My current mailing address is,
8157 N W 66 Terr.,
Tamarac, Fl 33321

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 22 2001
Bureau of Air Monitoring
& Mobile Sources

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7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	FRESH LOOK CLEANER 4128 N. STATE RD 7 LAUDERDALE	County:	BROWARD Zip Code: 33319
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04/94	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME 04/94
_____	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

N/A

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gallons (You must fill this in)

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(NONE REQUIRED)

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Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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AIR 20 # 0112249 0001AG
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I will promptly notify the Department of any changes to the information contained in this notification.

STEVEN LAI
Print name of responsible official

[Signature]
Signature

6/14/01
Date

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

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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total P_c ID# 112249
 STEVEN LAI

Sent To DRY CLEANERS
 4129 N STATE ROAD 7
 LAUDERDALE, FL 33319

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 112249 STEVEN LAI DRY CLEANERS 4129 N STATE ROAD 7 LAUDERDALE, FL 33319 </div>	<p>A. Signature </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 2/7/04</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. 7003 2260 0003 5651 0031</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

Bureau of Air Monitoring
and Mobile Sources

FEB 9 2004

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436164 FEB 9 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

112249 ~~STEVEN LAL~~ *CHANGED TO* *Guilbert Adme*
 DRY CLEANERS
 4129 N STATE ROAD 7
 LAUDERDALE FL 33319

RECEIVED
 FEB 13 2004
 Bureau of Air Mobility
 & Mobile Support
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: 61
 Fund: 20-2-035001
 Obj.: 002273



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422001 JAN21 2003

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112249
DRY CLEANERS STEVEN LAI 4129 N STATE ROAD 7 LAUDERDALE FL 33319

FOR GOVERNMENT USE ONLY Org.: 37550101000 Fund: 20-2-03500 Obj.: 002273
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Bureau of Air Mail
 & Mobile Services
 JAN 24 2003
 33319



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411943 DEC20 2001

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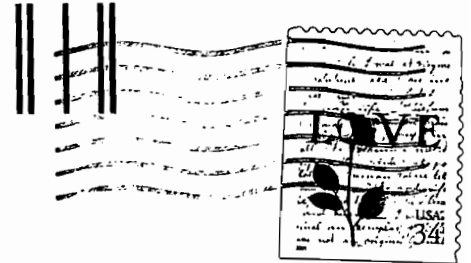
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112249
DRY CLEANERS
STEVEN LAI
4129 N STATE ROAD 7
LAUDERDALE FL
33319

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

FRESH LOOK INC.
4129 N. STATE RD 7.
LAUDERDALE LAKES
FL 33319.



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