

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES 199-2002.....
SOC REPORTS 4.....
COMP. STATUS - SNC MNC (IN)
5/17/2002

INSP - INS2 - Compliance Inspection
walkthrough
INSP - Broward Co - Cattle



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary-Designee

January 19, 2007

Mr. Faraidun Farshid
The DryCleaners
9610 Pines Boulevard
Pembroke Pines, Florida 33026

Re: Facility No.: 0112259-003

Dear Mr. Farshid:

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

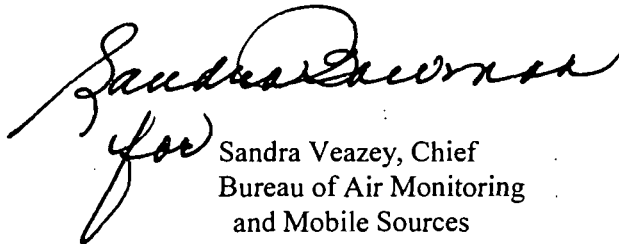
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
DEC 18 2006
Bureau of Environmental
& 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):	<i>Laundro Express of Hollywood, Inc.</i>
2. Site Name (For example, plant name or number):	<i>The Drycleaners</i>
3. Hazardous Waste Generator Identification Number:	<i>FLD982137564</i>
4. Facility Location: Street Address: City: _____ County: _____ Zip Code: _____	<i>9610 Pines Blvd Pembroke Pines Broward 33026</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>0112259-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____	<i>Faraidun (Frank) Farshid owner/operator</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____	<i>9610 Pines Blvd Pembroke Pines Broward 33026</i>
8. Responsible Official Telephone Number: Telephone: (____) _____-____ Fax: (____) _____-____	<i>(786) 554-2327 (305) 944-4565</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Same as above</i>
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")
<u>1989</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>Same</u>
_____	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?

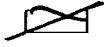
Check why it is less than 12 months: New owner: Did not keep records:

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 _____



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.

Faraidun Farshid

Print name of responsible official



Signature

Date

12/5/06

nd 'A' Cleaner
N.E. 163rd St
Miami Beach, FL 33160

MIAMI FL 331
1-40-DEC-2003 4:44 PM
MAIL
POSTAGE
PAID
PERMIT NO. 100
MIAMI FL
USA

Returned For Better Address

General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS 5518
Department of Environmental Protection
Mail station 4525
2600 Blair Stone Road, Tallahassee, FL 32399-2400