INSZ-Compliance Inspection walkthrough - 3/23/2006 INSP-Broward Co - CBittle



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

February 21, 2007

Ms. Jean Joachin The Dry Cleaners 5534 West Oakland Park Boulevard Lauderhill, Florida 33313

Re: Facility No.: 0112264-003

Dear Ms. Joachin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 18, 2007.

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

Sureau of Air Monitorin.

R 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.

Fac	Facility Name and Location					
1.						
B	M5 Clear	ners				
2.	Site Name (For example, plant	name or number)):			
	The Dry C	leaner	Š			
3.	Hazardous Waste Generator Ide	ntification Numb	per:		·	
	FLCESGG		1 ->			
4.	Facility Location: 5534	mast 0	axland P	RIVD		
	Street Address: City: Lau der hill	Country	000000	7in Cada	72710	
	city: Lay ber hill	County;	12: 0001 8	Zip Code:	35313	
5.:	Facility Identification Number (DEP Use ONLY	- do not fill in):	1100	2121	
Section 1	Facility Identification Number (The second second			
@ \$						
	sponsible Official	· 				
6.	Name and Title of Responsible	Official:				
Nar	ne: Jean Joa	chio	Title:	owner		
7.	Responsible Official Mailing Ac			•		
	Organization/Firm: Street Address:	gare				
	City:	County:		Zip Code:		
8.	Responsible Official Telephone	Number:	n (
	Telephone: (Q54) 736	33 3	Fax: () -	NA	
	ility Contact (If different from Name and Title of Facility Cont					
۶.	•	•	, plant manager).			
	San				<u>'</u>	
10.	Facility Contact Address:					
	Street Address: SA	~e			,	
	City:	County:		Zip Code:		
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11.	Facility Contact Telephone Nun Telephone: () -	iber: בי	Fax: () -		
	relephone. ()	(///	1 ax. (, -		

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	٠.
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
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/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 NEW unit (r permit). For each transf	ine was purchased no units purchased	I from the manufacturer between I I after September 22, 1993 are allo e, please provide the following inf	ormation:
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 V	EV. DC = -	officereted condenses CA =	ankon adaarka
*CONTROL DEVICE K	EY: KC = f	efrigerated condenser CA =	carbon adsorber
		have you used within the last 12 m	nonths?
gallor	ns (You must fill	this in)	
(b) If less than 12 mor		[] months : New owner: [`] Did not kee	
Check why it is les	s uian 12 months		
		New store: New machine	
		Unopened store [] (date of e	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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [] [] 2.5
What type of fuel do you use? [] propane
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

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.

DEP Form No. 62-213.900(2)

7. Surrender	of Existing DEP Air Permit(s)
Please indica	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 comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the tits 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. Somptly notify the Department of any changes to the information contained in this notification.
Print nan	ne of responsible official
Signatur	Date 14 67

DEP Form No. 62-213.900(2)

MJ Cleaners 5534 West Oakland Pk Blud Landerhill, Fl 33311

FT:LAUDERDALE FL 333 16 JAN 2007 PM 3 L



Attn: D Dibble, General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Dept. of Environmental Protection
2600 Blair Stone RL, MANSONSONOM
THIlahassee, FI, 32399-2400

32399+6542

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RECEIVED
AIR QUALITY DIVISION

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2007 JAN 19 PERCHLOROETHYLENE DRY CLEANER AMAR: GENERAL PERMIT NOTIFICATION FORM

Hir Quality #

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.

Fa	acility Name and Location	-		
1.	Facility Owner/Company Name (Name of corporation, agency, o	r indi	vidual owner):	
2.	Site Name (For example, plant name or number):		<u> </u>	FILE.
•	Hazardous Waste Generator Identification Number:			
3.				\mathcal{D}
	FLCESQG			
4.	Facility Location: 5534 WEST OAKLAH	D {	K BLVD	
	Facility Location: 5534 WEST CAKLAH: Street Address: City: LAUDERHILL County: Brown	tr:	D Zip Code:	73313
_	Facility Identification Number (DEP Use ONLY - do not fill in):		· ·	
Re	espansible Official			
<u>6.</u>	Name and Title of Responsible Official: Queis hard count			
Na	esponsible Official Name and Title of Responsible Official: Registred agentaine: Title	: (INHER	
7.	Responsible Official Mailing Address:			
	Organization/Firm: Street Address:			•
	City: County:		Zip Code:	
8.	Responsible Official Telephone Number:			. 1
	Telephone: (954) 730-2233 Fax:	() - X	1/2
Fac	acility Contact (If different from Responsible Official)	•		
	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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") Existing/New RC/CA/None required SAHE 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 Control Device Required* **Status** Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) 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? [30] gallons (You must fill this in) (b) If less than 12 months, how many? [I months Check why it is less than 12 months: New owner: [V] Did not keep records: [] New store: New machine

DEP Form No. 62-213.900(2) Effective: 2/24/99 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 - 2,100 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 [] 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [] [] 2.6
What type of fuel do you use? [] propane [] 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 o	of Existing DEP Air Permit(s)
Please indicat	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 notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. 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. Sometiment of any changes to the information contained in this notification.



JAN 1 9 2007

ENVIRONMENTAL PROTECTION DEPARTMENT - Air Quality Division Mailing Address: 115 South Andrews Avenue, Room A-240 • Fort Lauderdale, Florida 33301 954-519-1220 - FAX 954-519-1495

954-519-1495

FAX COVER

DATE:	1 19 07
TO:	Sandy Burman
FAX#:	850-922-6979
FROM:	E. Susky
	No. of pages including this cover sheet
SUBJECT: Du	Cleaning Title & permit Application
- ju	3 in
I thougant	Durvild fax you a copy so you
	rees it emmediately. Thanks for you
	help.
I f you	have only questions let me know. Lesusty- 954-519 11430

0112264-003 - ORIGINAL REC'D FROM
FACILITY R/O-1/18/07

AIR QUALITY

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RECEIVED AIR QUALITY DIVISION

PERCHLOROETHYLENE DRY CLEANER MAIR GENERAL PERMIT NOTIFICATION FORM

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Part III. Notification of Intent to Use General Permit

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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.

Fa	scility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
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2.	Site Name (For example, plant name or number):	
7.	Site Name (For example, plant name of minocr);	
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	INE DRY (NEANER	
3.	Hazardous Waste Generator Identification Number:	
	76-CESQ9	
. 4.	Facility Location: 5534 WEST CAKLAND PK BLVD	
	Street Address:	
	City: LAUDERHILL County: BROWARD Zip Code:	
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V. 5.4.		
7.7		
Res	esponsible Official	
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6. Nai	Name and Title of Responsible Official: Registred agent Title: OWHER	
	Name and Title of Responsible Official: Registred agent Title: Owner Owner Dear Owner Owne	
6. Nar	Responsible Official Mailing Address:	
	Responsible Official Mailing Address: Organization/Firm:	
	Responsible Official Mailing Address: Organization/Firm: Street Address:	
	Responsible Official Mailing Address: Organization/Firm:	
	Responsible Official Mailing Address: Organization/Firm: Street Address:	
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	
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7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Im-
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: Telephone: Telephone: Telep	IA-
7. 8.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: Telephone: (14) 730-2233 Fax: (1) - W	IA
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8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: Telephone: (954) 730-32-33 Fax: () - W cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	12
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: Telephone: (14) 730-2233 Fax: (1) - W	12
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DEP Form No. 62-213.900(2)

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l.(a) DRY-TO-DRY MA				
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		provide the following information		· · · · · · · · · · · · · · · · · · ·
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	Existing/Nev	w RC/CA/None required		
· · · · · · · · · · · · · · · · · · ·	Existing/Nev	w RC/CA/None required		
*CONTROL DEVICE KE	Y: RC≔re	frigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MACH	UNES ONLY			
How many washers do you	have on-site?	[]	•	
How many dryers/reclaime	rs do you have on	1-site? []		•
unit. If the transfer machine	was purchased f	the manufacturer prior to or on De from the manufacturer between De lifter September 22, 1993 are allow	ecember 9, 1991 and Septem	ber 22,
unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	was purchased f units purchased a	from the manufacturer between De	ecember 9, 1991 and Septem wed to operate under this gen	ber 22, eral alled ne of
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unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KE*	e was purchased funits purchased a machine on-site, Status (circle one) Existing/New Existing/New Y: RC = refetbylene (perc) has (You must fill thes, how many?	from the manufacturer between Deather September 22, 1993 are allow please provide the following information of the Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = ave you used within the last 12 methis in)	ceember 9, 1991 and Septem wed to operate under this gen rmation: Date Control Device Inst (if already included at timpurchase, write "SAME" carbon adsorber onths?	ber 22, eral alled ne of
unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KE 2.(a) How much perchloro [30] gallons (b) If less than 12 month	e was purchased funits purchased a machine on-site, Status (circle one) Existing/New Existing/New Y: RC = refetbylene (perc) has (You must fill thes, how many?	rom the manufacturer between Deather September 22, 1993 are allow please provide the following information of the Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = ave you used within the last 12 me his in) I months New owner: Did not keep New store: New machine	ceember 9, 1991 and Septem wed to operate under this gen rmation: Date Control Device Inst (if already included at tin purchase, write "SAME" carbon adsorber onths?	ber 22, eral alled ne of

3. What is the facility's source class Indicate with an "X". Select of		i the definitions found in section (3) of Part Π? nly.)
Small Area Source		
Dry-to-dry mach Transfer only on Both machine ty	-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		
Dry-to-dry mach Transfer only on Both machine ty		(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)
 What control technology is required (Indicate with an "X".) 	ired on machines p	cursuant to section (5) of Part II of this notification form?
Existing machines at smale (NONE REQUIRED)	ll area source	New machines at small area source Refrigerated condensor
Existing machines at large Carbon adsorber Refrigerated condenser	area source	New machines at large area source Refrigerated condenser []
5. A facility which contains non-ex- Rule 62-213.300, F.A.C. Verify the criteria or that no such units exist of	at all steam and ho	nits shall not be eligible to use the general permit pursuant to t water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating No such units on-site	units exempt	OR
How many boilers do you have on-	site?	
For each boiler, indicate its horsepo	ower (HP) rating: [<u> </u>
What type of fuel do you use?	propane No. 2 fuel No. 6 fuel	
6. Equipment Monitoring and Reco	ordkeeping Informa	ation
Check all logs which are required t	o be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent p	urchases/solvent ad	ldition log
(b) Leak detection inspection and r	epair	N
(c) Refrigerated condenser tempera	ture monitoring	2
(d) Carbon adsorber exhaust perc c	oncentration monit	toring []
(e) Startup, shutdown, malfunction	ı plan	

7. Surrender o	f Existing DEP Air Permit(s)
Please indicate	e 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
maintain comply w	s 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 it 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. AN JOACH IN
Prior name	e of responsible official 01-92-07
Signature	Date

NEW FACILITY
AIRS ID #
0251244-001

Dibble, Dickson

From:

Dilip Surana [dksmiami@yahoo.com]

Sent:

Friday, January 12, 2007 7:49 AM

To:

Dibble, Dickson

Subject: Re: AIRS-ID#-0250878, USHA INC dba DRYCLEAN USA

Dear Mr. Dibbl:

I mailed the letter yesterday, please let me know if you need any addition information, also i have mailed you one more application today about my store located @ 1561 SW 107th Ave Dryclean USA (old name was Euro Dry Cleaner 1559 SW 107th Ave) the local county office could not find any info in there system, the store is 20 years old, and i have used on and off this location since i owned (about 8 years), i want to make sure all the documents arr current, please let me know if you need any info from me.

Thanks.

Dilip K. Surana 🕮 305-984-8104 Cell

---- Original Message ----

From: "Dibble, Dickson" < Dickson. Dibble@dep.state.fl.us>

To: dksmiami@yahoo.com

Cc: "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us>

Sent: Friday, December 29, 2006 2:42:44 PM

Subject: AIRS ID# 0250878, USHA INC dba DRYCLEAN USA

Dear Mr. Dilip Surana,

Thank you for returning my call of 12/28/06.

This is to reaffirm our conversation of 12/29/06 regarding the notation you made on our invoice sent to your facility for the remittance of the annual operation fee. Your note read, "No longer in use. This is only a drop-off store.".

- In order for me to update your facility to an INACTIVE status, I will need authorization in the form of a letter signed by you, stating to the effect that you have/have had all perchloroethylene dry cleaning machine(s) and perchloroethylene chemicals removed from your facility, the date when all were removed, and that your facility is currently being used as a drop-off facility/store only.
- With respect to the annual operation fee of \$50.00, the annual operation fee is invoiced in arrears and represents your obligation for the year 2006. Since your facility operated as a dry-cleaning facility utilizing perchloroethylene as the dry-cleaning solvent during a portion of the 2006 year, you are still responsible for the submission of that fee. In light of this, a letter will be forthcoming from my department with additional remittance advice concerning the payment of that fee.

Please contact me if you have any questions, and thank you for your kind wishes for the holidays and the New Year.

May you also have blessed holidays!

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

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