



Florida Department of Environmental Protection

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

November 19, 2009

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Mr. Patrick Sultan, President
Total Cleaners, Incorporated
6900 Stirling Road
Hollywood, Florida 33024

Re: Facility No: 0112283-003

Dear Mr. Sultan:

The Department has received the Air General Permit Registration Form for the **Perchloroethylene Dry Cleaner** facility that you submitted on October 19, 2009.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.


For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg.

General Permit Scanning Submission Form

Case File ID : 0112283-003 (D/C)

To be filled in by Customer:

	The following sections are included:	Document Date	Page Count
✓	Acknowledgement Letter	11/19/2009	1
✓	Registration	10/19/2009	5
	Fee Acknowledgement		
	Correspondence		

Customer Verification:

The above checked sections are included in this case file:

Customer Signature: *P. Hunt* NOV 20 2009

To be filled in by Scan Operator:

✓	The following sections were scanned:
✓	Acknowledgement Letter
✓	Registration
	Fee Acknowledgement
	Correspondence(s)

QC KEC
 Val KEC
 QA KEC DEC 03 2009

Scan Operator Verification:

The above checked sections were scanned for this case file:

Scan Operator Signature & date: *[Signature]*

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

OCT 19 2009

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):	PATRICK SULTAN PRESIDENT
2. Site Name (For example, plant name or number):	TOTAL CLEANERS INC
3. Hazardous Waste Generator Identification Number:	HM-01576-09
4. Facility Location: Street Address: City:	6900 STIRLING ROAD. HOLLYWOOD FL County: BROWARD Zip Code: 33024-1840
5. Facility Identification Number (DEP Use ONLY; do not fill in):	0112283-003

Responsible Official

6. Name and Title of Responsible Official: Name:	PATRICK SULTAN Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	6900 STIRLING ROAD HOLLYWOOD FL County: BROWARD Zip Code: 33024
8. Responsible Official Telephone Number: Telephone:	CEL (954) 962-6166 FAX (954) 701-3460

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SHERY MAY
10. Facility Contact Address: Street Address: City:	SAME AS ABOVE County: Zip Code:
11. Facility Contact Telephone Number: Telephone:	CEL (954) 962-6166 FAX (954) 600-6808

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")
NOV 95	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?

210-885710

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")
NOV 95	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
_____	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? 1

For each boiler, indicate its horsepower (HP) rating: 20

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.

PATRICK SULTAN

Print name of responsible official


Signature

10/15/09.
Date

FT LAUDERDALE
FL 333
15 OCT 2003 PM 11



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES-MS5510
DEPT. OF ENVIRONMENTAL PROT.
2600 BLAIR STONE ROAD.
TALLAHASSEE FL. 32399-2400

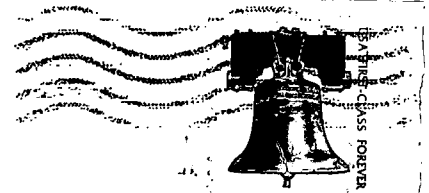
32399+6302



FT LAUDERDALE

FL 333

25 OCT 2000 9:41 LT



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES MS5510
DEPT. OF ENVIRONMENTAL PROF.
2600 BLAIR STONE ROAD.
TALAHASSEE FL 32399-2400

32399+6342



ENTER TO THE RECEIVING OFFICE

TOTAL CLEANUP INC
6900 STIRLING ROAD
HOLLYWOOD FL 33024