NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 196-2005
SOC REPORTS 6
COMP. STATUS - SNC MNC (I)
4/26/2006

INSZ-compliance tyspection walkthrough

INSP-Broward Co-CB



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blairstone Road Tallahassee, Florida 32399-2400

Michael W. Sole Secretary - Designee

Charlie Crist

Jeff Kottkamp Lt. Governor

Governor

January 16, 2007

Mr. Sean Lee J & H Cleaners 825 West Sample Road Deerfield Beach, Florida 33064

Re: Facility No.: 0112301-003

Dear Mr. Lee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 15, 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 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. Sen completed form to the address listed in the instructions and keep a copy of the form for your file Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LONEHUL INVESTMENTS 2. Site Name (For example, plant name or number):	Bureau cr. 2006 cs.
Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
LONEHIL INVESTMENTS.	
2. Site Name (For example, plant name or number):	
J+H CLEANERS.	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 825 WEST SAMPLE ROAD.	\dashv
Street Address: City: DEERFIELD County: BROWARD Zip Code: 83064	
5. Facility Identification Number (DEP Use ONLY odo not fill in)	
Responsible Official 6. Name and Title of Responsible Official: Name: Title:	_
Name: SEAN LEE Title: PRESIDENT.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 825 WEST SAMPLE ROAD.	
City: DEERFIELD BEACH County: BROWARD Zip Code: 83064	
8. Responsible Official Telephone Number: Telephone: (954) 765 8667. Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	1
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Information

and to dry in	achines do you hav	re on-site?			
For each dry-to-dry mac	hine on-site, please	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")		
1986	Existing Ne	RC)CA/None required	SAME		
	Existing/Ne	w RC/CA/None required			
	Existing/Ne	w RC/CA/None required			
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber		
1.(b) TRANSFER MAC	THINES ONLY				
How many washers do yo	ou have on-site?	[]			
How many dryers/reclain	ners do you have o	n-site? []			
		after September 22, 1993 are allow please provide the following info			
permit). For each transfe Date Initially Purchased		after September 22, 1993 are alloplease provide the following info Control Device Required* (circle one)	wed to operate under this general		
permit). For each transfe Date Initially Purchased	er machine on-site, Status	please provide the following info Control Device Required*	wed to operate under this general ormation: Date Control Device Installed (if already included at time of		
permit). For each transfe Date Initially Purchased	Status (circle one)	please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of		
permit). For each transfe Date Initially Purchased	Status (circle one) Existing/New	please provide the following info Control Device Required* (circle one) RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of		
	Existing/New Existing/New Existing/New Existing/New	Please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of		
permit). For each transfer Date Initially Purchased From Manufacturer	Existing/New Existing/New Existing/New Existing/New Existing/New	Please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")		
Date Initially Purchased From Manufacturer CONTROL DEVICE KI	Existing/New Existing/New Existing/New Existing/New Existing/New	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 metals are solved.	wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")		
permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	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)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME")		
Permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [60] gallor (b) If less than 12 mon	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	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)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?		
Permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [60] gallor (b) If less than 12 mon	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	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 ments in) months	wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber precords: []		

DEP Form No. 62-213.900(2) Effective: 2/24/99

	ility's source classif an "X". Select one			nitions found in s	ection (3)	of Part II?	
Small Aı	rea Source	(X)					
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-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 Ar	rea Source	<u></u> j					
	Dry-to-dry machine Transfer only on-sit Both machine types	te	(used 20	40 - 2,100 gallons 00 - 1,800 gallons 40 - 1,800 gallons	of perc pe	er year)	
4. What control te (Indicate with	chnology is require an "X".)	d on machines p	pursuant (to section (5) of P	Part II of th	is notification fo	rm?
	machines at small a	rea source		New machines a Refrigerated con		a source	
Carbon a	machines at large ar dsorber [tted condenser [ea source		New machines a Refrigerated con		source	
Rule 62-213.300,	h contains non-exen F.A.C. Verify that a such units exist on-s	ill steam and ho	t water g	enerating units on			
All steam and hot No such units on-s	water generating un site	its exempt		OR			
How many boilers	do you have on-site	? 🔟					
For each boiler, in	dicate its horsepowe	er (HP) rating: [<u>15)</u> [_]()			
What type of fuel of	do you use? [_ [_] propane] No. 2 fuel] No. 6 fuel		natural ga No. 4 fuel Other (ple	l oil		
6. Equipment Mon	itoring and Recordl	keeping Informa	ation				
Check all logs whi	ch are required to b	e kept on-site ir	n accordai	nce with the requi	irements of	f this general per	mit:
(a) Purchase receip	ots and solvent purcl	nases/solvent ad	dition lo	g	راك		
(b) Leak detection	inspection and repa	ir					
(c) Refrigerated co	ndenser temperature	monitoring					
(d) Carbon adsorbe	er exhaust perc conc	entration monit	toring				
(e) Startup, shutdo	own, malfunction pla	an			[]		

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	ate with an "X" the appropriate selection:
(AL)	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 I will pro	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 airs made in this notification are true, accurate and complete. Further, I agree to operate and in 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. Some of responsible official Date Date

DEP Form No. 62-213.900(2) Effective: 2/24/99 SHICKENDS
825 Nept Scuple RO

DEOVIND BEACH

13 DEC 2006 PM & L

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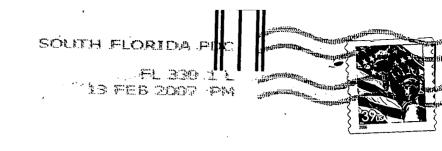
SOUTH FLORIDA PDC

16 DEC 2006 PM & L

SOUTH FLORIDA PDC

16 DEC 2006

JHY Cleaners
825 West Sample AD
Deorfield Beach
FL 33064



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

, · ¾

469297 FER15207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label AIRS ID# 112301 J & H CLEANERS INC 825 W Sample Rd POMPANO BEACH, FLORIDA 33064

FLAIR ACCT, CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200**

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

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