

Florida Department of **Environmental Protection**

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

February 18, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Rocky Marmolesos Today's Best Cleaners, LLC 1304 North Federal Highway Pompano Beach, Florida 33062

Re: Facility No.: 0112386-004

Dear Mr. Marmolesos:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty 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 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 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 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.

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 19.7-2006
SOC REPORTS 5.
COMP. STATUS-SNC MNC (IN)
THIT-SOCK-Statement of
Compliance Report - 4/3 of 2007-IN
SEBR-BOWARD CO-CBIHLE

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED WAN 16 2008

Part III. Notification of Intent to Use General Permit

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Our of Action of completed form to the address listed in the instructions and keep a copy of the form for your files

Fac	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	TADAYI ROLL CLEARED! 11.C
2.	Site Name (For example, plant name or number):
۷.	one rame (1 or example, plant hame of hamber).
	Hazardous Waste Generator Identification Number:
3.	
	FLR000036335 (MCF)
4.	
	Street Address:
	City: Pompano Deach County: Zip Code:
	1304 N FEDERAL HWAY BROWARD 3506 L
5.	Street Address: City: Poinpand Beach County: 1304 N FEDERAL HWAY BROWARD Facility Identification Number (DEP Use ONLY - do not fill in): 1304 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1304 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1304 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1304 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1304 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1305 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1306 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1307 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1308 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1308 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1308 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1308 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in): 1308 N FEDERAL HWAY BROWARD Tacility Identification Number (DEP Use ONLY - do not fill in):
	しいしゅうりんてい
	UITOSUY
	sponsible Official
	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Title: UICE PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address:
	City: Jupiter County: W.P.B Zip Code: 33478
8.	Responsible Official Telephone Number:
	Telephone: (561) \$58-0066 Fax: () WONE
	400
T 7	The Control of the Co
	cility Contact (If different from Responsible Official)
У.	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: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	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")
09/1997	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	And the state of t
*CONTROL DEVICE K	EY: RC = re	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? []	4
·			
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased to units purchased ter machine on-site	I from the manufacturer between I d after September 22, 1993 are alle e, please provide the following in	
unit. If the transfer mach	ine was purchased no units purchased	I from the manufacturer between I after September 22, 1993 are alle	December 9, 1991 and September 22, owed to operate under this general
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site Status	I from the manufacturer between I after September 22, 1993 are alle, please provide the following in Control Device Required*	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site Status (circle one)	I from the manufacturer between I after September 22, 1993 are alle, please provide the following in Control Device Required* (circle one)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
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unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New	I from the manufacturer between I after September 22, 1993 are alle, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purch	if from the manufacturer between it after September 22, 1993 are alles, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	d from the manufacturer between I d after September 22, 1993 are alle, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required AC/CA/None required RC/CA/None required	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = remains (You must fill	d from the manufacturer between I d after September 22, 1993 are alle, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 rethis in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo gallo (b) If less than 12 more	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New	d from the manufacturer between I d after September 22, 1993 are alle, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 rethis in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo gallo (b) If less than 12 more	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New	d from the manufacturer between I d after September 22, 1993 are alle, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 rethis in) To months New owner: Did not keep	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
wnit. If the transfer maching 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K 2.(a) How much perchlo gallo (b) If less than 12 more	ine was purchased to units purchased to units purchased the remachine on-site status (circle one) Existing/New	d from the manufacturer between I d after September 22, 1993 are alle, please provide the following into Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 rethis in)	December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	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) [Wew 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: [] []
	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

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

7. Surrender of	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
L- X 1	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 faction. 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. Impuly notify the Department of any changes to the information contained in this notification. Impulse Holeson

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. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

<u>.</u>	Facility Owner/Company Na		,	
>	10 DAY'S I	30st DRY	CLOSUPRE	<u> </u>
2.	Site Name (For example, pla	ant name or number);		
-	(1) PLANT			
3	Hazardous Waste Generator	Identification Number		<u> </u>
<u></u>	Facility Location:			
4.	Facinity Location: Street Address:			
	City:	County:		Zip Code:
and the s		THE PARTY OF THE P		
	Reculty Identification Number	erither reconstruction		
	sponsible Official Name and Titls of Responsi	his officials		
	me:	DIE OHICIAL	Title:	
		•		
7.	Responsible Official Mailing	g Address:	· Mal	40/070C
	Organization/Firm:	Toda p. L. U.		10 22 20 3
	Responsible Official Mailing Organization/Firm: Street Address: 1307 City: PO MODNO F/	County:	w /	Zin Code:
	PO MPANO FL.	Browned		Zip Code: 3306こ
Ř		one Number:		
	Telephone: ()	•	Fax: () -
Fac	cility Contact (If different fr	om Responsible Official)		ARM
	Name and Title of Facility (Contact (For example, plant	manager):	
9.				
9.			· ·	
	Facility Contact Address:			
	Facility Contact Address:			
	Street Address:	_		
		County:		Zip Code:
10.	Street Address:			Zip Code:

14

PAGE 02/04

DEP Form No. 62-213.900(2)

Effective: 2/24/99

FDEP DIVISION OF AIR

BEST AVAILABLE COPY

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 mach	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")		
14/50	- V				
6/2/98	Existing/Ne	w RC/CA/None required	SLMe		
	Existing/Ne	w RC/CA/None required			
	Existing/Ne	w RC/CA/None required			
*CONTROL DEVICE KE	EY: RC = re	efrigerated condenser CA =	carbon adsorber		
i.(b) TRANSFER MACI	HINES ONLY				
How many washers do yo	u have on-site?				
How many dryers/reclaim	ers do you have o	on-site? []			
	· ·	•	December 9, 1991, it is an EXISTING December 9, 1991 and September 22,		
1993, it is a NEW unit (n permit). For each transfe	7 machine on-site	e, please provide the following inf			
1993, it is a NEW unit (n					
1993, it is a NEW unit (n permit). For each transfe Date initially Purchased	r machine on-site Status	e, please provide the following inf Control Device Required*	Ormation: Date Control Device Installed (if already included at time of		
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1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor	T machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	c, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA= Characteristic condenser CA= CA= CA= CA= CA= CA= CA= CA	Date Control Device Installed (if already included at time of purchase, write "SAME")		
CONTROL DEVICE KI 2.(a) How much perchlor	Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 m this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")		
CONTROL DEVICE KI 2.(a) How much perchlor [b) If less than 12 mon	Status (circle one) Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 m this in) months	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?		
CONTROL DEVICE KI 2.(a) How much perchlor [b) If less than 12 mon	Status (circle one) Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser CA = thave you used within the last 12 m this in) months New owner: Did not kee	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber anonths?		
CONTROL DEVICE KI 2.(a) How much perchlor [b) If less than 12 mon	Status (circle one) Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = this in) months New owner: Did not kee New store: New machine	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?		
CONTROL DEVICE KI 2.(a) How much perchlor [b) If less than 12 mon	Status (circle one) Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser CA = thave you used within the last 12 m this in) months New owner: Did not kee	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?		

	3. What is the facility's source clar Indicate with an "X". Select		on the definitions found in section (3) of Part II?
	Small Area Source	المحا	
	Dry-to-dry mach Transfer only or Both machine ty		(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		
	Transfer only or 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)
	4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of Part II of this notification form?
	Existing machines at sma (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser
	Existing machines at large Carbon adsorber Refrigerated condenser	ee area source	New machines at large area source Refrigerated condenser []
->	Rule 62-213.300, F.A.C. Verify t	hat all steam and i units exist on-site	units shall not be eligible to use the general permit pursuant that water generating units on-site meet the following (see attached memo for the criteria).
	How many boilers do you have on	-site?	
->	For each boiler, indicate its horser	ower (HP) rating:	<u>1151</u>
	What type of fuel do you use?	propane No. 2 fue	tour annual to the same and
	6. Equipment Monitoring and Rec	• •	
			in accordance with the requirements of this general permit:
	(a) Purchase receipts and solvent p		
	(b) Leak detection inspection and	repair	nitoring
	(c) Refrigerated condenser temper	ature monitoring	<u>(4)</u>
	(d) Carbon adsorber exhaust perc	concentration mot	nitoring []
_ > >	(e) Startup, shutdown, malfunction	n plan	igsim

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



Florida Department of **Environmental Protection**

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

Jeff Kotthamp Lt. Governor

Michael W. Sole Secretary

TRANSMITTAL FAX SHEET

DATE:	2/8/08
TO:	Rocky Marmalesos
PHONE	FAX: 954/782-4442
FROM:	Cecily Tart PHONE: 850/421-4873
	Division of Air Resources Management FAX: 850.922.6979
RE:	
CC:	
Mess	Mr. Marmolesos,
	Please fill out the missing parts of the form indicated
	by arrows. Pg 14: 1,2,7 Control Pg 15: 1(a); Manufacture date, Status, device y installation
	Thankyon for questions call me @ 350/921-9513

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

Sanjervai@Comcast.net

[Rocky Mamolesos]

Fax. (954) 782-4442

Pocky Mermolegos
Today's best Dry Cleaners
1304 N. Federal Hwy
lompano Beach FL 33062

Configuration Permits Section

Berrenation of Air Monitoring and
Mobile Sources, MS 551P, Protection
Department of Environmental Protection

2600 Blair Road

2600 Blair Road

2600 Blair Road

2600 Blair Road