



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

November 16, 2007

Ms. Lisbeth Somoza
Town Center Bonaventure Cleaners
1054 Fairfax Lane
Weston, Florida 33326

Re: Facility No.: 0112444-003

Dear Ms. Somoza:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 8, 2007.

As you know, pursuant to Florida Statutes section 403.814, 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.

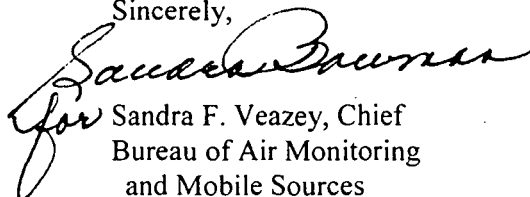
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must 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.

Sincerely,


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 7/99-2005
SOC REPORTS 5
COMP. STATUS - SNC MNC (IN)

Insp-Ins2 - Compliance Inspection
walkthrough - 7/31/2006 - IN
Insp - Broward Co - C. Bittle



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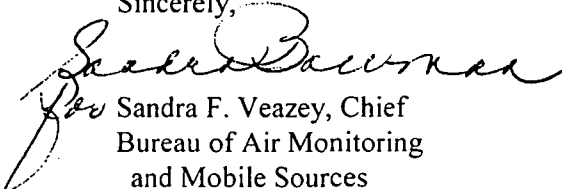
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Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

December 5, 2007

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

Ref.: Facility No. 0112444-003

Dear Ms. Veazey:

Please I want to change my mailing address and location:

Lisbeth Somoza
Hulias, Inc
D/B/A; Town Center Bonaventure Cleaners
16648 Saddle Club Rd.
Weston, Fl. 33326

Thank you,
Sincerely



Lisbeth Somoza
954-540-3641

RECEIVED
DEC 10 2007
Bureau of Air Monitoring
& Mobile Sources



Florida Department of Environmental Protection

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

November 16, 2007

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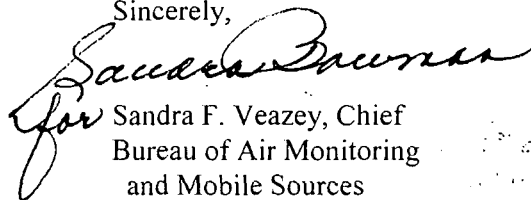
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Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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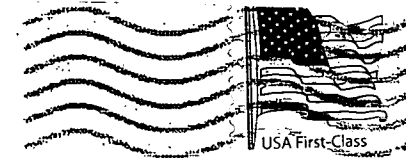

Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

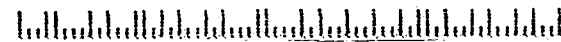
Hulas, Inc.
Town Center Cleaners
16648-16650 Saddle Club Road
Weston, FL 33326

FT. LAUDERDALE
FL 333
06 DEC 2007 PM 1 T



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

32399+6542



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OCT 08 2007

BROWARD ENVIRONMENTAL PROTECTION DEPARTMENT PPRD

OCT -1 PM 1:11

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANING 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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>HULIAS INC</i>
2. Site Name (For example, plant name or number): <i>TOWN CENTER BONAVENTURE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLR 000123984</i>
4. Facility Location: Street Address: <i>16648 SADDLE CLUB RD.</i> City: <i>WESTON</i> County: <i>BROWARD</i> Zip Code: <i>33326</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0112444-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>LIS BETH SONDZA</i> Title: <i>VICE PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1054 FAIRFAX LN</i> City: <i>WESTON</i> County: <i>BROWARD</i> Zip Code: <i>33326</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 540 3641</i> Fax: <i>(954) 619 1113</i>

Facility Contact (If different from Responsible Official)

9. 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? [01]

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>UNK</u>	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

[100] gallons (You must fill this in)

(b) If less than 12 months, how many? [7] 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".)

- | | |
|---|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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: 2 0

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.

Print name of responsible official



Signature

10/05/2007
Date

Years
1993
1996

RECEIVED
OCT 25 2007
Bureau of Air, Water,
& Mobile Source

Facility Information

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_____	Existing/New	RC/CA/None required	_____
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fish

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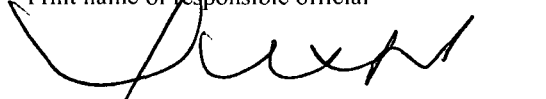
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LISBETH SOMOZA

Print name of responsible official



Signature

10/05/2007

Date

ID. 20-5815858

Hullias, Inc



LISIBETH SOMOZA

TOWN CENTER BONAVENTURE CLOVERS (HALL'S INC)

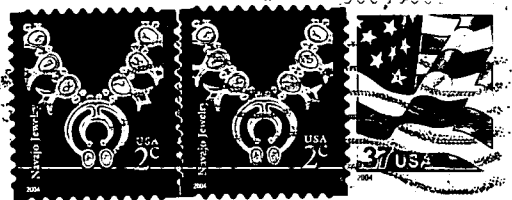
16648 Saddle Club Rd

Weston, FL 33326

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General Permits Section

Bureau of Air Monitoring and
Mobile Source

2600 Blair Stone Rd. MS# 5510
Tallahassee, FL 32399

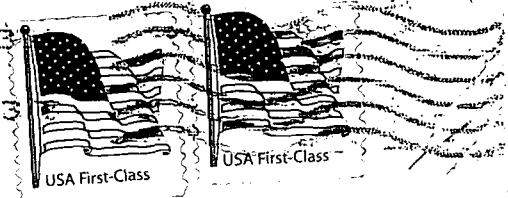
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Hulias Inc. Town Center Cleaners
16648 Saddle Club Road
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05 OCT 2007 PM 3



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Dept of Environmental Protection
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Tallahassee, FL 32399-2400