FILE

### April 26, 2007

Ref: AIRS ID# 0112507 Co. Name: DANVIC CORP

Site Name: COUTURE CLEANERS

I called R/O Vickie Nguyen to determine why she had submitted a new PERC Notification form (04/23/07). Her current entitlement (project #002) is valid until 04/08/2010.

Ms. Nguyen indicated that there was no change in ownership, but just a change in the name of her corporation and new site name. She thought that she needed to submit a complete new form, but wasn't sure, so she decided to anyway.

There were no other changes to be made and I informed her that I would make the necessary administrative changes and there was no need for her to apply for a new entitlement at this time. I informed her that her current entitlement is valid until 04/08/2010.

Dick Dibble April 26, 2007

as Wibble

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.

Facility Name and Location				
Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
DANVIC CORP				
2. Site Name (For example, plant name or number):				
COUTURE CLEANERS				
3. Hazardous Waste Generator Identification Number: HM 01488-04  15 SE 2nd Ne				
4. Facility Location: Street Address: 15 SE 2nd Ne City: Decryteld Beats County: Broward Zip Code: 33441				
5. Facility Identification Number (DEP Use ONLY: do:not fill in)  O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Responsible Official				
6. Name and Title of Responsible Official: Name: VICKIE NGUEN  Title: prestlent				
7. Responsible Official Mailing Address: 15 SE 2nd Ave				
Street Address: City: Deerfill beach County: broward Zip Code: 33441				
8. Responsible Official Telephone Number: 954 895 6357 Telephone: (954) 44 - 2222 Fax: (954) 44- 9998				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
10. Facility Contact Address: Same above				
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	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")
2004	Existing/Ne	RC/CA/None required	<u> </u>
	Existing/Ne	w RC/CA/None required	
<del></del>	Existing/Ne	w 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?	[ none]	
How many dryers/reclain	ners do you have o	on-site? [NOVL]	,
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (r permit). For each transf	ne was purchased to units purchased er machine on-site	from the manufacturer between la after September 22, 1993 are allow, please provide the following inf	·
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	<u> </u>
<del></del>	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K  2 (a) How much perchlo		efrigerated condenser CA =	carbon adsorber
[]S gallo	ns (You must fill	this in)	
(b) If less than 12 more	nths, how many?	[] months	
Check why it is le	ss than 12 months	: New owner: [] Did not kee	
		New store: [] New machin	
		Unopened store [] (date of	expected opening

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

3. What is the facility's source classification based on Indicate with an "X". Select one classification of				
Small Area Source				
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 Area Source				
Transfer only on-site	(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)			
<ol> <li>What control technology is required on machines p (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part II of this notification form?			
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	[ <b>№</b> 4] OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [3] [0] [hp]				
What type of fuel do you use?  [] No. 2 fuel  [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	nation			
Check all logs which are required to be kept on-site in	in accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	<u> </u>			
(b) Leak detection inspection and repair				
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring  [X]				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan	· ( <u>X</u> )			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	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.  Somptly notify the Department of any changes to the information contained in this notification.  THE NOWEN
	Signature	4/17/07 Date

## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 450838 MAR 3208

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

O// 2507

IS S EAST Z PARA CT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

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

Printed on recycled paper.

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

INC.

2: Site Name (For example; plant name or number):

Facility Name and Location

NU LOOK IN CLEANERS.
3. Hazardous Waste Generator Identification Number:
HM -01488 - 04
4. Facility Location: Street Address: 15 SE 2 nd AVL. City: Deerfield Beach. County: Broward. Zip Code: 33441
5. Facility Identification Number (DEP Use ONLY do not fill to 2 002
Responsible Official
6. Name and Title of Responsible Official: Name: VICKIE NGUYEN Title: Arcstdout.
7. Responsible Official Mailing Address: NU LOOK Ihr Cleaner? Organization/Firm: Street Address: 15 SE 2nd Avenue. City: Deerfeld beach County: Broward Zip Code: 33441.
8: Responsible Official Telephone Number: Telephone: (454) 44- 9998

Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
	VICHIE NGUYEN.					
10: Facility Contact Addres	s: NULO	OK the cleaners				
Street Address: 15 Street Addres	Street Address: 15 SE 2nd Avenue. City: Delefield Beach County: Broward Zip Code: 32433.					
11. Facility Contact Telephore: (454)	11. Facility Contact Telephone Number: Telephone: (454) 4-222 Fax: (454) 41-4498.					
Facility Information						
1.(a) DRY-TO-DRY MAC	HINES ONLY	•				
How many dry-to-dry machi	nes do you have	e on-site?				
For each dry-to-dry machine	on-sitë, please	provide the following informati	ön:			
Date Initially Purchased Installed	Status	Control Device Required*	Date Control Device			
From Manufacturer of	(circle one)	(circle one)	(if already included at time			
¥.		•	purchase; write "SAME")			
2004	Existing/Vey	RC/CA/None required				
	Existing/Nev	RC/CA/None required				
·	Existing/Nev	v RC/CA/None required				
*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber						
1.(b) TRANSFER MACHINES ONLY						
How many washers do you h	How many washers do you have on-site?					
How many dryers/reclaimers	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 <b>EXISTING</b> unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22; 1993; it is a <b>NEW</b> 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 St Installed	atus	Control Device Required*	Date Control Device			
* *-* **	ircle one)	(circle one)	(if already included at time			
O1			purchase, write "SAME")			

	Existing	/New RC/	CA/None required		
	Existing	/New RC/	CA/None required		
	Existing	/New RC/	CA/None required		
*CONTROL DEV	VICE KEY:	RC = refriger	ated condenser	CA = carbon a	adsorber
2.(a) How much	perchloroethylene	(perc) have y	ou used within the	last 12 months?	
	_] gallons (You r	nust fill this in	)		
(b) If less than	12 months, how	many? []	months		
Check why	it is less than 12	months: New	owner: [] Di	d not keep records	:: []
		New	store: New	v machine []	
		Uno	pened store []	(date of expected	opening
Indicate with	ility's source class an "X". Select of ea Source		on the definitions in only:)	found in section (	3) of Part II?
	Dry-to-dry machi Transfer only on- Both machine typ	site	(used less than	140 gallons of pe 1200 gallons of pe 140 gallons of pe	rc për year)
Large Ar	rea Source	[	ل		
	Dry=to=dry machi Transfer only on- Both machine typ	sité	(used 200 - 1,8	100 gallons of pero 800 gallons of pero 800 gallons of pero	për year)
4: What control to form?	<del>74</del> •	red on machin	ës pursuant të secti	ön (5) öf Pärt II o	f this notification
·	•	l-ama-ami-ad	Nove		
	machines at smal REQUIRED)	X		machines at small gerated condenser	area source
Carbon a	machines at large dsorber ated condenser	area source	***************************************	machines at large gerated condenser	area source

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: [ 0 ]				
What type of fuel do you use?				
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.				

9.

### Responsible Official Certification

9.

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

Date

AIRS ID#0112507 DDN#: 469450

From Danvic corporation
15 SE 2nd Avenue
Deerfield Beach F133441

REP 22 2007

Sureau of At Montar.

## **BEST AVAILABLE COPY**



# Florida Department of Environmental Protection

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

February 1, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole . Secretary - Designee

## SECOND NOTICE OF ANNUAL OPERATION FEE

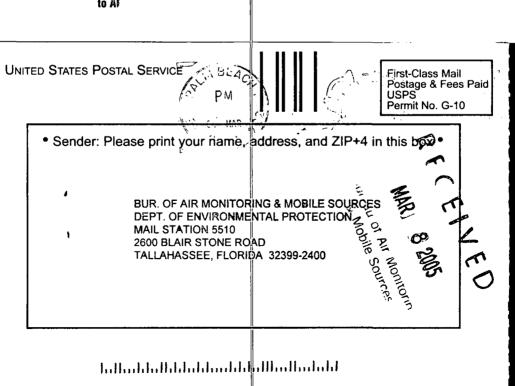
TC. Vers of Title V Air General Permits

the Distingtof A :- P - course a source

439 7651	For delivery information visitiour website at www.usps.com			
m	Postage 3	\$		_
000	Certified Fee		Postmark	
1	Return Receipt Fee (Endorsement Required)			
510	Restricted Delivery Fee (Endorsement Required)			
m	Total Postage & Face			
7004	AIRS ID#01125072 <sup>nd</sup> Cert 05 NU-LOOK 1HR CLEANERS #34			
Street, Apt. No.; 15 SE 2nd Avenue or PO Box No. DEERFIELD BEACH, FL 33441				
	PS Form 3800 Ju			

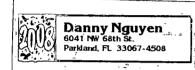
· · · · · · · · · · · · · · · · · · ·	- 1/4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID#01125072 <sup>nd</sup> Cert 05 NU-LOOK 1HR CLEANERS #34	•
15 SE 2nd Avenue DEERFIELD BEACH, FL 33441	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 25 (Transfer from service label)	10 0002 3939 7651
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

coss to Af

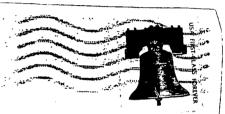


15 SE 2nd Ne FL 334 7 T Deerfold beach F1 33441 20 APR 2007 PM licence # HM 01488-04 To General Permit Section Bureau of Air Monitoring and Mobile Sources Department of Environment protection 2600 Blair Stone Road tallahassee, +1 32399-2400. 323::+6762"""" Influence and the Influence of the Influ Fickie ngupen WEST PALM BEACH 6041. NW 68" street FL 334 6 1 Rarkland SR 33067 17 FEB 2007 PM TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

contine cleaners (Parvic corp)



WEST PALM BEACH FL 334 5 L CD SEP 2008 PM



Protection deneral Permits Section bareau of this Monitoring & Mobile Source 2600 Blair Stone Road MS # 55/0
Tallahassee, Florida 32399-2400

32399+6542