



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-Designee

March 7, 2007

Mr. Pablo Jana
Eagle Cleaners
4520 Hollywood Boulevard
Hollywood, Florida 33021

Re: Facility No.: 0112561-002

Dear Mr. Jana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 30, 2007.

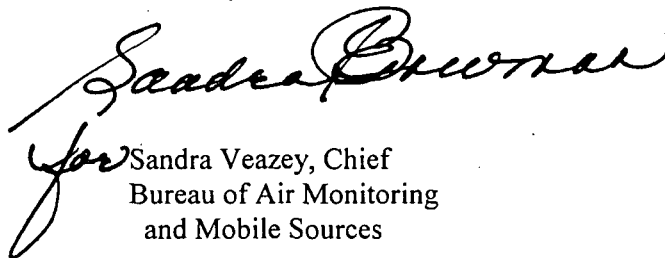
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2001-2005
SOC REPORTS 2
COMPLIANCE STATUS IN

2/3/2006

INSP-INS2-Compliance Inspection
Walkthrough
INSP-Howard Co - cattle

0112561

RECEIVED
QUALITY DIVISION
2007 JAN 30 PM 1:01
FEB 26 2007

PERCHLOROETHYLENE DRY CLEANER
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):	RAMAN INC
2. Site Name (For example, plant name or number):	EAGLE CLEANER
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	4520 HOLLYWOOD BLVD
City:	HOLLYWOOD County: BROWARD Zip Code: 33021
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0112561-002

Responsible Official

6. Name and Title of Responsible Official: Name:	PABLO JANA	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	EAGLE CLEANER	Street Address:	4520 HOLLYWOOD BLVD
City:	HOLLYWOOD County: BROWARD	Zip Code:	33021
8. Responsible Official Telephone Number: Telephone:	(954) 962-6200	Fax:	(954) 983-2589

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?

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")
11/9/96	Existing/New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	11/9/96
_____	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?

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/New	RC/CA/None required	_____
_____	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".)

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

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

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 X
- 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.

X PABLO JARA
Print name of responsible official

[Signature]
Signature

X 12/23/06
Date

EXTREMELY URGENT

**DO NOT SEND CASH, CASH EQUIV
DHL CANNOT DEL**

BEST AVAILABLE COPY

All services provided by
DHL Express are subject to

Do not use this env

FROM
 692150804 139688544
 AIR QUALITY
 BROWARD COUNTY
 1 UNIVERSITY DR STE 205
 PLANTATION FL 33324
 REN LARSON 954-519-1433

Payment
 Bill to:
 Receiver 3rdParty

 Paid in Advance
 Billing Reference (will appear on invoice)
 # of Pkgs Weight (LBS) Packaging One box must be checked
 Express Envelope Express Pack Other Packaging

Origin Waybill Number
 MMR 62547247545



Next Day
 10:30
 Next Day
 12:00
 Next Day
 3:00

TO
 GENERAL PERMITS SECTION
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL FL 32399
 Dept of Env Protection 8509719586

Special Instructions
 SAT HAA
 LAB

2nd Day

62547 247545
 62547 247545

* 62547247545 *
 001 0909 EC PACKAGE LABEL
 Gen

TLHX6Z FSC

und
 @hom
 Smar

CLIFTON R. BITTLE
Environmental Licensing Manager



Department of Planning & Environmental Protection (DPEP)
Air Quality Division
218 S.W. 1st Avenue • Fort Lauderdale, FL 33301
954-519-1208 • FAX 954-519-1495
E-mail: cbittle@broward.org

0112561

RECEIVED
AIR QUALITY DIVISION

RECEIVED

2007 JAN 30 PM 1:01

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

FEB 23 2007

D.P.

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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):	RANER INC
2. Site Name (For example, plant name or number):	EAGLE CLEANER
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Holly wood County: Broward Zip Code: 33021	4520 HOLLYWOOD BLVD HOLLYWOOD COUNTY: BROWARD Zip Code: 33021
5. Facility Identification Number (DEP Case #):	0112561-002

Responsible Official

6. Name and Title of Responsible Official: Name: PABLO JANA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: EAGLE CLEANER Street Address: 4520 HOLLYWOOD BLVD. City: HOLLYWOOD County: BROWARD Zip Code: 33021
8. Responsible Official Telephone Number: Telephone: (954) 962-6200 Fax: (954) 983-2589 (954) 962-2600 (954) 983-2266 PSYCHIATRIC CENTER

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?

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")
11/9/96	Existing/New	<input checked="" type="radio"/> RC/CA/None required	11/9/96
	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?

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/New	RC/CA/None required	
	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: 15

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 X

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.

X PABLO JAMA

Print name of responsible official

X [Handwritten Signature]

Signature

X 12/23/06

Date



ENVIRONMENTAL PROTECTION DEPARTMENT - Air Quality Division
Mailing Address: 115 South Andrews Avenue, Room A-240 • Fort Lauderdale, Florida 33301
954-519-1220 • FAX 954-519-1495

FAX COVER LETTER

DATE: 2/22/07
TO: Dick Dibble
FAX #: 850-922-6979
FROM: Cliff Bittle

5 No. of pages including this cover sheet

SUBJECT: Eagle Cleaners -
TVSP Notification

Ates ID # 0112561-002
EAGLE CLEANERS
EXPIRED: 8/18/2006

2/23/07 - 10:43 AM

MR. PABLO JANA RETURNED
MY CALL - I WANTED TO CLARIFY
THE TIME-LINE REGARDING THE
SUBMISSION OF HIS FORM.

1) IN DEC '06 HE HAD REC'D
A WARNING FROM BROWARD CO.

2) HE COMPLETED THE FORM,
CALLED BROWARD CO AND THEY
SAID TO MAIL THE FORM TO
THEM. A LADY GAVE HIM
THE ADDRESS AND HE MAILED
IT LATE IN DECEMBER, BUT
IT WAS RETURNED IN THE
SAME ENVELOPE, NOT DELIVERED
BECAUSE OF WRONG ADDRESS.

TRIED SEVERAL TIMES TO CALL
MR. PETER, BUT WAS UNABLE

(2)

TO TALK TO HIM. ANOTHER LADY GAVE HIM A CORRECT ADDRESS AND HE REMAILED IT IN EARLY JANUARY, TO BROWARD CO.

→ (AS A SIDEBAR, MR. JANA TOLD ME THAT YESTERDAY, 9/22/07, MR. PETERS CALLED HIM. DURING THEIR CONVERSATION, MR. PETERS TOLD MR. JANA THAT HE HAD ACTUALLY RECEIVED MR. JANA'S FORM ON JANUARY 17, 2007.)

HE SAID TO ME THAT HE MAYBE SHOULDN'T TELL ME THAT BECAUSE HE DIDN'T WANT TO GET IN TROUBLE WITH THE LOCALS (MEANING BROWARD CO & PETERS). I TOLD HIM NOT TO WORRY, THAT MR. PETERS WILL NOT KNOW THAT HE & I TALKED.

Dick

2/23/07

Airs ID # 0112561-002

PENDING

ENTITLEMENT REVIEW

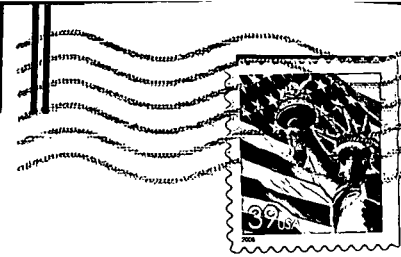
PENDING RECEIPT OF ORIGINAL

REGISTRATION FORM FROM

BROWARD CO.

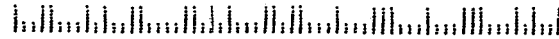
MIAMI FL 33

24 FEB 2007 PM 4 7



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

3231533070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

470194 FEB28 2007

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

AIRS ID#112561
RANER INC
4520 Hollywood Blvd
HOLLYWOOD, FLORIDA 33021

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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