

Department of **Environmental Protection**

leb Bush Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

December 4, 2006

Mr. Jawdat Labow Pressing Agenda 4533 Sunbeam Road, Suite 801 Jacksonville, Florida 32257

Re: Facility No.: 0310463-002

Dear Mr. Labow:

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

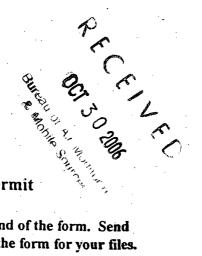
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cc: Mr. Wayne Tutt, Duval County

"More Protection, Less Process"

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TRPT-SOCR-Statement of Compliance Report



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
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JLSH INC. DBA PRESSING AGENDA
2. Site Name (For example, plant name or number):
PRESSING AGENDA
3. Hazardous Waste Generator Identification Number:
CEFQG
4. Facility Location: Street Address: 4533 SUNBERM Rd., SUITE 801
City: TACKSONVIIIC County: DUVA (Zip Code: 32257
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Responsible Official 0310463-00
6. Name and Title of Responsible Official:
Name: JAWDAT LABOW Title: PRESDIENT
7. Responsible Official Mailing Address:
Organization/Firm: TLSH INC. DBA PRIZSSING A G-ENDA Street Address: 4533 SUNBEAM RA., SUITE 801
City: TACKSONVICITE County: DUVAL Zip Code: 32257
8. Responsible Official Telephone Number: Telephone: (904) 448-8030 Fax: (904) 448-2527
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SHUKRI AL-SHAIKH - SECRETARY TREASURIER
10. Facility Contact Address:
Street Address: Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (904) 448-8030 Fax: (904) 448-2527

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1.(a) DRY-TO-DRY M	IACHINES ONL	Υ	
How many dry-to-dry m	achines do you ha	ive on-site?	
• •	_	se provide the following informa	tion:
Date Initially Purchased From Manufacturer		Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
NOV 2004	Existing(Ne	ew RC/CA(None required	Nov 2004
	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
	·		
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	MA	• .
How many washers do ye	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site?	
If the transfer machine w unit. If the transfer mach	ine was purchased	i from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22,
If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased	i from the manufacturer between	December 9, 1991 and September 22, llowed to operate under this general
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DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based of 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	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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)
4. What control technology is required on machines (Indicate with an "X".)	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 [X]
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 of Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
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:	[20]
What type of fuel do you use? No. 2 fuel No. 6 fuel	· · · · · · · · · · · · · · · · · · ·
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	لكا
(d) Carbon adsorber exhaust perc concentration moni	
(e) Startup, shutdown, malfunction plan	

7. Surrender	of Existing DEP Air Permit(s)
Please indica	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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.
Jas	mptly notify the Department of any changes to the information contained in this notification. Ada Labow The of responsible official 10.26.06
Signature	Date

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

The name and address of the owner The name and address of the owner The name and address of the owner Name of the owner or operator 4533 Sunbing Address of the owner or operator	or operator; OBVO 463 ORCISSING ACTIVDA of the dry cleaning facility	Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification? Check one: No Yes Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants? Check one: No Yes
JACKSONVIHA JEL Mailing TACKSONVIHIE City		Is the Perc dry cleaning operation a major or area source? Major Source: Perc consumption is greater than 2100 gallons/year Area Source: Perc consumption is 2100 gallons/year or below
The address (that is, physical location states) Say 15 Name of the	on) of the dry cleaning facility; dry cleaning facility	The yearly Perc solvent consumption:
	ning facility (physical location) dress line 2	Check one: No Yes All information contained in this statement is accurate and true.
City	State Zip Code	Signature of the Responsible Official for the dry cleaning facility
(61 For	A Region 4 And	d to: Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

RECEIVEL

To Whom It May Concern:

SEP 2 5 2008

Bureau of Air Mighttorins
8 Mobile Sources

PRESSING ACTION CLEANER has
PRESSING AGENDA CLEANER has
just received, on 2008, notice of
the need to file the attached form. Since we were
not aware of the ruling requiring this information
prior to the date above, please accept this
information as our attempt to remain compliant
with Local, State and federal statutes.
Signature Signature SHUKRI Al-SHAIKH Print PARTNIR
Title

DRA

JLSH Inc. dba Pressing Agenda 4533 Sunbeam Rd., Suite 801 Jacksonville, FL 32257

23 SEP 2008 PM 6 L

JACKSONVILLE FL 322 TUTAN SPEAK AND John Adams, 1765 powerofthelett

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION GENERAL PERMITS SECTION BULLIAM OF AIR MONTORING AND MOBILE SOURCES 2600 BLAIR STONE RA., MS#5510 TALLA HASEE, Pl. 32399-2400

1000 S42388955

JLSH INC. DBA

Pressing Agonda 4533 Sunteam Rd., Suito 301 Jacksonville, FL 3225



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

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TLSH IND. DBA
Pressing Agenda

4533 Suntie: m.E.J., Suite 801

Jacksonville, 71. 32257



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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

471332 MAR212@?

TOTAL AMOUNT DUE: \$50.00

Pupicate Aymen's Physical Remove Label Pach Z/22/6/7

AIRS ID# 310463

JLSH INC

4533 Sun Beam Road, Suite 801

JACKSONVILLE, FLORIDA

32257

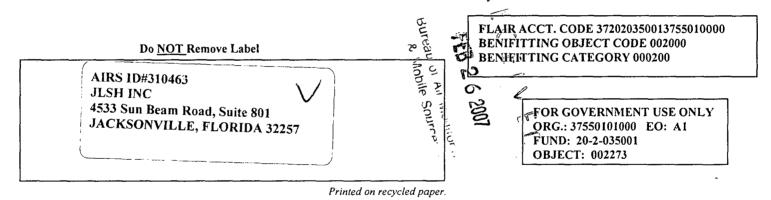
Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

469743 FEB22287

TOTAL AMOUNT DUE: \$50.00



TLSH, INC. DBA
PRESSING ACTINDA
4533 SUNBEAM RA. Suite 801
JACKSONVILLE, FL. 32257

JACKSONVILLE FL 322

27 OCT 2006 PM 1 1



GENERAL PERMITS SECTION

BUREAU OF AIR MONITORING + MOBILE SOURCES

MS 5510

DIEPARTMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIR Rd.

TALLAHASSEE, PL 32399-2400

32399+6542 COO1

Inflicted and administrated dated and added