



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 14, 2007

Mr. Maung Tint
Woodlake Cleaners
8316 Hanley Road
Tampa, Florida 33624

Re: Facility No.: 0571094-003

Dear Mr. Tint:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 9, 2007.

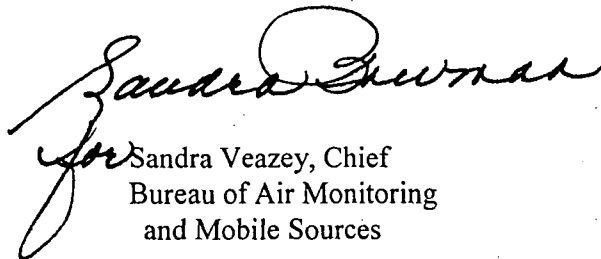
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

NO ACTIVITY FOR FACILITY.....
EMISSION FEE DATES 196-2006.....
SOC REPORTS 4.....
COMPLIANCE STATUS IN.....
6/16/2006

INSP-INS2-compliance inspection
walk through
INSP-Hillsborough Co - Lynn Robinson

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 09 2007
Bureau of Air Monitoring
& Mobile Sampling

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):	Wood lake cleaners.
2. Site Name (For example, plant name or number):	Woodlake cleaners.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:	8316 HANLEY RD (Verified) 4307 Gunn Hwy Tampa
County:	Hillsborough
Zip Code:	33624.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571094-003

Responsible Official

6. Name and Title of Responsible Official: Name:	Moung Tint	Title:	owner.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	4307 Gunn Hwy Tampa	County:	Hillsborough
Zip Code:	33624.		
8. Responsible Official Telephone Number: Telephone:	(813) 962-8318	Fax:	(813) 818-0345

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")
2002 - Jan.	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	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 40

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.

Maung Tint
Print name of responsible official


Signature

2-6-07
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

Woodlake Clean

4307 Gunn Hwy

Tampa FL 33624

TAMPA FL 336

07 FEB 07 PM 4 T



Title V Air General Permit Program

Bureau of Air Monitoring and

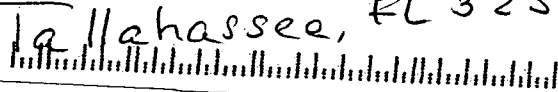
Mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road.

Tallahassee, FL 32399-2400

32399+6542



AIRS ID# 571094
Wood Lake Cleaners
4307 Gunn Hwy
Tampa, FL 33624

8316 HANLEY RD

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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RECEIVED
FEB 19 2007
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 09 2007

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wood lake cleaners
2. Site Name (For example, plant name or number):	Woodlake cleaners
3. Hazardous Waste Generator Identification Number:	92
4. Facility Location: Street Address: City: Tampa County: FL Zip Code: 33634	4307 Gunn Hwy 8316 Hanley Road
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0571094-003

Responsible Official

6. Name and Title of Responsible Official: Name: Maung Lint Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: 4307 Gunn Hwy Street Address: City: Tampa County: FL Zip Code: 33624
8. Responsible Official Telephone Number: Telephone: (813) 962-8318 Fax: (813) 818-0345

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: () -	

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 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")
2000 1998 Jan	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required <input type="radio"/>	SAME
_____	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	_____
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*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 HP

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:

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Please indicate with an "X" the appropriate selection:

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Responsible Official Certification

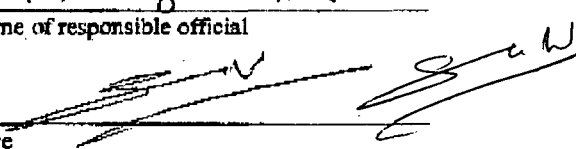
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I will promptly notify the Department of any changes to the information contained in this notification.

Maung Tint

Print name of responsible official

Signature



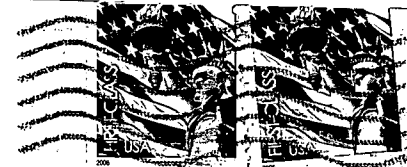
Date

2-15-07
2-6-07

WOOD LAKE CLEANER
8484 SHELDON ROAD
TAMPA, FL 33615

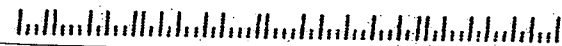
TAMPA FL 336

15 FEB 07 PM 8 T



General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399+6542





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

F A X T R A N S M I T T A L S H E E T

DATE: 2/14/07

TO: MAUNG TINT / WOOD LAKE CLEANERS, 8316 HANLEY RD.

PHONE: (813) 962-8318

FAX: (813) 818-0345

FROM: DICK DIBBLE

PHONE: (850) 921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: CORRECTIONS TO AIR Q.P. REGISTRATION FORM

CC: FOR: AIRS ID # 571094
8316 HANLEY ROAD FACILITY

Total number of pages including cover sheet: 6

Message

MR. TINT,

PLEASE MAKE THE CORRECTIONS ON THIS FORM TO
REFLECT INFORMATION FOR THE 8316 HANLEY ROAD FACILITY.

PLEASE SIGN THE FORM AGAIN AND MAIL BACK TO ME AT
THE ADDRESS SHOWN ON THE PAGE NUMBERED 1B, AS SOON
AS POSSIBLE.

CALL, IF YOU HAVE ANY QUESTIONS. THANK YOU, Dick Dibble

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 09 2007
BUREAU OF AIR QUALITY
& NUCLEAR SAFETY

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):	Wood Lake Cleaners
2. Site Name (For example, plant name or number):	Woodlake cleaner
3. Hazardous Waste Generator Identification Number:	—
4. Facility Location: Street Address: City: Tampa County: FL Zip Code: 33624	4307 Gunn Hwy
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571094-003

Responsible Official

6. Name and Title of Responsible Official: Name: Maung Tint Title: OWNER	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Tampa County: FL Zip Code: 33624	4307 Gunn Hwy
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Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
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Facility Information

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- Large Area Source
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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"/> |

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Maung Tint

Print name of responsible official

Signature

Date

2-6-07

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

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TRANSMISSION VERIFICATION REPORT

TIME : 02/14/2007 05:14
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 02/14 05:11
FAX NO./NAME 618138180345
DURATION 00:03:10
PAGE(S) 06
RESULT OK
MODE STANDARD



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

F A X T R A N S M I T T A L S H E E T

DATE: 2/14/07
TO: MAUNG TINT / WOOD LAKE CLEANERS, 8316 HANLEY RD.
PHONE: (813) 962-8318 FAX: (813) 818-0345
FROM: DICK DIBBLE PHONE: (850) 921-9586
Division of Air Resources Management FAX: 850.922.6979
RE: CORRECTIONS TO AIR G.P. REGISTRATION FORM
FOR: AIRSID # 571094
CC: 8316 HANLEY ROAD FACILITY

Total number of pages including cover sheet: _____

Message

MR. TINT,

PLEASE MAKE THE CORRECTIONS ON THIS FORM TO
REFLECT INFORMATION FOR THE 8316 HANLEY ROAD FACILITY.