

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

"More Protection, Less Process"

www.dep.state.fl.us

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES !46-2006
SOC REPORTS. 4
COMPLIANCE STATUS FN
6/(6/2006)

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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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:
DELL HOUTER DO (Van-
4. Facility Location: AST Course House
Street Address:
4. Facility Location: 4307 Gramm Hay Street Address: City: Tampa County: #Ulshorough Zip Code: 33629.
5. Facility Identification Number (DEP Use ONLY - do not fill in):
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0511094-00
Responsible Official
6. Name and Title of Responsible Official:
Name: Maung Title: awwer.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Tanpa County: #USDOROUGH Zip Code: 33624
Organization/Firm: 4307 Gun Hueg
City: Courty: HUSDOVOUGH Zip Code: 33624
tan pa something
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):
į.
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	LY	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	se 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")
2002 - Jan	Existing	ew RC/QA/None required	SANT E
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	0	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ers do you have	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(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 KI	EY: $RC = r$	refrigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc)	have you used within the last 12 r	nonths?
[_6O_] gallon	ns (You must fil	l this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	s than 12 months	s: New owner: [] Did not kee	ep records: []
		New store: [] New machin	e []
-		Unonened store [] (date of	evnected opening

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only.)	
Small Area Source	
Transfer only on-site (use	ed less than 140 gallons of perc per year) ed less than 200 gallons of perc per year) ed less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (use	ed 140 - 2,100 gallons of perc per year) ed 200 - 1,800 gallons of perc per year) ed 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursu (Indicate with an "X".)	uant 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 Rule 62-213.300, F.A.C. Verify that all steam and hot w exemption criteria or that no such units exist on-site (see	
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: [15	JHP L
What type of fuel do you use? [X] propane [No. 2 fuel oil [No. 6 fuel oil	[] natural gas [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Informatio	n
Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent additional control of the con	on log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	ليخا
(d) Carbon adsorber exhaust perc concentration monitori	ng (X)
(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 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.

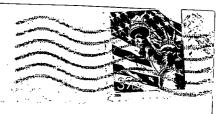
Facility Contact

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 Clane 4307 Gunn Hwy Tampa F(3362)

TAMPA FL 355

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Bareau of Air Monitoriny and

Mobile Sources. MS 5510

Department of Environmental Protection

2600 Blair Stone Road.

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32399+6542

AIRS 13# 571094
Wood Lake Cleaners
Genn Hwy 8316 HANLEY Ro
Tampa, FL 33624

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

10011 AIT 110	Part III. Notification of Intent to Use General Permit Oprior to filling out this form, please read the instructions provided at the end of the form, completed form to the address listed in the instructions and keep a copy of the form for your Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Cod Cecco.
Source	completed form to the address listed in the instructions and keep a copy of the form for you
` ⁽ .8	Facility Name and Location
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	wood lake Cleaners.
	I make a transfer of an arrange of a managed of a managed of the state
	Woodlake cleaner
	3. Hazardous Waste Generator Identification Number:
	- gr
	4. Facility Location: 435 Grant Hay 8316 Hanley Roa. Street Address: City: Tampa County: FL Zip Code: 33634
	Street Address:
	Chy Course County 40
	FIG. Tellip deletion number one of one of the second secon
1	TREST CONTROL OF THE PROPERTY
	Responsible Official
	6. Name and Title of Responsible Official:
	1112008 1101
	7. Responsible Official Mailing Address: Organization/Firm:
	Street Address:
	Organization/Firm: 4307 Gunn Hay Street Address: City: Tampa County: FL Zip Code: 33624
	8. Responsible Official Telephone Number:
}	Telephone: (813) 962-83(8 Fax: (813) 818-6345
	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:
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DEP Form No. 62-213.900(2)

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Best Available Copy

Facility Information			 - -	
1.(a) DRY-TO-DRY M.	ACHINES ONL	Y		
How many dry-to-dry ma	chines do you hav	ve on-si	te?	
For each dry-to-dry mach	iine on-site, pleas	e provid	le the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one)		antrol Device Required* rcle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2000. Jan	Existing/Ne	R	/OA/None required	SAM1 &
·	Existing/Ne	ew Ro	C/CA/None required	ALL PROPERTY OF THE PARTY OF TH
	Existing/Ne	ew Ro	C/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigera	ted condenser CA = 6	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		ر <u>به</u> (
How many washers do yo	u have on-site?	i		
How many dryers/reclaim	ers do you have o	on-site?		
				ecember 9, 1991, it is an EXISTING
1993, it is a NEW unit (n	o units purchased	l after S	eptember 22, 1993 are allow e provide the following info	ecember 9, 1991 and September 22, wed to operate under this general rmation:
1993, it is a NEW unit (n	o units purchased	l after S e, please	eptember 22, 1993 are allow e provide the following info of Device Required*	wed to operate under this general
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased or machine on-site	I after S e, please Contr (circle	eptember 22, 1993 are allow e provide the following info of Device Required*	wed to operate under this general armation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased or machine on-site Status (circle one)	l after S e, please Contr (circle	eptember 22, 1993 are allow e provide the following info ol Device Required* e one)	wed to operate under this general armation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased ar machine on-site Status (circle one) Existing/New	l after S e, please Contr (circle RC/C	eptember 22, 1993 are allow e provide the following info of Device Required* e one) A/None required	wed to operate under this general armation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	o units purchased at machine on-site Status (circle one) Existing/New Existing/New Existing/New	l after S e, please Contr (circle RC/C RC/C	eptember 22, 1993 are allow provide the following info of Device Required* cone) A/None required A/None required A/None required	wed to operate under this general armation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor	Status (circle one) Existing/New Existing/New Existing/New Existing/New	after S e, please Contr (circle RC/C RC/C RC/C have yo	eptember 22, 1993 are allow provide the following info of Device Required* cone) A/None required A/None required A/None required ted condenser	wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [60] gallor	so units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	I after S a, please Contr (circle RC/C RC/C RC/C have yo this in)	eptember 22, 1993 are allow provide the following info of Device Required* e one) A/None required A/None required A/None required ted condenser	wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor 60 gallor (b) If less than 12 mon	Existing/New	after S e, please Contr (circle RC/C RC/C RC/C efrigera have yo this in)	eptember 22, 1993 are allow provide the following info of Device Required* cone) A/None required A/None required A/None required ted condenser	wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor 60 gallor (b) If less than 12 mon	Existing/New	after S e, please Contr (circle RC/C RC/C RC/C have yo this in)	eptember 22, 1993 are allow provide the following info of Device Required* e one) A/None required A/None required A/None required ted condenser	wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor 60 gallor (b) If less than 12 mon	Existing/New	after S e, please Contr (circle RC/C RC/C RC/C efrigera have yo this in) New s	eptember 22, 1993 are allow provide the following info of Device Required* cone) A/None required A/None required A/None required ted condenser	wed to operate under this general armation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?

(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

ase indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated it 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.
sponsible (Official Certification
I, the und	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed
this notifi statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that t 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
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WOOD LAKE CLEANER 8484_SHELDON_ROAD TAMPA, FL 33615

TAMPA FL 336

15 FEB 07 PM 8 7



General Permits Section

Bureau of Air Monitoring and Mobile Sources.

MS 5510 Department of Environmental Protection. 2600 Blair Stone Road.

Tallahassee, FL 32399-2400

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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

FAX TRANSMITTAL SHEET

DATE:	2/14/01	
TO:	MAUNG TINT / WOOD LAKE	CLEANERS, 8316 HANCEY RO.
	(813) 962-8318	FAX: (813) 818-0345
FROM:	DICK DIBBLE	PHONE: (B50) 921-9586
	Division of Air Resources Management	FAX: 850.922.6979
RE:	CORRECTIONS TO AIR G.P. REG	D # 571094
CC:	8316 /	HANCEY ROAD FACTLITY
Total n	umber of pages including cover sheet:	<u>'0</u>
Mess	age Mr. Tzwr	
		RECTIONS ON THIS FORM TO
R	EFLECT INFORMATION FOR	THE 8316 HANCEY ROAD FACILITY.
	/ 1	ABAIN AND MAIL BACK TO ME AT
THE		PAGE NUMBERED 18, AS SOON
AS	POSSIBLE.	
	CALL, IF you HAVE ANY 4	CUESTIONS. THANK YOU, Dib Wille

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

If there are any problems with this fax transmittal, please call the above phone number.

Printed on recycled paper

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

FEB 0 9 2007

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.

Faculty 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: 4307 Gurn Huy Street Address: City: Tanpa County: FL Zip Code: 33624.	
City: Tampa County: FL Zip Code: 33629.	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	7 /
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	- 110. - 1 100)
Responsible Official	
6. Name and Title of Responsible Official: Name: Title: ないいとに	
Name: Maung Tint Title: awwer.	
Organization/Firm: 4307 Gun Huy	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: Tan pa County: FL Zip Code: 33624	
City: Tampa County: FC. Zip Code: 33624	ļ
8. Responsible Official Telephone Number:	
Telephone: (813) 962-8318 Fax: (813) 818-0345	ļ
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 MA	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e 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")
2002 - Jan	Existing	RC/QA/None required	SAM E
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	9	
How many washers do yo	u have on-site?		
How many dryers/reclain	ers do you have	on-site? []	11
unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer	ne was purchased to units purchased er machine on-sit	d from the manufacturer between a dafter September 22, 1993 are alle, please provide the following in	····
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 K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
	roethylene (perc) ns (You must fil	have you used within the last 12 i	nonths?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: Did not ke	ep records: []
		New store: New machin	e []
•		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 (Indicate with an "X".)	on 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 Carbon adsorber Refrigerated condenser Carbon adsorber Carbo	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general perm Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the follow 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: [15] [HP] []	
What type of fuel do you use? [X] propane [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 gene	ral permit:
(a) Purchase receipts and solvent purchases/solvent addition log	
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(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	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Startup, shutdown, malfunction plan	

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 per this notification form; the permit number(s	mits authorizing operation of the facility indicated in s) are
	No DEP air permits currently exist for the form.	operation of the facility indicated in this notification
Responsible (Official Certification	
this notifi statement maintain comply w	ication. I hereby certify, based on informations to made in this notification are true, accurate the air pollutant emissions units and air pollutinh all terms and conditions of this general p	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and lution control equipment described above so as to permit as set forth in Part II of this notification form.
I will pro		to the information contained in this notification.
,	Maung. Tint	
Print nam	ne of responsible official	
<u> </u>		2-6-07
Signature	:	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

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.

TRANSMISSION VERIFICATION REPORT

TIME NAME

FAX

02/14/2007 05:14 FDEP DIVISION OF AIR 8509226979

8504880114 BROG2J568046

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

02/14 05:11 618138180345 00:03:10 06

ÖK STANDARD



Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassec, Florida 32399-2400 Charlie Crist Governor

Jeff Kotthamp Lt. Governor

Michael W. Sole Secretary

FAX IRANSWILLAL SHEET
DATE: 2/14/07
TO: MAUNG TINT / WOOD LAKE CLEANERS, 8316 HANCEY RO.
PHONE: (8/3) 962-83/8 FAX: (8/3) 8/8-0345
FROM: DIEBLE PHONE: (B50) 921-9586
Division of Air Resources Management FAX: 850.922.6979
RE: CORRECTIONS TO AIR G.P. REGISTRATION FORM
CC: FOR: AIRS ID # 571094 8316 HANLEY ROAD FACILITY
BOTO MANCEY ROAD MALLING
Total number of pages including cover sheet:
Message
MR. TENT
PLEASE MAKE THE CORRECTIONS ON THIS FORM TO
- COLLICE CILLECTIONS ON THIS PORTITION