

# Department of Environmental Protection

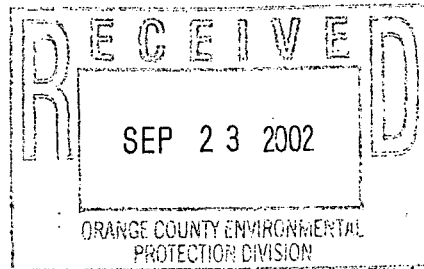
Jeb Bush  
Governor

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

David B. Struhs  
Secretary

September 18, 2002

Mr. Mohamed Juma  
Sun cleaners  
2914 Corrine Drive  
Orlando, Florida 32803



Re: Facility No.: 0951164-002

Dear Mr. Juma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 16, 2002.

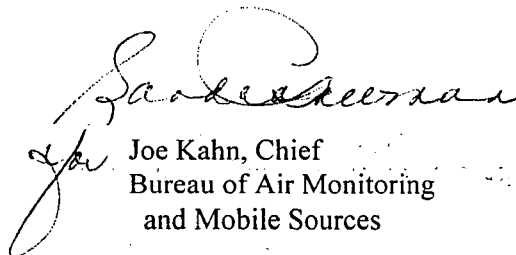
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

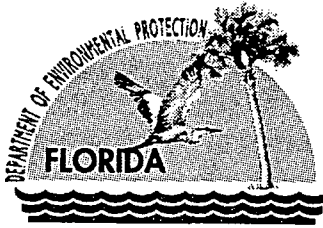
  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

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

Printed on recycled paper.



Jeb Bush  
Governor

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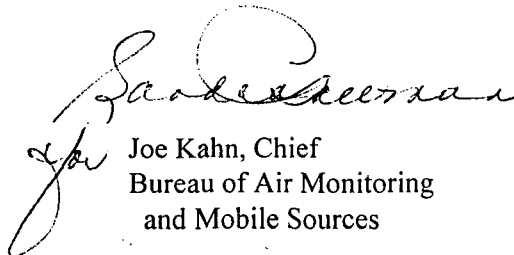
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Sincerely,



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

*Printed on recycled paper.*

Fees Paid 97-01  
SOL 3  
Compliance IN

CAD

08/20/2002

Spoke to Mr. Mohamed Juma and he stated that his dry-to-dry machine was purchased in October 1997.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.

New should be circled under Status for dry-to-dry machine.

Page 16

4. New machines at a small area source Refrigerated Condenser should be marked for a 1997 machine using less than 140 gallons of perchloroethylene.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 16 2002

Bureau of Air Monitoring  
& Mobile Sources

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):	SANA MO INC		
2. Site Name (For example, plant name or number):	SUN CLEANERS		
3. Hazardous Waste Generator Identification Number:	0951164001AG		
4. Facility Location: Street Address: City:	2914 CORRIE DR ORLANDO	County: ORANGE	Zip Code: FL 32803
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951164-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	MOHAMED JUMA	Title:	OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	2914 CORRIE DR. ORLANDO	County:	ORANGE
		Zip Code:	FL 32803
8. Responsible Official Telephone Number: Telephone:	(407) 895-5173	Fax:	( ) -

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?   ONE  

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")
<u>  ONE  </u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>  SAME  </u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

  45   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?

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 \_\_\_\_\_
- 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.*

MOHAMED JUMA  
Print name of responsible official

Mohamed Juma  
Signature

7/29/02  
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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 16 2002

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SANA MO INC		
2. Site Name (For example, plant name or number):	SUN CLEANERS		
3. Hazardous Waste Generator Identification Number:	0951164001AG		
4. Facility Location: Street Address:	2914 CORRINE DRIVE		
City:	County:	Zip Code:	
ORLANDO	ORANGE	FL 32803	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951164-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MOHAMED JUMA	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	2914 CORRINE DRIVE		
Street Address:			
City:	County:	Zip Code:	
ORLANDO	ORANGE	FL 32803	
8. Responsible Official Telephone Number:			
Telephone:	(407) 895-5173	Fax:	( ) -

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Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -

Bureau of Air Monitoring  
& Mobile Sources

OCT 21 2002

RECEIVED



**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ ONE ]

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")
<del>None</del> <u>7/1/1996</u>	<del>Existing</del> <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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? [ ]

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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:

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**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

[ 45 ] 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

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- 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)  *MC*

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

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How many boilers do you have on-site?

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

MOHAMED JUMA  
Print name of responsible official

Mohamed Juma  
Signature

7/29/02  
Date

MOHAMED JUMA

Mohamed Juma  
9/24/02

Changes made

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CRD

08/20/2002

Spoke to Mr. Mohamed Juma and he stated that his dry-to-dry machine was purchased in October 1997.

Page 15

1. (a) Add Date Initially Purchased From the Manufacturer for dry-to-dry machine.  
New should be circled under Status for dry-to-dry machine.

Page 16

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SEP 18 2002

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. 467222 JAN 16 2007

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 951164 ✓  
 SUNAMO INC  
 2914 Corrine Drive  
 ORLANDO, FLORIDA 32803

Bureau of Air Monitoring  
& Mobile Sources  
JAN 22 2007

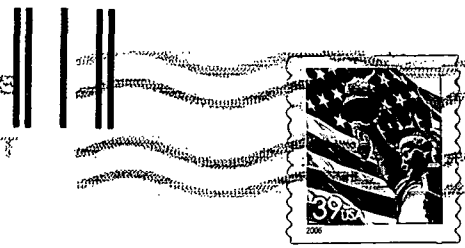
Printed on recycled paper

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

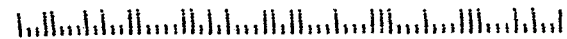
ORLANDO FL 328

13 JAN 2007 PM 2 T



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

323153070 BOSS



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

444308 JAN 10 2005

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
JAN 11 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 951164 10  
SUN CLEANERS  
2914 Corrine Drive  
ORLANDO, FL 32803

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

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

458721 FEB 8 2006

TOTAL AMOUNT DUE: \$50.00

RECEIVED  
FEB 09 2006  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 951164 1st  
SUN CLEANERS  
2914 Corrine Drive  
ORLANDO, FL 32803

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422871 FEB12 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0951164
SUN CLEANERS MOHAMED JUMA 2914 CORRINE DRIVE ORLANDO FL 32803

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434315 DEC15 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

951164 MOHAMED JUMA SUN CLEANERS 2914 CORRINE DRIVE ORLANDO FL 32803
--

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

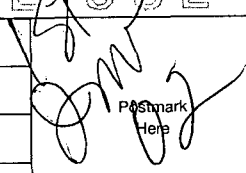
RECEIVED  
DEC 17 2003  
Bureau of Air Monitoring  
& Mobile Sources



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**OFFICIAL USE**

7001 0320 0001 7975 7650

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

**Total** AIRS ID#0951164

Sent To **SUN CLEANERS**  
**MOHAMED JUMA**

Street, or PO Box **2914 CORRINE DRIVE**

City, State **ORLANDO FL 32803**

PS Form 3811, January 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0951164

**SUN CLEANERS**  
**MOHAMED JUMA**  
**2914 CORRINE DRIVE**  
**ORLANDO FL**  
**32803**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **Mohamed Juma**

C. Date of Delivery **2/7/03**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7001 0320 0001 7975 7650

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 15510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 13 2003

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