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AUG 12 1996

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BUREAU OF AIR REGULATION

AUG 28 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
 JM Enterprises of Bonaventure, Inc. D.B.A.

2. Site Name (For example, plant name or number):  
 One low Price Cleaners

3. Hazardous Waste Generator Identification Number:

4. Facility Location:  
 Street Address: 8509 Pines Blvd.  
 City: Pembroke Pines. County: Broward Florida Zip Code: 33024

Responsible Official

5. Name and Title of Responsible Official:  
 Jorge Orozco "Owner" & Maria Orozco

6. Responsible Official Mailing Address: same.  
 Organization/Firm:  
 Street Address:  
 City: same. County: Zip Code:

7. Responsible Official Telephone Number:  
 Telephone: (954) 704-7877 Fax: ( ) -

Facility Contact (If different from Responsible Official)

8. Name and Title of Facility Contact (For example, plant manager):  
 same.

9. Facility Contact Address:  
 Street Address:  
 City: County: Zip Code:

10. Facility Contact Telephone Number:  
 Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

**Facility Information**

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Coner TA</i>									
<i>M. OR 345</i>									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit		<i>DAY 2 DAY</i>							
(1) w/ ref. condenser		<i>7-15-96</i>	<i>7-15-96</i>						
(2) w/ carbon adsorber		<i>N/A</i>	<i>N/A</i>						
(3) w/ no controls		<i>N/A</i>	<i>N/A</i>						
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons *(Initiated or here in machine)*

(b) If less than 12 months, how many?  months *less than*

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No 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.*

Signature

Date

0112203

Have facility fill out ~~the~~  
the most recently  
revised notification  
form.

p.15 (f) should be marked

The certified mail receipts that follow were in the file folder for this permit project, but did not have any date information on them.

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4128 9663



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

Postmark  
Here

10 AIRS ID # 0112203001AG  
MARIA OROZCO  
ONE LOW PRICE CLEANERS  
8509 PINES BLVD  
PEMBROKE PINES FL 33024

U.S. Postal Service

# CERTIFIED MAIL RECEIPT

*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4125 7846



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

AIRS ID # 0112203

**Total**

**ONE LOW PRICE CLEANERS**

**Recip:**

**MARIA OROZCO**

**Street**

**8509 PINES BLVD**

**City, :**

**PEMBROKE PINES FL 33024**



U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4127 4607



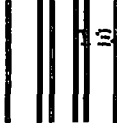
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage

AIRS ID # 0112203

<i>Recipient</i>	ONE LOW PRICE CLEANERS MARIA OROZCO
<i>Street, Apt.</i>	8509 PINES BLVD
<i>City, State</i>	PEMBROKE PINES FL 33024

UNITED STATES POSTAL SERVICE



EE #1 02/19/01

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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 6610  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

333/2400



**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 # 0112203

ONE LOW PRICE CLEANERS  
 MARIA OROZCO  
 8509 PINES BLVD  
 PEMBROKE PINES FL 33024

000 0600 0026 4127 4607

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature


 Agent AddresseeD. 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