

Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

October 22, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Joseph Gordon Neighbourhood Cleaners 1421 Northwest 47th Avenue Lauderhill, Florida 33321

Re: Facility No.: 0112610-002

Dear Mr. Gordon:

The Department has received the General Permit Notification Form for the dry cleaning facility that you submitted on September 14, 2007.

As you know, pursuant to Florida Statutes section 403.814(1), authority to operate under general permits commences thirty days after receipt of the notification form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

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:

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.

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY EMISSION FEE DATES ZUIZ: ZNIL SOC REPORTS ... Z............ COMP. STATUS – SNC MNC (IN

Insp-tasz-comptiance Inspection WallChrough - 8/31/2017-ID INSP-Broward Co-CBittle

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. Sendcompleted form to the address listed in the instructions and keep a copy of the form for your files. 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): |
| GORDON INVESTMENT Group Inc DBA NEighborhood Cleaner |
| 2. Site Name (For example, plant name or number): |
| NEIGHBOUTHOOD CLEANERS. 3. Hazardous Waste Generator Identification Number: |
| 3. Hazardous Waste Generator Identification Number: |
| Ĭ. |
| 4. Facility Location: Street Address: 1421 NW H7th AUGNUE |
| 4. Facility Location: Street Address: 1421 NWH7th AVENUE City: LAWSERAM County: BROWARD Zip Code: 33321 |
| 5. Facility Identification Number (DEP Use ONLY: do not fill in). |
| 5. Facility Identification Number (DEP Use UNLY - do not till in): 0112610-01 |
| |
| Responsible Official |
| 6. Name and Title of Responsible Official: |
| Name: JOSEPH GORDON Title: PRESIDENT |
| 7. Responsible Official Mailing Address: |
| Organization/Firm: |
| Street Address: 1421 NW HIT WENUE |
| Organization/Firm: Street Address: 1421 NW HTM AVENUE City: LAUDERAN County: BROWARD Zip Code: 33321 |
| 8. Responsible Official Telephone Number: |
| Telephone: (924) 735-1039 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: |
| City. Zip Cout. |
| 11. Facility Contact Telephone Number: |
| Telephone: () - Fax: () - |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

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

| How many dry-to-dry ma | achines do you hav | ve on-site? [ONE] | • |
|---|------------------------------------|---------------------------------------|--|
| For each dry-to-dry mach | nine 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") |
| 8/05 | Existing/N | ew RC/CA/None required | SAME |
| | Existing/Ne | 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 | CHINES ONLY | | |
| How many washers do yo | ou have on-site? | | |
| How many dryers/reclain | ners do you have o | on-site? | a . |
| unit. If the transfer machi 1993, it is a NEW unit (n | ne was purchased o units purchased | from the manufacturer between I | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general ormation: |
| 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 | at recommendation and the second of the seco |
| | Existing/New | RC/CA/None required | |
| *CONTROL DEVICE K | | efrigerated condenser CA = | = carbon adsorber |
| gallor | ns (You must fill | this in) | |
| (b) If less than 12 mon | iths, how many? [| months | |
| Check why it is les | s than 12 months: | New owner: [] Did not ke | ep records: [] |
| | | New store: [] New machin | ne [] |
| | | Unopened store [] (date of | expected opening |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

| What is the facility's source classification based on a Indicate with an "X". Select one classification on | |
|--|---|
| Small Area Source | |
| Transfer only 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 | |
| Transfer only 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 pu (Indicate with an "X".) | rsuant 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 [] |
| | its shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemption memo for the criteria). |
| All steam and hot water generating units exempt No such units on-site | OR OR |
| How many boilers do you have on-site? | |
| For each boiler, indicate its horsepower (HP) rating: [| <u> 5</u> |
| What type of fuel do you use? [] propane [] No. 2 fuel of the local section of the loc | |
| 6. Equipment Monitoring and Recordkeeping Informat | ion |
| 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 add | dition log |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | oring |
| (d) Carbon adsorber exhaust perc concentration monitor | oring |
| (e) Startup, shutdown, malfunction plan | |

DEP Form No. 62-213.900(2) Effective: 2/24/99

| 7. Surrender | of Existing DEP Air Permit(s) |
|--|--|
| Please Indicat | 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 |
| the notification of the state o | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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. In the Department of any changes to the information contained in this notification. IN CORDONAL ADDRESS OF TOWARD |

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME": Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Effective: 2/24/99

CLEANERS 1421 N.W HTM AVE LAMBERTHY FI 33313

FT LAUDERDALE FL 333 12 SEP 2007 PM 3 L



GENERAL PERMIT SECTION

BUREAU OF AIR MUNITORING + MOBILE

SOURCE SECTION MS 5510

DEPAREMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIRSTONE ROAD

TALLA HASSEE, FI 32399

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