

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blairstone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary - Designee

January 9, 2007

Mr. Vartkes Tokatlian International Dry Cleaners 5425 North Federal Highway Fort Lauderdale, Florida 33308

Re: Facility No.: 0112684-001

Dear Mr. Tokatlian:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 18, 2006.

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, Saudis Dawnson

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

INSp-Broward Co-CBiHle



Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC T & 2000 & Bureau of Air N. & Mobile Source

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): Cleaner S Cleaner S
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLR0000 54486
1.4 Facility Location:
Street Address: 5425 11. Fed 1909
Street Address: 5425 N. Fed Huy City: Ft Lunderdell BROWARD Zip Code: 33308
5. Facility Identification Number (DEP Use ONLY - do not fill in):
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official: Name:
Name: VARTKES Tokatlian Title: President
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 5425 N. Fed Huy.
Street Address: 5425 N. Fed Huy. City: Ft Landerdale County: Broward Zip Code: 33308
8. Responsible Official Telephone Number:
Telephone: (954) 492 - 9600 Fax: () - None
1000 None
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Ara Tokatlian
10. Facility Contact Address: 5425 N. Federal Huy.
Street Address:
City: Ft Landerdale County: Broward Zip Code: 33308
11. Facility Contact Telephone Number:
Telephone: (954) 610 - 9383 Fax: () - None.

DEP Form No. 62-213.900(2)

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Yi.	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mac	nine on-site, pleas	e provide the following informati	ion:
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")
1995	Existing/Ne	ew (RC)CA/None required	Chiler was on muchae at the off
	Existing/Ne	ew RC/CA/None required	. · ·
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC How many washers do y	EY: RC = r CHINES ONLY ou have on-site?	[]	= carbon adsorber
1.(b) TRANSFER MAC How many washers do you How many dryers/reclain If the transfer machine want. If the transfer mach 1993, it is a NEW unit (permit). For each transfer	EY: RC = r CHINES ONLY ou have on-site? ners do you have of ras purchased from ine was purchased no units purchased	[] on-site? [] in the manufacturer prior to or on if from the manufacturer between if after September 22, 1993 are al e, please provide the following ir	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general
1.(b) TRANSFER MAC How many washers do you How many dryers/reclain If the transfer machine wunit. If the transfer mach 1993, it is a NEW unit (a)	EY: RC = r CHINES ONLY Ou have on-site? ners do you have of ras purchased from ine was purchased ounits purchased for machine on-site	on-site? [] In the manufacturer prior to or on a from the manufacturer between a fafter September 22, 1993 are al	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general formation:
1.(b) TRANSFER MAC How many washers do you How many dryers/reclain If the transfer machine want. If the transfer mach 1993, it is a NEW unit (opermit). For each transfer	EY: RC = r CHINES ONLY ou have on-site? ners do you have of ras purchased from ine was purchased ounits purchased for machine on-site Status	on-site? [] on the manufacturer prior to or on from the manufacturer between dafter September 22, 1993 are all e, please provide the following in Control Device Required*	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed (if already included at time of
1.(b) TRANSFER MAC How many washers do you How many dryers/reclain If the transfer machine want. If the transfer mach 1993, it is a NEW unit (opermit). For each transfer	EY: RC = r CHINES ONLY Ou have on-site? The rest of you have on the rest of you have on the rest of you have on the rest of your hase of the rest o	on-site? [] on the manufacturer prior to or on the manufacturer between after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one)	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed (if already included at time of

(b) If less than 12 months, how many? [___] months

[115] gallons (You must fill this in)

Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

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

New store: New machine

Unopened store [____] (date of expected opening _____)

DEP Form No. 62-213.900(2)

			ssification based o		initions found in	section (3) of Pa	art II?	
	Small Are	ea Source	[X]		,			
	7	Ory-to-dry mach Fransfer only on Both machine ty		(used le	ss than 140 gallo ss than 200 gallo ss than 140 gallo	ns of perc per yo	ear)	
	Large Are	ea Source	[]					
	Γ	Ory-to-dry mach Fransfer only on Both machine ty		(used 20	40 - 2,100 gallons 00 - 1,800 gallons 10 - 1,800 gallons	s of perc per yea	r)	
	hat control tec ndicate with a		nired on machines	pursuant	to section (5) of	Part II of this no	otification for	m?
		nachines at sma EQUIRED)	all area source the	ewer AT	New machines a Refrigerated cor		irce	
	Carbon ac	machines at larg dsorber ted condenser	e area source		New machines a Refrigerated cor		rce _]	
Rule	62-213.300, F	F.A.C. Verify the	exempt emissions hat all steam and h units exist on-site	not water	generating units	on-site meet the		suant to
	team and hot which units on-s	water generating ite	g units exempt		OR			
How	many boilers	do you have on-	-site?	Ω.				
For e	ach boiler, ind	dicate its horsep	ower (HP) rating:	LXhp				
What	type of fuel d	lo you use?	propane No. 2 fue No. 6 fue		natural g No. 4 fue Other (pl	el oil		
6. Eq	uipment Mon	itoring and Rec	ordkeeping Inforn	nation				
Checl	k all logs whi	ch are required	to be kept on-site	in accord	ance with the req	uirements of the	is general per	mit:
(a) Pı	ırchase receip	ots and solvent p	ourchases/solvent	addition l	og			
(b) Le	eak detection	inspection and	repair					
(c) Re	efrigerated co	ndenser temper	ature monitoring					
(d) Ca	arbon adsorbe	er exhaust perc	concentration mon	nitoring				
(e) S	tartun shutdo	wn malfunctio	n nlan			r. 🗸 1		

DEP Form No. 62-213.900(2)

	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
广	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification. INCLES TOKATUAN TOKATUAN TOKATUAN Date

DRIG. FORM /
LUCOMPLETE FORM - REPLACED BY
Completes FORM DATED 12/18/06

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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.

Telephone: (954) 492 9600 Fax: () Now. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	completed form to the address fisted in the instructions and keep a copy of the form for your mes
2. Site Name (For example, plant name or number): International Dry Cleaner That Dry Cleaners That Dry Cleaners That Dry Cleaners FL Room Cleaner Free Hold Eleven Street Address: City: S425 N. Fed Haw County: Brown Driving Address: Organization/Firm: Street Address: City: S425 N. Fede Hay County: Brown Driving County: Brown Driving County: Brown Driving County: Brown Driving County: Telephone: (954) 492 9600 Fax: () None Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): None 10. Facility Contact Address: Street Address:	
2. Site Name (For example, plant name or number): Informational Dry Cleaner That Dry Clean	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number): Informational Dry Cleaner That Dry Clean	VARTLES TOKATLIAN Inti Dry Cleaners
3. Hazardous Waste Generator Identification Number: FLROOD (4486) 4. Facility Location: Street Address: Hander Paralle City: \$425 \text{ Fed flaw} County: Broward Zip Code: 3 3 3 0 8 5. Facility Adentification Number (40 EP 20 S ONLA Edon of will this) Responsible Official 6. Name and Title of Responsible Official: Name: VARTKE STOKAH flam 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: \$425 \text{ Facility County: Broward Zip Code: 33308} 8. Responsible Official Telephone Number: Telephone: \(954 \) \\ 492 \\ 9600 \\ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \text{NONL} 10. Facility Contact Address: Street Address: Street Address:	2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: FLROOD (4486) 4. Facility Location: Street Address: Hander Address: City: \$425 \text{ Fed flaw} \text{ County: Broward Zip Code: 3}308 5. Facility Adentification Number (4DEP Use ON IAX add not bill in) Section 1. Sectio	International Dry Cleaner
4. Facility Location: Street Address: City: S425 N. Fed Huny County: Responsible Official 6. Name and Title of Responsible Official: Name: VAR TKE S Tokatlian 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: S425 N. Fede Huny County: Fax: County: Count	3 Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: SY25 N. Fed Hun) County: Broward Zip Code: 33308 Street Address: Responsible Official 6. Name and Title of Responsible Official: Name: VAR TKE STOKAHION 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: S425 N Feder Hun County: Broward 8. Responsible Official Telephone Number: Telephone: (954) 492 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
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Name: VARTKE STOKAHION 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: S425 N Federitus County: Browned Zip Code: 38308 8. Responsible Official Telephone Number: Telephone: (954) 492 9600 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): None 10. Facility Contact Address: Street Address:	Responsible Official
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Street Address: City: S425 N Federitary County: Brownerd Zip Code: 33308 8. Responsible Official Telephone Number: Telephone: (954) 492 - 9600 Fax: () vone Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): None 10. Facility Contact Address: Street Address:	7. Responsible Official Mailing Address:
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8. Responsible Official Telephone Number: Telephone: (954) 492 - 9600 - Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): None 10. Facility Contact Address: Street Address:	
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Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): \[\tag{OOL} \] 10. Facility Contact Address: Street Address:	relephone: (954) 492 9600- Fax: ()
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10. Facility Contact Address: Street Address:	Facility Contact (If different from Responsible Official)
10. Facility Contact Address: Street Address:	9. Name and Title of Facility Contact (For example, plant manager):
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··	10. Facility Contact Address:
··	Church A diducate
2.3.	·
	2.9.
	11. Facility Contact Telephone Number:
Telephone: () - Fax: () -	Telephone: () - Fax: () -

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

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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 Control Device Installed Date Initially Purchased Status Control Device Required* 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 RC/CA/None required Existing/New *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 Control Device Required* Date Control Device Installed Status 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 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 [___

DEP Form No. 62-213.900(2)

Unopened store [____] (date of expected opening

3. What is the facility's source classification based on Indicate with an "X". Select one classification o	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 particles (Indicate with an "X".)	oursuant 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 []
Rule 62-213.300, F.A.C. Verify that all steam and ho criteria or that no such units exist on-site (see attached All steam and hot water generating units exempt No such units on-site	ot water generating units on-site meet the following exemption d memo for the criteria). OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	ation
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 ac	idition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	toring []
(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 indica	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in th notification form; the permit number(s) are
لــا	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain	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 ts made in this notification are true, accurate and complete. Further, I agree to operate and the 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	POKES Toka thin ne of responsible official
Signature	11-22-06 Date

Troll Dry Cleaner
5425 N. Fed Hury.
Fr Lunderdale, FL 33308

FT LAUDERDALE FL 333 O4 DEC 2005 PM 1 T



Greneral Permit Section

Bereau of Air Monitoring & Mobile

Sources, Ms 5510

Department of Environenta Protection

2600 Blair Stone Road

Tallahassee, FL 32399-2400

General Permits Section. Atta. Dick Dibb Berreau of Air Monitoring And Mobile Sources Department of Environmental Protaction 2600 Blaiz Stone Road Tallahassee FL, 32399-2400 1,.11,..1,.1,.11,1,..1,1,...1,...1,...1,...1,...1,...1,...1,...1,...1,...1

14 DEC 2006 PM 4 T

Intil DRY Cleaners.

5425 N. Fed. HWY.

FT. Land. FL. 33308