



# Florida Department of Environmental Protection

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

July 17, 2008

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Mr. Gustavo Arango  
Door to Door Dry Cleaner  
17726 Pines Boulevard  
Pembroke Pines, Florida 33029

Re: Facility No.: 0112707-001

Dear Mr. Arango:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 16, 2008.

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

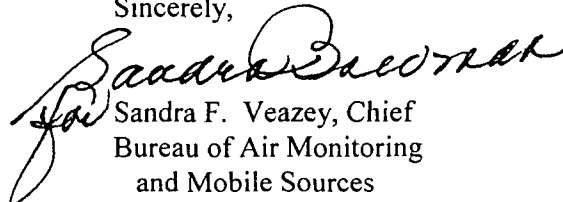
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must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

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 F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County  
Ms. Daniela Banu, Broward County - LAPA

RECEIVED

JUL 09 2008

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORMBureau of Air Monitoring  
& Mobile SourcesADDENDUM #1  
TO PAGE 14 OF  
6/16/08 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. 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):
Door to Door Dry Cleaner / G.D.A inc
2. Site Name (For example, plant name or number):
Door to Door Dry Cleaner
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: 17726 Pines Blvd
City: Pembroke Pines County: Broward Zip Code: 33029
5. Facility Identification Number (DEP Use ONLY - do not fill in)
0112707-001

## Responsible Official

6. Name and Title of Responsible Official:
Name: Guillermo Arango Title: President
7. Responsible Official Mailing Address:
Organization/Firm: 17726 Pines Blvd
Street Address: 17726 Pines Blvd
City: Pembroke Pines County: Broward Zip Code: 33029
8. Responsible Official Telephone Number:
Telephone: (954) 450-0456 Fax: (954) 450-7066

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Same
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

Called FRIDAY  
6/20/08

1) NEW FACILITY?

2) R/O SAME  
FRONT & BACK

3) NEED NEW  
SIGN PAGE OR NEW R/O  
ON P14

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 16 2008  
BUREAU OF AIR QUALITY  
& HAZARDOUS WASTE

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):
Door to Door Dry Cleaner / E.D.A. INC
2. Site Name (For example, plant name or number):
Door to Door Dry Cleaner
3. Hazardous Waste Generator Identification Number:
FLCESQG
4. Facility Location:
Street Address: 17726 Pines Blvd
City: Pembroke Pines County: Broward Zip Code: 33029
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0112707-001

Responsible Official

6. Name and Title of Responsible Official:
Name: Erika Arango Title: V.P.
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 17726 Pines Blvd
City: Pembroke Pines County: Broward Zip Code: 33029.
8. Responsible Official Telephone Number:
Telephone: (954) 450 - 0456 Fax: (954) 450 - 7066

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
SAME.
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

SEE ATTACHED  
ADDENDUM #1  
TO PAGE 14  
R/O  
CHANGE TO  
MATCH  
SIGNATURE  
PAGE 17.  
D.W.



**Facility Information****1.(a) DRY-TO-DRY MACHINES ONLY**How many dry-to-dry machines do you have on-site? 1

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>5/12/07</u>	<u>Existing</u> /New	<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? 1How many dryers/reclaimers do you have on-site? 1

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/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?

60 gallons (You must fill this in)(b) If less than 12 months, how many?    monthsCheck 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:

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 \_\_\_\_\_

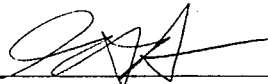
☐ No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Gustavo Arango  
Print name of responsible official

  
Signature

5/14/08  
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

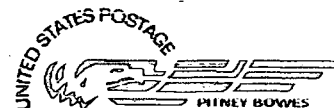
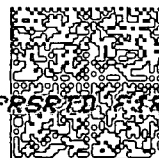
9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



ENVIRONMENTAL PROTECTION DEPARTMENT  
Pollution Prevention and Remediation Division  
115 S. Andrews Avenue, Room A240, Fort Lauderdale, FL 33301  
ADDRESS CORRECTION REQUESTED

TOURISTS  
YOU GOTTA LOVE 'EM

PRESORTED  
FIRST CLASS



PREPAID FIRST CLASS 06-00-224  
0004253779 JUN 12 2008  
MAILED FROM ZIP CODE 33301

General Permits Section  
Bureau of Air Monitoring and Mobile Sources,  
MS 5510  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

D-S0551 32399 A standard 1D barcode.

RECEIVED

JUL 09 2008

Bureau of Air Monitoring  
& Mobile Sources

FAX

For: *Dick DiBBle.*Fax number: *(850) 922 6979.*From: **DOOR TO DOOR DRY CLEANER**Fax number: **(954) 450-7066**Date: *7/9/08.*Regarding: *Notification of Intent to the G.P.*Number of pages: *1*

Comments:



NO ACTIVITY FOR FACILITY ..... ✓  
EMISSION FEE DATES .....  
VER REPORTS .....  
COMP. STATUS - SNC MNC IN  
ENR ..... CO.

*No Activity for the Selected Facility  
Insp - Broward Co - SEBR - C. C. H. e*

**Office  
DEPOT.**  
Made in USA

