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JUL 13 2011

## 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.

0)50106-000	<b>/</b>
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	ı
FFIMPERIAZ CLEANELS	
2. Site Name (For example, plant name or number):	
INDERIAL BUNLIN, CLEANER	
TMPELIAL QUALITY CLEANOUS  3. Hazardous Waste Generator Identification Number:	
FLD981478563	
4. Facility Location:	
Street Address:	:1.27
City: 9738 SN40 ST County: DADE Zip Code: 33165	- 4ass
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
	(ma)
Responsible Official	
6. Name and Title of Responsible Official. (n)	
D. Toman	
7. Responsible Official Mailing Address: Organization/Firm:	
Street Address: 9 7 38 Sw 40 ST	
City: A MIA County: DADE Zip Code: 33165	(103)
	44.30
8. Responsible Official Telephone Number:	me
Telephone: (305) 491-6(06 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Same as above.	
10. Facility Contact Address:	
10. Facility Collact Address.	
Street Address:	
City: Zip Code:	
1	
11. Facility Contact Telephone Number: Telephone: (305)223-17-13  Fax: ( ) -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

## **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following informat	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")
6-12.92	Existing/No	RCAN one required	
	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	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ine was purchased to units purchased	I from the manufacturer between	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, lowed to operate under this general formation:
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 K	EY: $RC = re$	efrigerated condenser CA =	= carbon adsorber
		have you used within the last 12	months?
[ <del>/ )</del> ] gallor	ns (You must fill	/ . A l	
(b) If less than 12 mor	ths, how many? [	months (n)	
Check why it is les	s than 12 months	: New owner: [(X] Did not ke	ep records: []
		New store: New machin	ne []
		Unopened store [] (date of	expected opening)

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3. What is the facility's source classification based or Indicate with an "X". Select one classification of				
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 (Indicate with an "X".)	pursuant 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 []			
5. A facility which contains non-exempt emissions a Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site				
All steam and hot water generating units exempt No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:	<u>15</u>			
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	ation			
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	ddition log			
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
e) Startup, shutdown, malfunction plan				

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7. Surrender o	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
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in lication. 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.
Fare	mptly notify the Department of any changes to the information contained in this notification.  d Kamacle a  ne of responsible official
Signature	DK. 7/7/1/

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## Pacione, Michael

From:

Pacione, Michael

Sent:

Wednesday, July 20, 2011 11:55 AM

To:

'tropicanacleaner@aol.com'

Cc:

Dibble, Dickson

Subject:

Air Registration Application Processing Fee

Mr. Kamadia,

The address to send the General Air Permit Processing Fee is:

Attention: Michael Pacione
Department of Environmental Protection
Receipts
Post Office Box 3070
Tallahassee, FL. 32315-3070

As per our conversation I would like to remind you to include a note with the

- 1.) facility owner/company name
- 2.) Site name
- 3.) Airs ID#

Once the \$100 check is received I can begin the 30 day registration application review period. Thank you for your prompt response and feel free to call with any questions. I will call your cell number as soon as I receive notice we have received the processing fee. Thank you sir

FROM: IMPERIAL QUALITY Cheawords 9738 SW 40ST MIA, FC. 33165



AIR GENERAL PERMIT PROGRAM Bureau of hie Monitoring and Hobile Sources, MS 5510 DEPARTMENT OF ENVIRONMENTAL Protection 2600 BLAIR STONE ROAD TALLAHASSEE, FL. 32399 -2400

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