

Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

June 2, 2006

Mr. Milton Goris
Best Cleaners
18712 Northwest 67th Avenue
Miami, Florida 33015

Re: Facility No.: 0250780-004

Dear Mr. Goris:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 17, 2006.

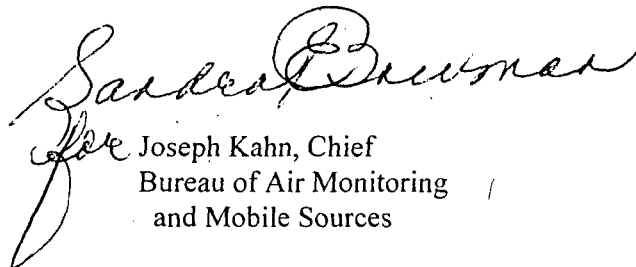
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES796-2003.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ...4.....
4/11/2006
COMPLIANCE STATUS IN.....

INS2 - Compliance Inspection Walkthrough
Insp - Miami-Dade Co - MM

Dibble, Dickson

From: Dibble, Dickson
Sent: Wednesday, June 20, 2007 4:48 PM
To: 'Gordon; Ray (DERM)'
Cc: Bowman, Sandy; Grant, Patricia
Subject: RE: 0250780

Ray,

Thank you for the information you provided regarding the following facility. I have changed the status of this facility to **INACTIVE** based on your e-mail and the "drop-store" discovery that was made during the recent inspection of this facility.

AIRS ID# 0250780
LUCKY MEGA CORP d.b.a. BEST CLEANERS
18712 NW 67TH AVE
MIAMI, FL 33015

Have a great day!

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345
Dickson.Dibble@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]
Sent: Tuesday, June 19, 2007 9:40 AM
To: Dibble, Dickson
Subject: 0250780

This facility is a "drop store" only . There is no dry cleaner on site, therefore does not need a permit. Please make it inactive

Ray A. Gordon
Air Compliance Project Manager
Office:305-372-6925
gordor@miamidade.gov

6/20/2007

"Delivering Excellence Every Day"

-----Original Message-----

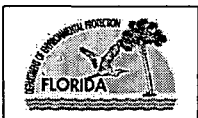
From: Delgado, Frank (DERM)

Sent: June 18, 2007 2:21 PM

To: Gordon, Ray (DERM)

Subject: THE DRY CLEANER INSPECTION REPORT

6/20/2007



PERCHLOROETHYLENE DRY CLEANERS



Environmental Compliance

COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO: _____

AIRS ID#: 0250780 **DATE:** 6/18/07 **ARRIVE:** 10:30 AM **DEPART:** 10:45 AM
FACILITY NAME: BEST CLEANERS
FACILITY LOCATION: 18712 NW 67TH AVE
 MIAMI 33015
RESPONSIBLE OFFICIAL: MILTON GORIS **PHONE:** (305)624-4474
CONTACT NAME: **PHONE:**
REMITTANCE YEAR: 2006 **ENTITLEMENT PERIOD:** 5/18/2006 / 5/18/2011
 (effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC

(check only one box in A)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. 1. Existing small area source <input type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
| <p>5. Ineligible for General Permit <input type="checkbox"/>
 drop store/out of business/petroleum
 facility exceeds above limits</p> | |

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

(check only one box for each question)

Does the responsible official of the dry cleaning facility:

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers? Yes No N/A
2. Examine the containers for leakage? ----- Yes No N/A
3. Close and secure machine doors except during loading/unloading? ----- Yes No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ----- Yes No N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ----- Yes No N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a **Existing small area source**, no controls are required. **Proceed to Part V.**
2. If the facility classification is a **New small area source**, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is a **Existing large area source**, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a **New large area source**, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

A. Has the responsible official of all existing large area & new sources:

(check only one box for each question)

1. Equipped all machines with the appropriate vent controls? ----- Yes No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- Yes No N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- Yes No N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- Yes No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- Yes No N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- Yes No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. Does the responsible official of an existing large or new large area source also:

(check only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ----- Yes No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? ----- Yes No N/A
 - a) Is the temperature differential equal to, or greater than 20° F? ----- Yes No N/A
3. Measure and record the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? ----- Yes No N/A
 - a) Is the perc concentration equal to, or less than 100 ppm? ----- Yes No N/A
4. Assure that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ----- Yes No N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ----- Yes No N/A
6. Route airflow to the carbon adsorber (if used) at all times? ----- Yes No N/A

PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Does the responsible official:

(check only one box for each question)

1. Maintain receipts for perc purchased? ----- Yes No
2. Maintain rolling monthly total of yearly perc consumption? ----- Yes No
3. Maintain leak detection inspection and repair reports for the following:
 - a) documentation of leaks repaired w/in 24 hrs? or; ----- Yes No N/A
 - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- Yes No N/A
4. Maintain calibration data? (for applicable direct reading instruments) ----- Yes No N/A
5. Maintain exhaust duct monitoring data on perc concentrations? ----- Yes No N/A
6. Maintain a startup/shutdown/malfunction plan? ----- Yes No
7. Maintain deviation reports? ----- Yes No N/A
 - a) Problem corrected? ----- Yes No N/A
8. Maintain a compliance plan, if applicable? ----- Yes No N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

(check only one box for each question)

- ... detection and repair inspection? ----- Yes No
2. Does the facility maintain a leak log? ----- Yes No
3. Does the responsible official check the following areas for leaks?
- | | | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------|
| a) Hose connections, fittings, couplings, and valves ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | g) Muck cookers ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b) Door gaskets and seating ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | h) Stills ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| c) Filter gaskets and seating----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | i) Exhaust dampers ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d) Pumps ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | j) Diverter valves ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e) Solvent tanks and containers-- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | k) Cartridge filter housings | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| f) Water separators ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

4. Which method(s) of detection (is/are) used by the responsible official?
- | | |
|-----------------------------------------------------------------------------|--------------------------------------------|
| a) Visual examination (condensed solvent on exterior surfaces) ----- | a) <input type="checkbox"/> |
| b) Physical detection (airflow felt through gaskets) ----- | b) <input type="checkbox"/> |
| c) Odor (noticeable perc odor) ----- | c) <input type="checkbox"/> |
| d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ----- | d) <input type="checkbox"/> ** (see below) |
| e) Halogen leak detector ----- | e) <input type="checkbox"/> |

- **If using direct-reading instrumentation, is the equipment:** ----- ** N/A
- | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ----- | 1) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Calibrated against a standard gas prior to and after each use (PID/FID only)? ----- | 2) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Inspected for leaks and obvious signs of wear on a weekly basis? ----- | 3) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Kept in a clean and secure area when not in use? ----- | 4) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Verified for accuracy by use of duplicate samples (calorimetric only)? ----- | 5) <input type="checkbox"/> Yes <input type="checkbox"/> No |

FRANK DELGADO

6/18/07

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: DROP STORE ONLY.

RECEIVED
APR 17 2006

Bureau of Air Monitoring
& Mobile Sources

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. 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):	MILTON GORIS - LUCKY MEGA CORP.		
2. Site Name (For example, plant name or number):	BEST CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	18712 NW 67AVE		
City:	MIAMI FL.	County: DADDE	Zip Code: 33015
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250780 - 004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MILTON GORIS	Title:	V.P.
7. Responsible Official Mailing Address:			
Organization/Firm:	18712 NW 67AVE		
Street Address:	MIAMI		County: DADDE
City:		Zip Code:	33015
8. Responsible Official Telephone Number:			
Telephone:	(252) 624 4474	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:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

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 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

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 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?

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

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 N/A
- 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 N/A
- 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".)

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

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 6250780.
- 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.

MILTON GORIS

Print name of responsible official


Signature

4/11/06
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

468309 FEB 5 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250780
 BEST CLEANERS
 18712 NW 67TH AVENUE
 MIAMI FL 33015

✓

FEB 07 2007
 MIAMI FL 33015

FLAIR ACCT. CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

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MIAMI FL 33015

03 FEB 2007 PM 4 T



TITLE V - General Permit
 Receipts
 Post Office Box 3070
 Tallahassee, FL 32315-3070

32315+3070-70 B099

