

- received 6/3/11; see
attached e-mail
-MB

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):	OPA LOCKA Cleaners & LAUNDRIES, INC
2. Site Name (For example, plant name or number):	Boulevard Cleaners
3. Hazardous Waste Generator Identification Number:	CESOG
4. Facility Location: Street Address: City: OPA LOCKA County: MIAMI-DADE Zip Code: 33054	830 ALL BABA AVE
5. Facility Identification Number (DEP Use ONEY - do not fill in)	0250813-002

Responsible Official

6. Name and Title of Responsible Official: Name: MARIENE PEREZ Title: president	
7. Responsible Official Mailing Address: Organization/Firm: OPA LOCKA Cleaners & LAUNDRIES, INC Street Address: 830 ALL BABA AVE City: OPA LOCKA County: MIAMI-DADE Zip Code: 33054	
8. Responsible Official Telephone Number: Telephone: (305) 681 3402 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")
March 2008	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	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?

92.2 ~~72.7~~ 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
- 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".)

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

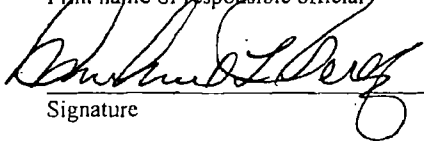
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

MARLENE PEREZ
Print name of responsible official


Signature

6/1/2011
Date

Brynes, Marnie

From: Harris, Sophie (DERM) [HarriSo@miamidade.gov]
Sent: Friday, June 03, 2011 9:49 AM
To: Brynes, Marnie
Cc: Dibble, Dickson; Gordon, Ray (DERM); Delgado, Frank (DERM)
Subject: FW: Notification
Attachments: OPA LOCKA CLEANERS AND LAUNDRY INC..pdf

Correction, the notification was received Friday June 3, 2011.

Sophie Harris, Secretary
Miami-Dade County Air Facilities Section
701 NW 1 Court, 2nd Floor, Miami, Florida 33136
305-372-6947 Phone 305-372-6954 Fax
WWW.MIAMIDADE.GOV/DERM
"Delivering Excellence Every Day"



The Miami-Dade Department of Environmental Resources Management (DERM) values your feedback as a customer. DERM is committed to its mission "to balance today's needs through responsible governance, education, and conservation, to protect our environment for tomorrow." And as part of our mission, we continuously assess and improve the quality of services provided to you. Please take a few minutes to comment on our quality of service. Simply click on this <http://derm.miamidade.gov/survey>. Thank you in advance for completing our customer survey.

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.

From: Harris, Sophie (DERM)
Sent: Friday, June 03, 2011 8:58 AM
To: 'Marnie.brynes@dep.state.fl.us'
Cc: 'Dickson.Dibble@dep.state.fl.us'; Gordon, Ray (DERM); Delgado, Frank (DERM)
Subject: Notification

The attached was received in our office Friday May 3, 2011.

The hard copy is in the mail.

Sophie Harris, Secretary
Miami-Dade County Air Facilities Section
701 NW 1 Court, 2nd Floor, Miami, Florida 33136
305-372-6947 Phone 305-372-6954 Fax
WWW.MIAMIDADE.GOV/DERM
"Delivering Excellence Every Day"



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RECEIVED

JUN 06 2011

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	OPA LOCKA Cleaners & LAUNDRIES, INC		
2. Site Name (For example, plant name or number):	BOULEVARD Cleaners		
3. Hazardous Waste Generator Identification Number:	CESOG		
4. Facility Location:	830 ALI BABA AVE		
Street Address:			
City:	OPA LOCKA	County:	MIAMI-DADE
		Zip Code:	33054
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:			
Name:	MARILENE PEREZ	Title:	president
7. Responsible Official Mailing Address:	830 ALI BABA AVE		
Organization/Firm:	OPA LOCKA Cleaners & LAUNDRIES, INC		
Street Address:	830 ALI BABA AVE		
City:	OPA LOCKA	County:	MIAMI-DADE
		Zip Code:	33054
8. Responsible Official Telephone Number:			
Telephone:	(305) 681 3402	Fax:	() -

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17 April 2008	Existing <input checked="" type="radio"/> New	RC CA <input checked="" type="radio"/> None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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- | | |
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(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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I will promptly notify the Department of any changes to the information contained in this notification.

MARLENE PEREZ
Print name of responsible official


Signature

6/1/2011
Date



Delivering Excellence Every Day

Environmental Resources Management
Air Quality Management Division
701 N.W. 1st Court, 2nd Floor
Miami, Florida 33136-3912

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PRESORTED
FIRST CLASS



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PRSRTD FIRST CLASS 06/04/11

General Permit Section
Bureau of Air Monitoring and Mobile Source, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

C*UFS51 32399

