

# Florida Department of Environmental Protection

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

February 2, 2009

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Karen Jackson McCray AmeriClean, Incorporated 1486 Northeast Miami Garden Drive Miami, Florida 33179

Re: Facility No: 0250823-006

Dear Ms. McCray:

The Department has received the Air General Permit Registration Form for the dry cleaning facility that you submitted on December 29, 2008.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) 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 62-213 300 expires after five (5) years. Therefore, a new registration form must be received no later than five (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 any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely, andra Due man

/Sandra F. Veazey, Chief Bureau of Air Monitoring

And Mobile Sources

SFV/pg

NO ACTIVITY FOR FACILITY ......

EMISSION FEE DATES ......

SOCE VER REPORTS .....

COMP. STATUS - SNC MNC (IN)

TRPT - SOCR - Statement of

Compliance Report - 1/15/2018 - In

INSP-Mainti Dade to - M Mathiah

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 9 2008

### Part III. Notification of Intent to Use General Permit

Bureau of Air Monitorin & Mobile Sources

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):   |
| AMERICIEAN, INC  |
| 2. Site Name (For example, plant name or number):  |
|  |
| 3. Hazardous Waste Generator Identification Number:  |
| J. Hazardous Waste Generator Identification (value)  |
|  |
| 4. Facility Location:  |
| Street Address: City: County: 1 Zip Code: 7 DADE   |
| 1486 NEMeani Gordn DR Meni +1 33179 COUNTY)  |
| HSP Ecolity dentification number (DEPRICE ON 1972 to not fill more than 1972)  |
|  |
| 的对外,但是我们在我们就是是我们的,我们也是我们的,我们是我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们   |
| Responsible Official   |
| 6. Name and Title of Responsible Official:   |
| 6. Name and Title of Responsible Official:  Name: ALEN JACKSON MCRAY  7. Responsible Official Mailing Address:  Organization/Firm:  Street Address:  City:  County:  County: |
| 7. Responsible Official Mailing Address:   |
| Organization/Firm:   |
| Street Address:  |
| 1486 NE MIAMI GARDEN DR MIAMI 7 33179  |
| 8. Responsible Official Telephone Number:  |
| Telephone: 786 )252-887 D Fax: ( ) -   |
|  |
| Facility Contact (If different from Responsible Official)  |
| 9. Name and Title of Facility Contact (For example, plant manager):  |
| JAMES JOHNSON, MANAGER   |
| 10. Facility Contact Address:  |
| Street Address:  |
| 1486 NE MIAMI GARDEN DR MIAMIT 33179   |
| 11. Facility Contact Telephone Number:   |
| Telephone: (305) 263-0944 Fax: ()  |

DEP Form No. 62-213.900(2)

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| Facility Information  |  | ·  | •  |   |
|---|--|--|--|---|
| I (a) DRY-TO-DRY N  | iatemps (int   |  | ,  |   |
| How many dry-to-dry m   | achines do you ha  | ve on-site?  |  |   |
| -   | *  | se provide the following information   | on:  | ,   |
| Date Initially Furchased<br>From Maputacturer   | **************************************   | Compatible vist Required)  (Corresponding to the control of the co | Date Control Device<br>(it already as Inded a<br>process who is any  | cione of                                    |
| 1996  | Fall Street  | O Commence   |  |   |
|   | Existing/N   | ew RC/CA/None required   | · · · · · · · · · · · · · · · · · · ·  | •   |
| <del></del>   | Existing/N   | ew RC/CA/None required   | -  |   |
| LЉ) TRANSFER MAC  | CHINES ONLY  | ·  |  |   |
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| How many washers do you many veryer free in the transfer machine wount. If the transfer machine 1993, it is a NEW unit (repermit). For each transfer machine transfer machine transfer machine from Manufacturer. | as purchased from the was purchased to units purchased or machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New | the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allow, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required   | December 9, 1991 and September to operate under this gormation:  Date Control Device In (if already included at purchase, write "SAM") | ember 22,<br>general<br>astalled<br>time of |

DEP Form No. 62-213.900(2) Effective: 2/24/99 New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening)

|   |  |  | ¥ < D  |
|---|--|--|--|
| 1 (a) DRY-TO-DRY M  | ACHINES ONI  | LY ,   | * SEE ATTACHE ADDENDUM TO  |
| How many dry-to-dry ma  | achines do you ha  | eve on-site?   |  |
| For each dry-to-dry mack  | nine on-site, pleas  | se provide the following information   | APPLICATION 01/2   |
| Date Initially Purchased<br>From Manufacturer   | Status<br>(circle one  | Control Device Required* (circle one)  | Date Control Device Installe<br>(if already included at time of<br>purchase, write "SAME")   |
|   | Existing/N   | ew RC/CA/None required   | · · · ·  |
|   | Existing/N   | ew RC/CA/None required   |  |
|   | Existing/N   | ew RC/CA/None required   |  |
| *CONTROL DEVICE K   | EY: RC =   | refrigerated condenser CA =  | carbon adsorber  |
| 1.(b) TRANSFER MAC  | CHINES ONLY  |  |  |
| How many washers do yo  | ou have on-site?   | []   |  |
| unit. If the transfer machi<br>1993, it is a NEW unit (n  | as purchased from<br>ne was purchased<br>to units purchased  | t the manufacturer prior to or on De<br>from the manufacturer between De<br>fafter September 22, 1993 are allow  | cember 9, 1991 and September<br>wed to operate under this general  |
| If the transfer machine w<br>unit. If the transfer machi<br>1993, it is a NEW unit (n<br>permit). For each transfe<br>Date Initially Purchased                                | as purchased from<br>ne was purchased<br>to units purchased  | the manufacturer prior to or on De<br>from the manufacturer between De   | cember 9, 1991 and September yed to operate under this general mation:  Date Control Device Installed (if already included at time of  |
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| If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI | as purchased from ne was purchased to units purchas | the manufacturer prior to or on Del from the manufacturer between Del after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required  | comber 9, 1991 and September yed to operate under this general mation:  Date Control Device Installed (if already included at time of purchase, write "SAME")                          |
| If the transfer machine wounit. If the transfer machine 1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI   | as purchased from the was purchased to units purchased the status (circle one)  Existing/New   | the manufacturer prior to or on Dell from the manufacturer between Dell after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = 0  The control of the following information of t | comber 9, 1991 and September yed to operate under this general mation:  Date Control Device Installed (if already included at time of purchase, write "SAME")                          |
| If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI | as purchased from ne was purchased to units purchased the status (circle one)  Existing/New  | the manufacturer prior to or on Dell from the manufacturer between Dell after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = 0  The control of the following information of t | comber 9, 1991 and September wed to operate under this general mation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nths?  |
| If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer  *CONTROL DEVICE KI | as purchased from ne was purchased to units purchased the status (circle one)  Existing/New  | the manufacturer prior to or on Del from the manufacturer between Del after September 22, 1993 are allowed, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA = 6  The required condenser  | cember 9, 1991 and September oved to operate under this general mation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  nths? |

DEP Form No. 62-213.900(2)

|   | d What is the facility's squire classifies from based on Indicate, with in TX. Selections (235) he appropriate   | 2014 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|---|--|---|
| • | Small Area Source  |   |
|   | Dry-to-dry machines only on-site. Transfer only 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  |   |
|   | Transfer only on-site  | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(used 140 - 1,800 gallons of perc per year) |
|   | <ol> <li>What control technology is required on machines pu<br/>(Indicate with an "X".)</li> </ol>   | rsuant 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 faction which appears non-except singsions inf<br>Rule 62-213 (300) P. A.C. Weinvithat all steam and hot<br>triting of that no such must exist one site (see analoged | water generating units on site theat the following exemptions   |
|   | All steam and hot, water generaling thinks exceeding [ ] No such ones par Sur [ ]  |   |
|   | How many boilers do you have on-site?  | •   |
|   | For each border indicate at law epower Off region (  | غالبان  |
|   | What type of fuel do you use? [] propane [] No. 2 fuel o [] No. 6 fuel o   | •——   |
|   | 6. Equipment Monitoring and Recordkeeping Informati  | on .  |
|   | Check all logs which are required to be kept on-site in a  | ccordance with the requirements of this general permit:   |
|   | (a) Purchase receipts and solvent purchases/solvent addi-  | ition log   |
|   | (b) Leak detection inspection and repair   | LLA.  |
|   | (c) Refrigerated condenser temperature monitoring  |   |
|   | (d) Carbon adsorber exhaust perc concentration monitor   | ing [1]   |
|   | (e) Startup, shutdown, malfunction plan  |   |

|   | 3. What is the facility's source classification Indicate with an "X". Select one class   |   |  | ction (3) of Part II?                |                                 |  |
|---|--|---|--|--------------------------------------|---------------------------------|--|
|   | Small Area Source  | []  |  |                                      | V                               |  |
|   | Dry-to-dry machines on<br>Transfer only on-site<br>Both machine types on-s   | (us   | ed less than 140 gallons<br>ed less than 200 gallons<br>ed less than 140 gallons | of perc per year) of perc per year)  | *SEE                            |  |
|   | Large Area Source  | []  | •  |                                      | HACHEDA                         |  |
|   | Dry-to-dry machines onl<br>Transfer only on-site<br>Both machine types on-s  | (us   | ed 140 - 2,100 gallons o<br>ed 200 - 1,800 gallons o<br>ed 140 - 1,800 gallons o | of perc per year)  of perc per year) | 01/23/09 FOX<br>MISSING DI<br>D |  |
|   | 4. What control technology is required on (Indicate with an "X".)  | machines pursu                              | ant to section (5) of Pa   | rt $\Pi$ of this notificat           | tion form?                      |  |
|   | Existing machines at small area so<br>(NONE REQUIRED)  | ource                                       | New machines at<br>Refrigerated cond   |                                      |                                 |  |
|   | Existing machines at large area so Carbon adsorber []  Refrigerated condenser []   | urce  | New machines at Refrigerated cond  |                                      |                                 |  |
| • | 5. A facility which contains non-exempt ender 62-213.300, F.A.C. Verify that all steeriteria or that no such units exist on-site (so All steam and hot water generating units expression in the steam and hot water generating units ex | eam and hot wa<br>ee attached me            | ter generating units on-   |                                      |                                 |  |
|   | How many boilers do you have on-site?  | $\Box$                                      |  |                                      |                                 |  |
|   | For each boiler, indicate its horsepower (H  | P) rating: [                                | ][]  |                                      |                                 |  |
|   |  | propane<br>No. 2 fuel oil<br>No. 6 fuel oil | natural gas [] No. 4 fuel ( [] Other (plea                                       |                                      |                                 |  |
|   | 6. Equipment Monitoring and Recordkeepi  | ng Information                              |  |                                      |                                 |  |
|   | Check all logs which are required to be kep  | t on-site in acco                           | _  |                                      | ral permit:                     |  |
|   | (a) Purchase receipts and solvent purchases  | /solvent additio                            | on log [   | $\underline{\hspace{0.1cm}}$         |                                 |  |
|   | (b) Leak detection inspection and repair   |   | [  |                                      |                                 |  |
|   | (c) Refrigerated condenser temperature more  | nitoring                                    | [  | <b>_</b> ,                           |                                 |  |
|   | (d) Carbon adsorber exhaust perc concentra   | tion monitoring                             | g [  |                                      |                                 |  |
|   | (e) Startup, shutdown, malfunction plan  |   | .]   | 1                                    |                                 |  |

DEP Form No. 62-213.900(2)

| 7. Surrender o   | f Existing DEP Air Permit(s)   |    |
|--|--|----|
| Please indicate  | e 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  | ;  |
| W.   | No DEP air permits currently exist for the operation of the facility indicated in this notification form   | n. |
| Responsible C  | Official Certification   |    |
| this notific<br>statements<br>maintain t<br>comply wi<br>I will pron | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inputly notify the Department of any changes to the information contained in this notification.  OCCUMENT TO COMMENT TO C |    |
| Signature  | Date   |    |

| 3. What is the fundicate wi   | th an "X". Select of                                   | ne classification                                   | only.)      |  |                 |                  |             |
|---|--|---|-------------|--|-----------------|------------------|-------------|
| Small   | Area Source  | []  |             |  | ,               |                  |             |
|   | Dry-to-dry mach<br>Transfer only on<br>Both machine ty | -site   | (used le    | ess than 140 gallo<br>ess than 200 gallo<br>ess than 140 gallo | ons of perc per | r year)          | SEL         |
| Large   | Area Source  | []  |             |  |                 | AMAC             | HE          |
|   | Dry-to-dry mach<br>Transfer only on<br>Both machine ty | -site   | (used 20    | 40 - 2,100 gallon<br>00 - 1,800 gallon<br>40 - 1,800 gallon    | s of perc per   | year) MISS       | /09<br>TD Q |
| 4. What control (Indicate with  | technology is requite an "X".)                         | ired on machines                                    | pursuant t  | to section (5) of I  | Part II of this | notification for | m?          |
|   | ig machines at smal<br>E REQUIRED)                     | l area source                                       |             | New machines<br>Refrigerated co                                |                 | ource<br>]       |             |
| Carbon  | g machines at large<br>adsorber<br>erated condenser    | area source   |             | New machines a<br>Refrigerated co                              |                 | ource<br>]       |             |
| All steam and he<br>No such units or  | ot water generating                                    | units exempt  | []          | OR .   |                 | V                | /           |
|   | ers do you have on-                                    | site? []  |             |  |                 |                  |             |
| For each boiler,  | indicate its horsepo                                   | wer (HP) rating:                                    | [] [_       | _][]   |                 |                  |             |
| What type of fue  | l do you use?  | [] propane<br>[] No. 2 fuel<br>[] No. 6 fuel        |             | natural g No. 4 fue Other (pl                                  | el oil          |                  | ·<br>       |
| 6. Equipment M  | onitoring and Reco                                     | rdkeeping Inform                                    | ation       |  |                 |                  |             |
|   |  |   |             | ana with the reas  |                 |                  | it.         |
| Check all logs w  | hich are required to                                   | be kept on-site in                                  | n accordai  | ice with the requ  | irements of th  | is general perm  | uı.         |
| _   | hich are required to<br>eipts and solvent pu           |   |             |  | rements of th   | іѕ депетаі регіг | ut.         |
| (a) Purchase reco   |  | archases/solvent ac                                 |             |  | irements of th  | is general perii | ut.         |
| (a) Purchase reco   | eipts and solvent pu                                   | rchases/solvent ac                                  |             |  | irements of th  | is generai perm  | ut.         |
| <ul><li>(a) Purchase reco</li><li>(b) Leak detection</li><li>(c) Refrigerated</li></ul> | eipts and solvent pu<br>on inspection and re           | rchases/solvent acepair<br>epair<br>eure monitoring | ddition loį |  | irements of the | іѕ депегаі регіг |             |

ADDENDUM TO FACILITY # 0250823-006-46 APPLICATION/REGISTRATION FORM - 12/29/08 \* RECEIVED 01/23/09

Facility Name and Location

#### **BEST AVAILABLE COPY**

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 9 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Monicor & Mobile Sources

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):   |
|--|
| AMERICIEAN, INC  |
| 2. Site Name (For example, plant name or number):  |
|  |
| 3. Hazardous Waste Generator Identification Number:  |
| - the state of the |
| 4. Facility Location:  |
| Street Address:  |
| City: NEMeconi Hada DR Meconi 71 33179 (County)  |
| Pacific denoncinon vimber of Parisonne vinos aprilicina de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya de  |
|  |
| Responsible Official   |
| 6. Name and Title of Responsible Official:   |
| Name: KAREN JACKSON N'CRAYTIDE Oceney  |
| 6. Name and Title of Responsible Official:  Name: AREN JACKSON N. Cray  7. Responsible Official Mailing Address:  Organization/Firm:  Street Address:  MeCray 400 @ bellsouth no.  |
| Street Address: City: City: 14716 NE MIAMI GARDEN DR MIAMI 77 33179  |
| 8. Responsible Official Telephone Number:  |
| Telephone: (786)252-8270 Fax: (1)  |
| Facility Contact (If different from Responsible Official)  |
| 9. Name and Title of Facility Contact (For example, plant manager):  |
| 9. Name and Title of Facility Contact (For example, plant manager):  TAMES Johnson Mitall (Elizabeth Address:  DADE  Street Address:   |
| 10. Facility Contact Address:  |
| Street Address:  |
|  |
| City: NE MIAMI GAZDEN DE MINENTE 3317 9  11. Facility Contact Telephone Number:  |
| Telephone: (305) 263-0944 Fax: ()  |

08:03

# BEST AVAILABLE COTY

| 7. Surrender o  | of Existing DEP Air Permit(s)   |   |
|---|---|---|
| Please indicat  | e 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   | s |
| LL  | No DEP air permits currently exist for the operation of the facility indicated in this notification for   | n |
| Responsible (   | Official Certification  | 7 |
| this notific<br>statement<br>maintain i<br>comply wi<br>I will pron | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 it all terms and conditions of this general permit as set forth in Part II of this notification form.  Inputly notify the Department of any changes to the information contained in this notification.  COLAN Jackson  c of responsible official |   |
| Signature   | Date  | ĺ |

16

#### Dibble, Dickson

From:

Dibble, Dickson

Sent:

Wednesday, January 21, 2009 3:51 PM

To:

'mccray400@bellsouth.net'

Cc:

Bowman, Sandy

Subject:

2nd DELIVERY ATTEMPT: FW: AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami

Garden Dr, Miami, FL 33179

Attachments: 0250823-006-AG; AmericleanInc.pdf

Dear Ms. McCray,

I have not yet received a response from you regarding my request (see my e-mail below dated 01/07/09) for additional information that was omitted from your application to renew your Perchloroethylene Dry Cleaner Air General Permit Registration.

Time is getting short. There are only seven (7) days left in the review period and if I haven't received the requested missing information before that time, I may have to deny your permit application and I really don't want to have to do that.

If you have any questions or concerns, please e-mail or call as soon as possible.

Thank you and have a great day!

Dickson E. Dibble

#### Dickson E. Dibble, ES III

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program Tel. (850) 921-9586 FAX (850) 922-6979 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: Dibble, Dickson

Sent: Wednesday, January 07, 2009 9:00 AM

To: 'mccray400@bellsouth.net'

Cc: Bowman, Sandy

Subject: AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami Garden Dr., Miami, FL 33179

Dear Ms. McCray Jackson,

It was a pleasure to speak with you yesterday regarding your application for the Perchloroethylene Dry Cleaner Air General Permit.

I have attached an electronic copy of the application form which you have submitted and have highlighted those questions/areas on the form which were left unanswered. Your responses to these questions are requested in order to complete the review & registration process. Without your response to these questions, your application may be denied and we would prefer that not to happen.

Once you have completed the areas/questions requested, you may FAX those pages to my attention at (850) 922-6979 and I will include them as an addendum to your original application.

As of today there are twenty-one (21) days left in the review period for your application, so your immediate attention to this matter is appreciated.

If you should have any questions regarding your application please don't hesitate to e-mail or call.

Thank you and have a great day and a Happy New Year!

Sincerely,

Dickson E. Dibble

#### Dickson E. Dibble, ES III

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program Tel. (850) 921-9586 FAX (850) 922-6979 ICG-#345

Dickson.Dibble@dep.state.fl.us



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#### Dibble, Dickson

From:

Dibble, Dickson

Sent:

Wednesday, January 07, 2009 9:00 AM

To:

'mccray400@bellsouth.net'

Cc:

Bowman, Sandy

Subject:

AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami Garden Dr, Miami, FL 33179

Attachments: 0250823-006-AG; AmericleanInc.pdf

Dear Ms. McCray Jackson,

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I have attached an electronic copy of the application form which you have submitted and have highlighted those questions/areas on the form which were left unanswered. Your responses to these questions are requested in order to complete the review & registration process. Without your response to these questions, your application may be denied and we would prefer that not to happen.

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As of today there are twenty-one (21) days left in the review period for your application, so your immediate attention to this matter is appreciated.

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Thank you and have a great day and a Happy New Year!

Sincerely,

Dickson E. Dibble

#### Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

#### Dickson.Dibble@dep.state.fl.us



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# RECEIVED

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC 2 9 2008

#### Part III. Notification of Intent to Use General Permit

Bureau of Air Monitor... & Mobile Sources

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):   |
| AMERICIEAN, INC  |
| 2. Site Name (For example, plant name or number):  |
|  |
| 3. Hazardous Waste Generator Identification Number:  |
|  |
| 4. Facility Location:  |
| Street Address: City: 1486 NEME and Hordin DR Meani 71 Zip Code: DrADE  Street Address: City: 1486 NEME and Hordin DR Meani 71 Zip Code: DrADE  Street Address: County: Zip Code: DrADE  Street Address: County: Zip Code: DrADE  Street Address: County: Zip Code: DrADE  Street Address: City: Zip Code: DrADE  Street Address: County: Zip Code: DrADE  Street Address: Zip Code: |
| Exculty Identification Number (DEPUS ON Verto notall in  |
|  |
|  |
| Responsible Official   |
| 6. Name and Title of Responsible Official:   |
| 6. Name and Title of Responsible Official:  Name: AREN JACKSON N. CRAY October  7. Responsible Official Mailing Address:  Organization/Firm:  Street Address:  MeCray 400 @ bellsouth.net  |
| 7. Responsible Official Mailing Address: MeCray 400 @ bellsourh .net   |
| Street Address:  |
| City: NE MIAMI GARDEN DR MIAMI 7 33179   |
| 8. Responsible Official Telephone Number:  |
| Telephone: 786 252 8870 Fax: ( ) -   |
| Facility Contact (If different from Responsible Official)  |
| 9. Name and Title of Facility Contact (For example, plant manager):  |
| 9. Name and Title of Facility Contact (For example, plant manager):  TAMES JOHNSON MANHETER  10. Facility Contact Address:  Street Address:  DADE  GUINTY  |
| 10. Facility Contact Address:  |
| Succi Address.   |
| LEGIVE MIAMI GARDEN DR MIAMITH 3317 9  |
| 11. Facility Contact Telephone Number:   |
| Telephone: (305) 263-0944 Fax: ()  |

DEP Form No. 62-213.900(2)

| How many dry-to-dry maching For each dry-to-dry maching Date Initially Purchased  | •  |   |  |
|---|--|---|--|
| Date Initially Purchased  | 01. 01.0, p.020  |   | )n:  |
| From Manufacturer   | Status<br>(circle one)   | Control Device Required*  | Date Control Device Installed (if already included at time of purchase, write "SAME")                      |
|   | Existing/Ne  | ew RC/CA/None required  | · · · · · · · · · · · · · · · · · · ·  |
| ·   | Existing/Ne  | ew RC/CA/None required  | ·  |
|   | Existing/Ne  | w RC/CA/None required   |  |
|   |  |   |  |
| How many washers do you  How many dryers/recoin  If the transfer machine was  | u have on-site?<br>ets dos on have o<br>s purchased from   | the manufacturer prior to or on D   | ecember 9, 1991, it is an EXISTIN  |
| If the transfer machine was<br>unit. If the transfer machin<br>1993, it is a NEW unit (no   | u have on-site?  ers do on have of s purchased from the was purchased to units purchased   | the manufacturer prior to or on D from the manufacturer between D   | ecember 9, 1991 and September 22 wed to operate under this general   |
| How many washers do you how many dryefs/rech in fifthe transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased                    | u have on-site?  ets donor have of the was purchased of units purchased of machine on-site,  Status  | the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required*  | wed to operate under this general ormation:  Date Control Device Installed                                 |
| How many washers do you how many dryers/rect in the transfer machine was unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer     | u have on-site?  ets donor have of the was purchased of units purchased of machine on-site,  Status  | the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required*  | wed to operate under this general ormation:  Date Control Device Installed (if already included at time of |
| How many washers do you low many uryers/rect in lift the transfer machine was unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer | the have on-site?  The day on have on the spurchased of units purchased or machine on-site,  Status (circle one)                                 | the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)   | wed to operate under this general ormation:  Date Control Device Installed (if already included at time of |
| How many washers do you how many aryers/rectain.  If the transfer machine was unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer | s purchased from the was purchased to units purchased in machine on-site,  Status (circle one)   | the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)  RC/CA/None required                      | wed to operate under this general ormation:  Date Control Device Installed (if already included at time of |
| How many washers do you how many aryers/rectain.  If the transfer machine was unit. If the transfer machin 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer | u have on-site?  cts delt on have on spurchased from the was purchased of units purchased of machine on-site,  Status (circle one)  Existing/New | the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required | wed to operate under this general ormation:  Date Control Device Installed (if already included at time of |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_] (date of expected opening 5

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

|  | Indicate with an "X". Select one classification only.)  |   |
|--|---|---|
|  | Small Area Source []  |   |
|  | Dry-to-dry machines only on-site<br>Transfer only on-site<br>Both machine types on-site   | (used less than 140 gallons of perc per year)<br>(used less than 200 gallons of perc per year)<br>(used less than 140 gallons of perc per year) |
|  | Large Area Source []  | •   |
|  | Dry-to-dry machines only on-site<br>Transfer only on-site<br>Both machine types on-site   | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(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 []   |
|  | 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<br>No such units on-site  | [] 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 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 |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  | (d) Carbon adsorber exhaust perc concentration monit  | oring [   |
|  | (e) Startup, shutdown, malfunction plan   |   |

DEP Form No. 62-213.900(2)

| of Existing DEP Air Permit(s)  |
|--|
| e 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   |
| Official Certification   |
| dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.  I mptly notify the Department of any changes to the information contained in this notification.  OCCUMY Jockson  To of responsible official  Date |
|  |

#### Wise, Jane

From:

Wise, Jane

Sent:

Friday, January 23, 2009 11:11 AM

To:

'Muthiah P.E., Mallika'; 'gordor@miamidade.gov'; 'garcima@miamidade.gov'

Cc:

Veazey, Sandra; Bowman, Sandy

Received from Pat on 423/09

Subject:

Recently Received AG Registrations

Attachments: 0250823-006.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made after the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson dibble depistate fl. us or Sandy Bowman at 850/921-9583 or by e-mail at sandy bowman@depistate.fl. us

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AMERICLEAN INC 1486 NE Meani Gorden Dr. Meani 71. 33179

FT LAUDERDALE FL 333 26 DEC 2008 PM 2 T

