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OCT 14 2010

Department of Environmental Monitoring
and Assessment

Rec'd 10/15/10;
see attached
e-mail - MMB

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 14 2010

Air Quality
Management Division

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):	BR & MAS, INC
2. Site Name (For example, plant name or number):	LADY LIBERTY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	12424 BISCAYNE BLVD
City:	NORTH MIAMI
County:	MIAMI-DADE
Zip Code:	33181
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250871-005

Responsible Official

6. Name and Title of Responsible Official: Name:	BORIS ROMANOV	Title:	TRES
7. Responsible Official Mailing Address:	12424 BISCAYNE BLVD, NO MIAMI, FL 33181		
Organization/Firm:			
Street Address:	12424 BISCAYNE BLVD		
City:	NO. MIAMI	County:	MIAMI-DADE
Zip Code:	33181		
8. Responsible Official Telephone Number: Telephone:	(305) 531-0055	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JAIME HERRERA. (MANAGER)		
10. Facility Contact Address: Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number: Telephone:	(305) 899-6066	Fax:	() -

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")
1/24-95	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

new

*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?

[40] gallons (You must fill this in)

$(40 \div 5) \times 12 = 96$

(b) If less than 12 months, how many? [5] months

Check why it is less than 12 months: New owner: [X] 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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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"/> |

*-per form,
new/small;
RC - MB*

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: 15

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:

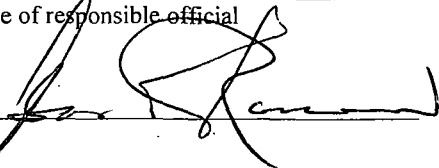
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

BORIS ROMANOV
Print name of responsible official


Signature

6/14-10
Date

* RECEIVED VIA E-MAIL

OCTOBER 15, 2010

R.

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OCT 14 2010

Air Quality

Management Division

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9. Name and Title of Facility Contact (For example, plant manager): <i>JAIME HERRERA. (MANAGER)</i>
10. Facility Contact Address: Street Address: City: County: Zip Code:
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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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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).

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No such units on-site

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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

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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 11 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 11 of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification

BORIS ROMANOV
Print name of responsible official

[Signature]
Signature

6/14-10
Date

Dibble, Dickson

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]
Sent: Friday, October 15, 2010 9:06 AM
To: Dibble, Dickson
Subject: FW: 0250871
Attachments: LADY LIBERTY CLEANERS NOTIFICATION.pdf

FYI

This was sent out yesterday

Ray A. Gordon
Special Projects Administrator
Office: 305-372-6925
gordor@miamidade.gov

"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.

"Delivering Excellence Every Day"

From: Harris, Sophie (DERM)
Sent: October 14, 2010 2:11 PM
To: 'Marnie.brynes@dep.state.fl.us'
Cc: 'Dickson.dibble@dep.state.fl.us'; Gordon, Ray (DERM); Delgado, Frank (DERM)
Subject: 0250871

The attached was received in our office today October 14, 2010.

The hard copy is in the mail.

Thank you,

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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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.



Delivering Excellence Every Day

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

DE233387

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

PRESORTED
FIRST CLASS



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000 4283383 OCT 15 2010
MAILED FROM ZIP CODE 33128
\$ 00.33⁵

H*JUS51 32399

