### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM | Suff and on Air Worthoring

3 Mabile 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.

Fa	cility Name and Location	·				
1.	Facility Owner/Company Name	(Name of corporation, a	gency, or indivi	dual owner):		
1	MAMI EXPRESS D	EN CLEANER	5 INC			
2.	Site Name (For example, plant na	me or number):			•	
D	BA VERY CLEAN	DRY CLEAN	626			
3.	Hazardous Waste Generator Iden	tification Number:				
	<u>.</u>	<u> </u>	<del>.</del>	·		
4.	Facility Location: Street Address: 11865 6W	26TH STREET	softe E	8		
	City: MiAmi	County: MAP	9-DADE	Zip Code:	33145	
5	Facility Identification Number (D	EE Use ONLY do not				
						05
Res	ponsible Official		<u> </u>			
6.	Name and Title of Responsible O:	fficial:				
		\		_		
Nar	ne: Lois Acosta	•	Title: PRE	SIDENT		
	Responsible Official Mailing Add					
	Responsible Official Mailing Add					
	Responsible Official Mailing Add		SUME E		37145	
7.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 6W City: MAN	QGH STEEN County: MAM! -:	SUME E	Zip Code:		John
7.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 6W City: MAN	QGH STEEN County: MAM! -:	SUME E	Zip Code:		per
8.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MiAMI  Responsible Official Telephone No Telephone: (305) 281-	QGH STEREN County: MAMI -: umber: 300 -7466	SUME E	Zip Code:		per data
7. 8.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANN Responsible Official Telephone N Telephone: (305) 251-	QGH STEEN County: MAMI- umber: 300 3466 esponsible Official)	Suite E Dade Fax: (305	Zip Code:		per data-
7. 8.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MiAMI  Responsible Official Telephone No Telephone: (305) 281-	QGH STEEN County: MAMI- umber: 300 3466 esponsible Official)	Suite E Dade Fax: (305	Zip Code:		per data- base -mb
7. 8. Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANN Responsible Official Telephone N Telephone: (305) 251-	QGH STEEN County: MAMI- umber: 300 3466 esponsible Official)	Suite E Dade Fax: (305	Zip Code:		per data- base -mb
7. 8. Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANN Responsible Official Telephone Note Telephone: (305) 281-61 City Contact (If different from Royal Name and Title of Facility Contact Facility Contact Address:	QGH STEEN County: MAMI- umber: 300 3466 esponsible Official)	Suite E Dade Fax: (305	Zip Code:		per data- base -mb
7. 8. Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANI Responsible Official Telephone N Telephone: (305) 559 Cility Contact (If different from R Name and Title of Facility Contact	QGH STEEN County: MAMI- umber: 300 3466 esponsible Official)	Suite E Dade Fax: (305	Zip Code:		per data- base -ms -called 417,418
8. Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANI  Responsible Official Telephone N Telephone: (305) 559 Cility Contact (If different from R Name and Title of Facility Contact Facility Contact Address:  Street Address: City:	County: MAMI- umber: 299 2466 esponsible Official) t (For example, plant ma	Suite E Dade Fax: (305	Zip Code:		per data- base -mb -called 417,418, 418,418
7.  8.  Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANN Responsible Official Telephone Note Telephone: (305) 559 600 City: Manne and Title of Facility Contact Facility Contact Address: Street Address: City: Facility Contact Telephone Number	County: MAMI- umber: 299 2466 esponsible Official) t (For example, plant ma	Fax: (305	Zip Code:  Zip Code:		-called 417, 418, 418, 418, 418
7.  8.  Fac 9.	Responsible Official Mailing Add Organization/Firm: Street Address: 11865 600 City: MANI  Responsible Official Telephone N Telephone: (305) 559 Cility Contact (If different from R Name and Title of Facility Contact Facility Contact Address:  Street Address: City:	County: MAMI- umber: 299 2466 esponsible Official) t (For example, plant ma	Suite E Dade Fax: (305	Zip Code:  Zip Code:		- per data- base - mb - called 417, 418, 418, 418 + 4112

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **Facility Information**

1.(a) DRY-TO-DRY M	IACHINES ON	LY	- Wh In-	Obolo
How many dry-to-dry m	achines do you h	ave on-site?	J 7/12/10	Harry J.
For each dry-to-dry mac	hine on-site, plea	se provide the following informa	tion: - H/2/10-	talle
Date Initially Purchased From Manufacturer	Status (circle on	Control Device Required e) (circle one)	* Date Control Device Instal (if already included at time purchase, write "SAME")	icu j.
05/2002	Existing/	New RC/CA/None required	·	
·	Existing/N	New RC/CA/None required		- 1
	Existing/N	New RC/CA/None required	<del></del> :	
*CONTROL DEVICE K	EY: RC=	refrigerated condenser CA	A = carbon adsorber	
1.(b) TRANSFER MAC	CHINES ONLY		·	
How many washers do yo	ou have on-site?			
How many dryers/reclain	ners do you have	on-site? []	· •,	unit.
		control Device Required*  (circle one)	lowed to operate under this general information:  Date Control Device Installe (if already included at time of purchase, write "SAME")	ed b
	Existing/New	RC/CA/None required		
<del></del>	Existing/New	RC/CA/None required	, —————	
	Existing/New	RC/CA/None required		
*CONTROL DEVICE KI	EY: RC = r	efrigerated condenser CA	= carbon adsorber	
2.(a) How much perchlor	oethylene (perc)	have you used within the last 12 i	months? -4/12/10 - Le 40 ga Mr. Aco	-(a) pl
[] gallor	ns (You must fill	this in)	be 40 ga	llone
(b) If less than 12 mon	ths, how many? [	] months	Mr. Hco	ota
Check why it is less	than 12 months:	New owner: [] Did not ke		-7
		New store: [] New machin	ne []	
		Unopened store [] (date of	expected opening	_)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
Small Area Source [X]	
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 p (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 []	Refrigerated condenser []  New machines at large area source Refrigerated condenser []  Refrigerated condenser []
	nits shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating units exempt No such units on-site	[] OR
How many boilers do you have on-site?	-loon Mr.
For each boiler, indicate its horsepower (HP) rating: [	-per M.  -per M.  Acosta, l
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	oil [] No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Information	tion
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 ad	dition log [X]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monito	oring [_X_]
(e) Startup, shutdown, malfunction plan	[]

DEP Form No. 62-213.900(2) Effective: 2/24/99

# 7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: [X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form, the permit number is 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official Signature Date

DEP Form No. 62-213.900(2)

Effective: 2/24/99



CERT. # 7008 1830 0002 8174 8769 2 9 2010

RECEIV Environmental Resources Management 701 NW 1st Court • Suite 800 Miami, Florida 33136-3925 T 305-372-6925 F 305-372-6954

Carlos Alvarez, Mayor

# TITLE V AIR QUALITEGENERAL PERMIT FIELD NOTICE OF WIGH ATTENDED

FACILITY OWNER/COMPANY NAME Lois Acostal Very Clean Dry Cleaners

miamidade.gov

	Perc Dry Cleaner		<u> </u>
RESPONSIBLE OFF	ICIAL: Luis Aeosta	PHONE NUMBER 365-	281-7966
F.A.C., pursuant to cobserved by a reprethe provisions of sethis NOTICE, CEAS	Chapter 403 F.S. and adopted by reference esentative of this Department. In view of t ection 24-4 of the code of Miami-Dade C	the following violations of Charles in Section 24-54 of the Code of Miami-Dathe above an pursuant to the authority grad County. I hereby order you to, immediately ted and immediately initiate any required of	ade County, were nted to me under upon receipt o
Title V General Permit Condition Rererence Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
TVGLP	Operating without Entitlement	Obtain Entitlement	15 days upon seceipt
			,
TYPE OF INSPECTION The Annual Complian			INSPECTION   NO   NO   NO   NO   NO   NO   NO
and Chapter 62 F.A Code of Miami-Dac For further informat Carlos Espinosa, P.E	C., may subject you to the enforcement de County, including the issuance of a Un ion, please contact the air Facilities Section	,	
Director  By (please print):   Section:   Ar	naruful malik_ acilities_ Date: 3/3/2016	Received By (please print)  Yitle: Excellence Every Day  Signature_	MDate:
Signature:	vhl malik	Signature	· · · · · · · · · · · · · · · · · · ·

MIAMI EXPRESS DRY GEALERS 11865 SW 26TH STREET SUPIE ES MIAMI FL 331 MAMP, FL 33/45 26 MAR 2010 PM IT GENERAL PETENTITS SECTION BUREAU OF ARE MONTTORING AND MOBBLE SOURCES, MS5510 DEPAREMENT OF ENVIRONMENTAL PROTECTION 2600 BLAPR STONE ROAD TAUAHASSEE, FL 32399-2400