

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

May 16, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Julio Guardado Tropical Dry Cleaners 5718 West Flagler Street Miami Beach, Florida 33144

Re: Facility No.: 0250891-003

Dear Mr. Guardado:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 8, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty 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 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 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 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,

Sandra F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

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Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 14, 2008

Mr. Julio Guardado Tropical Dry Cleaners 5718 West Flagler Street Miami, Florida 33144

Dear Mr. Guardado:

Please be advised that the <u>Notice Of Ineligibility To Use Title V Air General Permit</u> dated May 9, 2008, from the State of Florida Department of Environmental Protection is hereby rescinded.

The Department is in receipt of your original signature on the Perchloroethylene Dry Cleaner Air General Permit Notification form which we requested. The form had apparently crossed in the mail with our May 9 correspondence.

Please accept our apology for any inconvenience this may have caused. If you have any questions regarding your submittal or the air general permit program, please contact Dickson Dibble or Sandy Bowman at 850.488-0114.

Sincerely,

Sandra F. Veazey, Chief Bureau of Air Monitoring

Landia F. Deagery

and Mobile Sources

SFV/sb



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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 9, 2008

Mr. Julio Guardado Tropical Dry Cleaner 5718 West Flagler Street Miami, Florida 33144

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

NOTICE OF INELIGIBILITY TO USE TITLE V AIR GENERAL PERMIT

Dear Mr. Guardado:

This is to notify you that the Department, pursuant to your submittal received on April 10, 2008, has determined that your facility does not qualify to use the Title V Air General Permit for Perchloroethylene Dry Cleaner.

The requirements that a facility must meet in order to qualify for use of the Title V Air General Permit are set forth in Rule 62-213.300, Florida Administrative Code (F.A.C.). Your submittal indicates your facility is not eligible for the reason(s) listed below:

facility information provided is insufficient
equipment information provided is insufficient
equipment control information is insufficient
emissions indicate facility is not eligible
source category is incorrect
certification statement is blank or not signed by Responsible Official (Owner)
X other: Do not have the original signature, only a copy.

If you have any questions regarding the Department's determination, please contact Cecily Tart or Sandy Bowman at the Bureau of Air Monitoring and Mobile Sources at 850/488-0114. However, if you believe you meet the requirements for a Title V Air General Permit, you may complete the enclosed blank notification form, making the corrections indicated above, and resubmit it to the Department. Any facility which does not qualify for a Title V air general permit may require a standard air pollution control permit from the Department. A notice of your legal rights begins on the following page.

The DEP will consider the above-noted action final unless a timely petition for an administrative hearing is filed pursuant to Sections 120.569 and 120.57, Florida Statutes, (F.S.).

A person whose substantial interests are affected by the proposed decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) by the Agency Clerk in the DEP Office of General Counsel, MS #35, 3900 Commonwealth Boulevard, Tallahassee, FL, 32399-3000 (Telephone: 850/488-9314, Fax: 850/487-4938). Petitions filed by the permit applicant or any of the parties listed below must be filed within 14 (fourteen) days of receipt of this notice. Petitions filed by any other person must be filed within 14 (fourteen) days of receipt of notice of this proposed action. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C..

A petition that disputes the material facts on which the permitting authority's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known:
- (b) The name, address, and telephone number of the petitioner; the name, address and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of how and when each petitioner received notice of the agency action or proposed action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and,
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts upon which the permitting authority's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the permitting authority's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final

decision of the permitting authority on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation will not be available in this proceeding.

In addition to the above, a person subject to regulation has a right to apply to the Department of Environmental Protection for a variance from or waiver of the requirements of particular rules, on certain conditions, under Section 120.542, F.S. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the action proposed in this note.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department of Environmental Protection, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000. The petition must specify the following information:

- (a) The name, address, and telephone number of the petitioner;
- (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any;
 - (c) Each rule or portion of a rule from which a variance or waiver is requested;
 - (d) The citation to the statute underlying (implemented by) the rule identified in (c) above;
 - (e) The type of action requested;
 - (f) The specific facts that would justify a variance or waiver for the petitioner;
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and,
- (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or wavier requested.

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in Section 120.542(2), F.S., and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of the United States Environmental Protection Agency and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

Any party to this order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the permitting authority in the Legal Office; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 (thirty) days from the date this Notice is filed with the Clerk of the permitting authority.

·	
Executed in Tallahassee, Florida, this 9 day of May, 2008.	
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION	
Jal Val	
Joseph Kahn, P.E., Director	
Division of Air Resource Management	
CERTIFICATE OF SERVICE	
The undersigned duly designated deputy agency clerk hereby certifies that this order and all copies were sent by certified mail before the close of business on	[
to the person(s) listed:	
FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to section 120.52(7), Florida Statutes, with the designated agency Clerk, receipt of which is hereby acknowledged.	
Maillia Jane Wise 5/9/08 (Clerk) (Date)	

DRIGINAL STENED COPY 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):					
Julio Guardado					
2. Site Name (For example, plant name or number):					
Tropical Dry Cleaner. 3. Hazardous Waste Generator Identification Number:					
3. Hazardous Waste Generator Identification Number:					
FL D 984241992					
4. Facility Location: 5718 W Flogler ST. Street Address:					
City: Planet County: Dade	Zip Code: 3314 4				
5. Facility Identification Number (DEP Use ONLY - do not fill-in):					
5 Facility Identification Number (DEP Use ONLY - do not fill in)? 1					
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Responsible Official					
6. Name and Title of Responsible Official:					
Name: — O O Title: Q O	2016				
20 W (90 Drola 20	/(E4 ·				
Name: John (go ordado Title: au) 7. Responsible Official Mailing Address: 5718 W Flosler	ST				
Organization/Firm:	ST				
Organization/Firm: Street Address:					
Organization/Firm:	2ip Code: 33744				
Street Address: City: LIDTI County: Dele 8. Responsible Official Telephone Number:	Zip Code: 33744				
Organization/Firm: Street Address: City: UINTI. County: Dole					
Street Address: City: LIDTI County: Dele 8. Responsible Official Telephone Number:	Zip Code: 33744				
8. Responsible Official Telephone Number: Telephone: (305) 202 0076 Fax: (Facility Contact (If different from Responsible Official)	Zip Code: 33744				
8. Responsible Official Telephone Number: Telephone: (305) Z(02 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	Zip Code: 33744				
8. Responsible Official Telephone Number: Telephone: (305) Z(02 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	Zip Code: 33744				
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8. Responsible Official Telephone Number: Telephone: (305) 262 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): To be defined from Responsible Official) 10. Facility Contact Address: 5718 we flactor street Address:	Zip Code: 33744				
8. Responsible Official Telephone Number: Telephone: (305) 262 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): To be defined from Responsible Official) 10. Facility Contact Address: 5718 w Flacker ST	Zip Code: 33744				
Street Address: City: NIANT. County: Dode 8. Responsible Official Telephone Number: Telephone: (305) Z (22 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Town County: Town of Street Address: City: County: County: Town of Street Address: City: County: Co	Zip Code: 33744				
Street Address: City: NIANT. County: Dode 8. Responsible Official Telephone Number: Telephone: (305) 262 0076 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Town County: Street Address: City: Street Address: City: County: Toole	Zip Code: 33744				

DEP Form No. 62-213.900(2)

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 998 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 adsorber1.(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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

DEP Form No. 62-213.900(2)

[158] gallons (You must fill this in)

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

Effective: 2/24/99

New store: New machine

Unopened store [____] (date of expected opening __

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

3. What is the facility's source classification bas Indicate with an "X". Select one classificat	ed on the definitions found in section (3) of Part II? ion only.)
Small Area Source [_X	<u>C</u>]
X Dry-to-dry machines only on- 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- 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 mach (Indicate with an "X".)	ines pursuant 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 []
	ons units shall not be eligible to use the general permit pursuant to nd hot water generating units on-site meet the following exemption tached memo for the criteria).
All steam and hot water generating units exempt No such units on-site	[] OR [_X]
How many boilers do you have on-site? [1]
For each boiler, indicate its horsepower (HP) rate	ing: [15] []
	ane [] natural gas 2 fuel oil [] No. 4 fuel oil 5 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping In	formation
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/solv	ent addition log [<u>Y</u>]
(b) Leak detection inspection and repair	[]
(c) Refrigerated condenser temperature monitori	ng [_x]
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Startup, shutdown, malfunction plan	[<u>×</u>]

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(s) are [M] 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. You'd Guarday 60 Print name of responsible official

Date

DEP Form No. 62-213.900(2)

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section

Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection

J 2600 Blair Stone Road

Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. **Facility Contact Telephone Number** Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is a **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

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):
Julio Guardado
2. Site Name (For example, plant name or number):
Tropical Dry Cleaner
3. Hazardous Waste Generator Identification Number:
FLD984241992
4. Facility Location: 5718 W Flagler St. Street Address:
City: Miani County: Dode Zip Code: 33144
55. Eacility, Identification Number (DEP Use ONLY - do not fill in).
PURE DOGES SO DOGE DODE TO SUDDIFICE OF SUDI
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Responsible Official 6. Name and Title of Responsible Official:
Name: Quio Quardado Title: Owner
7. Responsible Official Mailing Address: 5718 W. Flagler St.
Organization/Firm:
Street Address: City: Miomi County: Dade Zip Code: 33144
8. Responsible Official Telephone Number:
Telephone: 805)262-0076 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Iulio Guardado
10. Facility Contact Address: 5718 W Flagler St
Street Address:
City: Miayi County: Dade Zip Code: 33144
11. Facility Contact Telephone Number:
Telephone: 305)262 Fax: ()

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

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required so me Existing/New RC/CA/None required Existing/New 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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [158] 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: [____]

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

Unopened store [____] (date of expected opening _

	cility's source classi h an "X". Select on		the definitions found in section (3) of Part II?
Small A	rea Source	[]	
<u>X</u>	Dry-to-dry machin Transfer only on-s Both machine type	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 A	rea Source	[]	
	Dry-to-dry machin Transfer only on-s Both machine type	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 to		red on machines p	pursuant to section (5) of Part II of this notification form?
	g machines at small REQUIRED)	area source	New machines at small area source Refrigerated condenser [X]
Carbon	g machines at large adsorber rated condenser	area source []	New machines at large area source Refrigerated condenser []
Rule 62-213.300	, F.A.C. Verify tha	at all steam and he	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 ho No such units on	ot water generating talesite	units exempt	[] OR []
How many boiler	rs do you have on-s	ite? []	
For each boiler, i	indicate its horsepo	wer (HP) rating:	[]5] []
What type of fue	l do you use?	[] propane [] No. 2 fue [] No. 6 fue	
6. Equipment Mo	onitoring and Recor	dkeeping Inform	ation
Check all logs wi	hich are required to	be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase rece	eipts and solvent pu	rchases/solvent a	ddition log [
(b) Leak detection	on inspection and re	pair	[_ __]
(c) Refrigerated	condenser temperat	ure monitoring	[_ X_]
(d) Carbon adsor	ber exhaust perc co	oncentration mon	itoring []
(e) Startup, shut	down, 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(s) are [M] 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. TULLO QUACA do Print name of responsible official Signature Date

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Section Agent B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: MR JULIO GUARDADO TROPICAL DRY CLEANER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
5718 WEST FLAGLER STREET MIAMI FLORIDA 33144	3. Service Type Certified Mail
2. Article Number	les
	10 0004 6986 3063
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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United States Postal Service

Sender: Please print your name, address, and ZIP+4 in this box

FLORIDA DEPT OF ENVIRONMENTAL
PROTECTION
BOB MARTINEZ CENTER MS 55100
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

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John Adams, 1765

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32399+6542

tropical Dry Cleaners 5718 w Plagter ST HIDRE Dode 33144.

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General Permits Section

Bureau of Air Manitoring and Hobile Scoress 15 5510

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