

Florida Department of Environmental Protection

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

January 2, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Enrique Alvarez Calusa Cleaners, Incorporated 7914 Southwest 104th Street Miami, Florida 33156

Re: Facility No.: 0250935-003

Dear Mr. Alvarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 29, 2007.

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

Bounas

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED TO THE SOURCE

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):
CALUSA CLEANERS INC.
2. Site Name (For example, plant name or number):
CALUSA CLEANERS INC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 7914 SW 1045T
Street Address:
City: WALLI County: WALL-DADE Zip Code: 33156.
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: ENRIQUE ALVARES Title: PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 7914 5W 1045T
City: MIANE County: MIANE Zip Code: 33150
8. Responsible Official Telephone Number:
Telephone: () - Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Consue to UALDES
10. Facility Contact Address:
Street Address: 7914 SW 1043T
City: NIANI County: NIANI-DADE Zip Code: 33156
11. Facility Contact Telephone Number: Telephone: (305) 270-1164 Fax: (305) 270-1164
Telebilolie: (302) 9 10-11 80 rax: (301) 9 10-11 00
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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 ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
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")
1997	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC= re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ners do you have or	n-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ne was purchased to units purchased		
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	SAUE
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
2.(a) How much perchlor	roethylene (perc) h	ave you used within the last 12 m	onths?
	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many? [] months	
Check why it is les	ss than 12 months:	New owner: [] Did not keep	records:
		New store: [] New machine	
		Unopened store [] (date of e	xpected opening)

3. What is the facility's source classific Indicate with an "X". Select one continuous source classific and the source classification an		n the definitions found in section (3) of Part II? only.)
Small Area Source		
Dry-to-dry machines Transfer only on-site Both machine types of		(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 Transfer only on-site Both machine types of	-	(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 (Indicate with an "X".)	on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at small are (NONE REQUIRED)	ea source	New machines at small area source Refrigerated condenser [X]
Existing machines at large are Carbon adsorber [Refrigerated condenser [ea source	New machines at large area source Refrigerated condenser []
	ll steam and h	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following (see attached memo for the criteria).
All steam and hot water generating unit No such units on-site	ts exempt	X OR
How many boilers do you have on-site?		
For each boiler, indicate its horsepower	r (HP) rating:	<u>(15)</u>
What type of fuel do you use?] propane] No. 2 fuel] No. 6 fuel	
6. Equipment Monitoring and Records	eeping Inform	nation
Check all logs which are required to be	kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purch	ases/solvent a	addition log X
(b) Leak detection inspection and repair	г	[X]
(c) Refrigerated condenser temperature	monitoring	
(d) Carbon adsorber exhaust perc conce	entration mon	itoring [X]
(e) Startup, shutdown, malfunction plan		

7. Surrender	of Existing DEP Air Permit(s)
Please indicat	te 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
this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilition. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Simply notify the Department of any changes to the information contained in this notification. Diagram Alone 2 IIID7107. Date

Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION 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
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Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CALUSA CIERNERS INC.
2. Site Name (For example, plant name or number):
CAWSACLEANERS INC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7914 Sw 1048T
City: MIAMI County: MIAMI-DADE Zip Code: 33156
5. Facility Identification Number (DEP Use ONLY - do not fill in):
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0000 000
Responsible Official
6. Name and Title of Responsible Official: Name: Screen Of Olympia Property Title: PRESIDENT
CIOPAGE 13/OFICE
7. Responsible Official Mailing Address: Organization/Firm:
Street Address: 7914 SW 10451
City: MITHER County: MIANI-DADE Zip Code: 33156.
8. Responsible Official Telephone Number:
Telephone: (305) 370-1188 Fax: (305) 370-1164
English Contact (Sellistic and Company) and the Company
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
Consuelo UALBES
10. Facility Contact Address:
Street Address: 7914 SW 104 ST
City: UIAWI County: WIAWI-DADE Zip Code: 33156
ons. To the county to the county.
11. Facility Contact Telephone Number: Telephone: (305) 270- 1188 Fax: (305) 270 - 1164

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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) (if already included at time of (circle one) purchase, write "SAME") 1997 Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 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** Status Control Device Required* Date Control Device Installed (circle one) From Manufacturer (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 adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [120] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] New store: [] New machine [___]

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

Unopened store [] (date of expected opening)

3. What is the facility's source classification based of Indicate with an "X". Select one classification of			
Small Area Source			
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 (Indicate with an "X".)	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 []		
	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption and 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?			
For each boiler, indicate its horsepower (HP) rating:	மூட்ட		
What type of fuel do you use? [] propane [] No. 2 fue [] No. 6 fue			
6. Equipment Monitoring and Recordkeeping Inform	action		
Check all logs which are required to be kept on-site in	in accordance with the requirements of this general permit:		
(a) Purchase receipts and solvent purchases/solvent a	addition log		
(b) Leak detection inspection and repair	\simeq		
(c) Refrigerated condenser temperature monitoring			
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(e) Startup, shutdown, malfunction plan			

7. Surrender o	of Existing DEP Air Permit(s)	
Please indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air pernotification form; the permit number(s) are	mits authorizing operation of the facility indicated in this
	No DEP air permits currently exist for the	operation of the facility indicated in this notification form.
Responsible	Official Certification	
this notif statemen maintain comply w I will pro	fication. I hereby certify, based on information its made in this notification are true, accurated the air pollutant emissions units and air pollwith all terms and conditions of this general p	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and flution control equipment described above so as to permit as set forth in Part II of this notification form. to the information contained in this notification.



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Title V Air General Pornit Program

Bureau of AIR Monitoring And

Mobile Sources, MS5510

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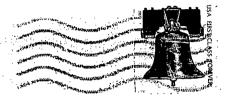
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