-received 5/31/11; see attached e-mail -MB

PERCHLOROETHYLENE DRY CLEANER

$\sim \mu_D \sim$	
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM Part III. Notification of Intent to Use General Permit Solution. Prior to filling out this form, please read the instructions provided at the end of the form. Solution of the form for your files.	
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM	
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AIR GENERAL LEIGHT NOTH ICA FOR LOIGH	(
Payt III Notification of Intent to Use Congred Downit 2	J)
Tare III. Politication of Intent to Ose General Ferning (1)	
Prior to filling out this form, please read the instructions provided at the end of the form, Sond	
completed form to the address listed in the instructions and keep a copy of the form for your fileston	
Facility Name and Location	
1 Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
HASHAM INC	
2 Sile Name (For example, plant name or number):	
SUNILAND CLEAVER	
3 Hazardous Waste Generator Identification Number:	
TINDOMINICOTURA	
FLD 9841 A 88649	
1 d. English Landing 197 5 7 7 DAG 1	
Street Address: Miami County: F. Ja., Zip Code: 33157	
Street Address: Miami County: Fla. Zip Code: 33157	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	Λ
Responsible Official	
6 Name and Title of Responsible Official: Name: 110 C 110 Title: PRESENT	
Name: HADI HASHAM Tille: PRESIDERT	
7 Responsible Official Mailing Address:	
Organization/Firm:	
Street Address:	
City: Zip Code:	
8 Responsible Official Telephone Number:	
Telephone: (305) 238 -1623 Fax: () None	
1903. 9-36 1022	
Facility Contact (If different from Responsible Official)	
9 Name and Title of Facility Contact (For example, plant manager):	
HADI HASHAM	
10 Facility Contact Address: 11723 S. DIFIC (TWY)	
Street Address:	
Street Address: City: Mikmi County: Flande Zip Code: 33156	
11 Facility Contact Telephone Number:	
Telephone: (305) 238-1623 Fax: () None	
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

DEP Form No 62-213 900(2)

Effective: 2/24/99

-6/8/11-spoke with Hadi Hasham, Jas FC -MB

			Just 1
Facility Information			
l (a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry me	ichines do you ha	ve on-site?	
For each dry-to-dry mack	nine on-site, pleas	e provide the following informat	ion:
Date Initially Purchased From Manufactures	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1990	Existing/N	ew RC/CA/None required	SAME
	Existing/N	ew R.C/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	.EY: RC = 1	efrigerated condenser CA	= carbon adsorber
L(b) TRANSFER MAC	HINES ONLY	^	
How many washers do yo	ou have on-site?	[00]	
How many divers/reclain		on-site? [NO]	and the same of the same of the same of
unit If the transfer mach: 1993, it is a NEW unit (r	ine was purchased to units purchased	I from the manufacturer between	December 9, 1991, it is all EXISTING December 9, 1991 and September 22, llowed to operate under this general information: 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	the same of the sa
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	≈ carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many?	months	
		: New owner: [] Did not ke	ep records: []
	-	New store: [] New machin	ne []

DEP Form No 62-213 900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening _____)

	hat is the facility's source condicate with an "X" Selec			n section (3) of Part I	1?	
	Small Area Source	ĽŽ.				
	Dry-to-dry ma Transfer only Both machine	chines only on-site on-site types on-site	(used less than 140 gal (used less than 200 gal (used less than 140 gal	lions of perc per year)	+	
	Large Area Source					
	Dry-to-dry ma Transfer only Both machine	on-site	(used 140 - 2,100 gallo (used 200 - 1,800 gallo (used 140 - 1,800 gallo	ons of perc per year)		
	hat control technology is rendicate with an "X")	equired on machines	pursuant to section (5)	of Part II of this notifi	cation form?	
	Existing machines at sa (NONE REQUIRED)	nall area source	New machine Refrigerated o	s at small area source condenser []	- INIX	rting/
	Existing machines at la Carbon adsorber Refrigerated condenser		<u>New machine</u> Refrigerated o	s at large area source condenser []	pma	sting/ ele, mone -MB
Rule	facility which contains not 62-213 300, FAC Verify ption criteria or that no suc	that all steam and l	iot water generating uni	ts on-site meet the fol	ermit pursuant to	-MB
	team and hot water general ach units on-site	ing units exempt	OR	~1	10/8/11-10	er Mr. , uses gas - MB
How	many boilers do you have o	on-site?		- (~ (() ()
For e	ach boiler, indicate its hors	epower (HP) rating:	15HP	7	tasham	1 William
What	type of fuel do you use?	propane No 2 fue	[] natura l oil [] No 4 l l oil [] Other	I gas fitel oil (please list)	ratural	gail - MB
6 Eq	uipment Monitoring and R	ecordkeeping Inforn	nation		•	
Checi	k all logs which are require	ed to be kept on-site	in accordance with the i	equirements of this go	eneral permit:	
(a) Pt	archase receipts and solven	t purchases/solvent r	ddition log	ĹXĹ		
(b) 1 (eak detection inspection an	d repair		[*]		
(c) R	efrigerated condenser temp	erature monitoring		نحا	٠ .	
(d) C:	arbon adsorber exhaust per	c concentration mon	itoring	<u>.</u>	-1e))
(e) S	tartup, shutdown, malfunc	tion 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 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 notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 in mpthy notify the Department of any changes to the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification. Defined the properties of the information contained in this notification.

Brynes, Marnie

From:

Harris, Sophie (DERM) [HarriSo@miamidade.gov]

Sent:

Tuesday, May 31, 2011 9:56 AM

To:

Brynes, Marnie

Cc:

Dibble, Dickson; Delgado, Frank (DERM); Gordon, Ray (DERM)

Subject:

0250973

Attachments:

SUNILAND CLEANER NOTIFICATION.pdf

The attached was received in our office on Tuesday March 31, 2011.

The hard copy is in the mail.

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"



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.

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.

RECEIVED

-l-mail received 5/31/11, attached -MB RECEIVED -MB RECEIVED

JUN 06 2011

PERCHLOROETHYLENE DRY CLEANER

Bureau of Air Monitoring AIR GENERAL PERMIT NOTIFICATION FORM

& Mobile Sources

OC 16:0-	Part III. Notification of Intent to Use General Permit 40
Prior to completed	filling out this form, please read the instructions provided at the end of the form. Soud
	e and Location
	Owner/Company Name (Name of corporation, agency, or individual owner):
HA	SHAM TNE
2 Site Nan	ne (For example, plant name or number):
Si	MILAND CLEANER
	is Waste Generator Identification Number:
FL	00cation: 11773 S. DIRIC HM
4 Facility I	ocation: 117723 S. Direic Huy
City:	Idress: Miami County: Ffg. Zip Code: 33157
5. Facility I	dentification Number (DEP Use ONLY - do not fill in):
Responsible	Official
	d Title of Responsible Official:
Name: +	HADI HASHAM Title: PRESIDERT
	ble Official Mailing Address:
Street Ac	tion/Firm: Idress:
City:	Zip Code;
8 Responsi Telephor	ble Official Telephone Number: ne: (305) 238 -1623 Fax: () None
Facility Con	tact (If different from Responsible Official)
	d Title of Facility Contact (For example, plant manager):
HA	DI HRS. HAM
10. Facility (Contact Address: 11723 S. DIKIC HUY
Street Ac City:	Mikmi County: Flapade Zip Code: 33156
II Facility (Telephor	Contact Telephone Number: 10: (305) 238-1623 Fax: () Nove

DEP Form No 62-213.900(2)

Effective: 2/24/99

-6/8/11-spoke with Hadi Hasham, has PC

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 Control Device Required* Date Control Device Installed Status From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") RC/CA/None required 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 Status Control Device Required* Date Control Device Installed 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 adsorber 2 (a) How much perchloroethylene (perc) have you used within the last 12 months?

DEP Form No 62-213 900(2) Effective: 2/24/99

[] gallons (You must fill this in)

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

New store: New machine 1

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 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")
Existing machines at small area source (NONE REQUIRED) Refrigerated condenser (NONE REQUIRED)
Existing machines at large area source Carbon adsorber Refrigerated condenser Carbon adsorber Carbo
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 OR How many boilers do you have on-site? How many boilers do you have on-site? How many boiler, indicate its horsepower (HP) rating: How many boiler, indicate its horsepower (HP) rating: How many boilers do you have on-site? How many boilers do you use? Propane No 2 fuel oil No 4 fuel oil No 4 fuel oil How many boilers do you use? Propane No 4 fuel oil No 4 fuel oil How many boilers do you use?
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [15]HP [
What type of fuel do you use? propane natural gas Matter of the fuel oil No 2 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

DEP Form No 62-213 900(2) Effective: 2/24/99

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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible	Official Certification
this notifi statement maintain comply w I will pro	derxigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 matter matter that Department of any changes to the information contained in this notification. DI HASHAM The of responsible official Date



Environmental Resources Management DE 233387 Air Quality Management Division 701 N.W. 1st Court, 2nd Floor Miami, Florida 33136-3912



PRSRTD FIRST CLASS 06/04/11

- Indiadadallahahambahammahambah

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