## RECEIVED

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JUL 1 3 2005

## Part III. Notification of Intent to Use General Permit

2. Site Name (For example, plant name or number):  3. Hazardous Waste Generator Identification Number:  FLROGO 6967  4. Facility Location: 15975 N.W 57th AVE City: MIAMI County: DADE Zip Code: 38  5. Pacility Identification Number (DEP Use ONLY do not fill in)  Responsible Official  6. Name and Title of Responsible Official: Name: CRACIANO VEGA  7. Responsible Official Mailing Address:	ONE LOW PRICE CLEANER  Imber):  Number: 617  TH AVE  DITH AVE  VIEY do not fill into  Title: PRESIDENT  CLEANERS  THE AVE	2. Site Name (For example, plant name or number):  3. Hazardous Waste Generator Identification Number:  FLROGO 69617  4. Facility Location: 15975 N.W 57th AUE City: MIAMI County: PADE Zip Code: 38014  5. Pacility Identification Number (DEP Use ONLY) do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: CRACIANO UEGA Title: PRESIDENT  7. Responsible Official Mailing Address: Organization/Firm: ONE LOW PRICE CLEANELS Street Address: 15975 N.W 57th AUE City: MIAMI County: DADE  Zip Code: 33014	Fa	Facility Owner/Company Name	o Olama of companies access	
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FLR 0000 69617  4. Facility Location: 15975 N.W 57th AVE Street Address: 15975 N.W 57th AVE City: MIAMI County: DADE Zip Code: 33  5. Pacility Identification Number (DEP Use ONLY do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: GRACIAND VEGA  7. Responsible Official Mailing Address:	Title: PRESIDENT	FLROOOD 69617  4. Facility Location: 15975 N.W 57th AVE Street Address: 15975 N.W 57th AVE City: MIAMI County: BADE Zip Code: 38014  5. Pacility Identification Number (DEP Use ONLY do not fill in):  A sesponsible Official  6. Name and Title of Responsible Official:  Name: CRACIANO VEGA Title: PRESIDENT  7. Responsible Official Mailing Address:  Organization/Firm: ONE LOW PRICE CLEANERS  Street Address: 15975 N.W 57th AVE City: MIAMI County: DAGE Zip Code: 33014  3. Responsible Official Telephone Number:	2.	Site Name (For example, plant	name or number):	
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City: MiAMI County: BADE Zip Code: 38  5. Pacility Identification Number (DEP Use ONLY do not fill in):  Responsible Official  6. Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:	Title: PRESIDENT  Cleaners  The Aug	City: MIRMI County: DADE Zip Code: 33014  Responsible Official  Name: GRACIANO VEGA Title: PRESIDENT  Responsible Official Mailing Address: Organization/Firm: ONE Low PRICE CLEANELS Street Address: 15975 N.W. 5744 AVE City: County: DADE Zip Code: 33014  Responsible Official Telephone Number:	_	FLROOD	00 0961	
City: MiAMI County: BADE Zip Code: 38  5. Pacility Identification Number (DEP Use ONLY do not fill in):  Responsible Official  6. Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:	Title: PRESIDENT  Cleaners  The Aug	City: MIRMI County: DADE Zip Code: 33014  Responsible Official  Name: GRACIANO VEGA Title: PRESIDENT  Responsible Official Mailing Address: Organization/Firm: ONE Low PRICE CLEANELS Street Address: 15975 N.W. 5744 AVE City: County: DADE Zip Code: 33014  Responsible Official Telephone Number:	4.	Street Address: 15975	N.W 57th AUE	
Responsible Official  6. Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:	Title: PRESIDENT  Cleanels	Responsible Official  Name: GRACIANO VEGA  Responsible Official Mailing Address: Organization/Firm: ONE LOW PRICE CLEANERS Street Address: 15975 N.W. 5744 AUE City: County: DAGE  Responsible Official Telephone Number:				Zip Code: 32011
Responsible Official  6. Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:	Title: PRESIDENT  Cleanels	Responsible Official  5. Name and Title of Responsible Official: Name: GRACIANO VEGA  7. Responsible Official Mailing Address: Organization/Firm: ONE Low PRICE CLEANERS Street Address: 15975 N W 57th AVE City: County: DADE  7. Responsible Official Telephone Number:	<b>₹</b> ‰	Recility (dentification Number)	DEPUTATION	
Name and Title of Responsible Official:  Name: GRACIANO VEGA  Title: PRESIDENT  Responsible Official Mailing Address:	2 Cleanels 74h ang	Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:  Organization/Firm: ONE LOW PRICE CLEANERS  Street Address: 15975 N.W. 57+H. AUE  City: County: DADE  Responsible Official Telephone Number:	43			
Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:	2 Cleanels 74h ang	Name and Title of Responsible Official:  Name: GRACIANO VEGA  7. Responsible Official Mailing Address:  Organization/Firm: ONE LOW PRICE CLEANERS  Street Address: 15975 N.W. 57+H. AUE  City: County: DADE  Responsible Official Telephone Number:	<b>:</b>			
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Name: GRACIANO VEGA  Title: PRESIDENT  Responsible Official Mailing Address:	2 Cleanels 74h ang	Name: GRACIANO VEGA  Title: PRESIDENT  Responsible Official Mailing Address: Organization/Firm: ONE LOW PRICE CLEANERS Street Address: 15975 N W 57th AVE City: County: DADE  Responsible Official Telephone Number:	_			
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Organization/Firm: ONE LAW PRICE CLOWNERS	7th AIR	Organization/Firm: ONE LOW PRICE CLEANERS Street Address: 15975 N.W. 57+N. AUE City: County: DADE  Zip Code: 33014  Responsible Official Telephone Number:	6.	Name and Title of Responsible		President
	7th AIR	Street Address: 15975 N.W. 57+N. AUE City: MIAMI County: DADE Zip Code: 33014  Responsible Official Telephone Number:	6. Na	Name and Title of Responsible ume: GRACIANO VEG	Title:	President
Street Address: 15975 N 11 574 AUC	Zip Code: 22011	3. Responsible Official Telephone Number:	6. Na	Name and Title of Responsible ume: CRACIANO VEG  Responsible Official Mailing A  Organization/Firm: CNE L	ddress:	President
City: County: Zip Code: 3		3. Responsible Official Telephone Number:	6. Na	Name and Title of Responsible ume: CRACIANO VEG  Responsible Official Mailing A  Organization/Firm: CNE L	ddress:	
	DHUL 33019		6. Na	Name and Title of Responsible ume: CRACIANO VEG  Responsible Official Mailing A Organization/Firm: ONE L Street Address: 15975 N	ddress:	
	<b>P</b> /	Telephone: (305) 62(318)	6. Na: 7.	Name and Title of Responsible time: CRACIANTO VEG  Responsible Official Mailing A  Organization/Firm: ONE Lo  Street Address: 1975 N  City: MIAMI	ddress: Ow PRICE CLEANERS OW STAN AUE County: DAGE	
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000 601 6161	rax: ( ) -		6. Na: 7.	Name and Title of Responsible ume: CRACIANO VEG  Responsible Official Mailing A Organization/Firm: ONE U Street Address: 1975 N City: MIAMI  Responsible Official Telephone	ddress: ow PRICE CLEANERS U.W. 57-11 AUE County: DADE	<b>Zip Code</b> : 33614
Facility Contact (If different from Responsible Official)	Je Official)		6. Na: 7.	Name and Title of Responsible time: CRACIANTO VEG  Responsible Official Mailing A Organization/Firm: ONE LO Street Address: 15975 N City: MIAMI  Responsible Official Telephone Telephone: (305) 621-  cility Contact (If different from	ddress:  Ow PRICE CLEANERS  Ow PRICE CLEANERS  Ow STAN AUE  County: DADE  Number:  ALS   Fax: (	<b>Zip Code</b> : 33614
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Facility Contact (If different from Responsible Official)  D. Name and Title of Facility Contact (For example, plant manager):	Je Official)	Name and Title of Facility Contact (For example, plant manager):	6. Na: 7. 8.	Name and Title of Responsible time: CRACIANO VEG  Responsible Official Mailing Adorganization/Firm: ONE LO Street Address: 15975 M City: MIAMI  Responsible Official Telephone Telephone: (305) 621-  cility Contact (If different from Name and Title of Facility Contact)	ddress:  Ow PRICE CLEANERS  Ow PRICE CLEANERS  Ow STAN AUE  County: DADE  Number:  ALS   Fax: (	<b>Zip Code</b> : 33614
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DEP Form No. 62-213.900(2)

Telephone: (

Effective: 2/24/99

## Facility Information

1.(a) DRY-TO-DRY M	ACHINES 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	on:
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")
FORMATA 345 45LB	Existing/Nev	w RC/CA/None required	
	Existing/Nev	RC/CA/None required	
	Existing/Nev	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	1.0	
How many washers do yo	u have on-site?	NA	
How many dryers/reclain	ners do you have or	e-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased : o units purchased :	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
<u>l</u>			
*CONTROL DEVICE KI	EY: RC = ref	rigerated condenser CA =	carbon adsorber
	roethylene (perc) has (You must fill t	ave you used within the last 12 m	nonths?
(b) If less than 12 mon	ths, how many? [_	] months	
Check why it is les	s than 12 months:	New owner: Did not kee	p records: []
		New store: [] New machine	::
		Unopened store [] (date of e	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the fact Indicate with	cility's source classif a an "X". Select one	ication based o classification o	n the defini only.)	tions found in	section (3)	of Part II?
Small A	rea Source	$\times$				
	Dry-to-dry machine Transfer only on-sit Both machine types	e	(used less	than 140 gallo than 200 gallo than 140 gallo	ns of perc	per year)
Large A	rea Source					
	Dry-to-dry machine Transfer only on-sit Both machine types	e	(used 200	- 2,100 gallons - 1,800 gallons - 1,800 gallons	of perc p	er year)
4. What control to (Indicate with	echnology is required an "X".)	d on machines	pursuant to	section (5) of	Part II of t	his notification form?
Existing (NONE I	machines at small a REQUIRED) [	rea source		lew machines a efrigerated con		ea source
Carbon a	machines at large and disorber [_ated condenser [_	rea source		lew machines a efrigerated con		a source
Rule 62-213.300,	ch contains non-exer F.A.C. Verify that a n or that no such unit	all steam and h	ot water ge	nerating units o	on-site me	general permit pursuant to et the following
All steam and hot No such units on-	water generating ur	nits exempt	o	R		
How many boilers	do you have on-site	? [				
For each boiler, in	dicate its horsepowe	er (HP) rating:	(20) (H	BL		
What type of fuel	do you use? [_	] propane ] No. 2 fuel ] No. 6 fuel	_	] natural ga ] No. 4 fue ] Other (plo	l oil	· · · · · · · · · · · · · · · · · · ·
6. Equipment Mor	nitoring and Recordi	eeping Inform	ation			
Check all logs whi	ich are required to b	e kept on-site i	n accordance	ce with the requ	uirements	of this general permit:
(a) Purchase receip	pts and solvent purc	hases/solvent a	ddition log		(X)	
(b) Leak detection	inspection and repa	ir			K K K	
(c) Refrigerated co	ondenser temperature	e monitoring			$\bowtie$	
(d) Carbon adsorb	er exhaust perc cond	entration moni	itoring			
(e) Startup, shutde	own, malfunction pl	an				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender	er of Existing DEP Air Permit(s)	
Please indicate	cate with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permits authorizing operation of the facility this notification form; the permit number(s) are	indicated in
$\bowtie$	No DEP air permits currently exist for the operation of the facility indicated in this form.	notification
Responsible	le Official Certification	
this notif statemen maintain	undersigned, am the responsible official, as defined in Part II of this form, of the facility of this made in this notification are true, accurate and complete. Further, I agree to operation the air pollutant emissions units and air pollution control equipment described above by with all terms and conditions of this general permit as set forth in Part II of this notifications.	uiry, that the ate and so as to
I will pro	promptly notify the Department of any changes to the information contained in this notifi	ication.
ORA Print nan	ACIANO VEGA name of responsible official	
Signature	Date John Date	>

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