



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 22, 2008

Ms. Angela Chavarria
Angeles Dry Cleaners
1262 Palm Avenue
Hialeah, Florida 33010

Re: Facility No.: 0251218-002

Dear Ms. Chavarria:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 18, 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.

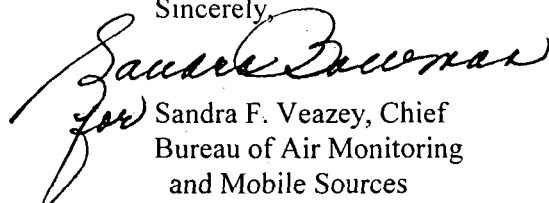
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must 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

SFV/pg

cc: Mrs. Mallika Muthiah, Miami – Dade County

"More Protection. Less Process"
www.dep.state.fl.us

NO ACTIVITY FOR FACILITY
SOE ~~VER~~ REPORTS ..1.....
COMP. STATUS - SNC MNC IN
COUNTY Miami-Dade INSP Mmuthiah

Insp - Ins2 - Compliance
Inspection walkthrough
12/26/2007 - IN

Insp - Miami - Dade Co - Mmuthiah

0251218

RECEIVED

2008-0L-00924

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

MAR 18 2008

Air Quality

Part III. Notification of Intent to Use General Permit
Management Division

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): <i>Angeles Dry cleaners</i>	
2. Site Name (For example, plant name or number): <i>1262</i>	
3. Hazardous Waste Generator Identification Number: <i>1262 Palm Avenue Hialeah FL 33010</i>	
4. Facility Location: Street Address: <i>1262 Palm Avenue</i> City: <i>Hialeah</i> County: <i>Dade County</i> Zip Code: <i>33010</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0251218-002</i>	

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: _____ County: _____ Zip Code: _____	
8. Responsible Official Telephone Number: Telephone: () - - Fax: () - -	

RECEIVED
MAR 24 2008
Bureau of Air Monitoring
& Mobile Sources

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Angela Chavarria (President?)</i>	
10. Facility Contact Address: Street Address: <i>1262 Palm Avenue</i> City: <i>Hialeah</i> County: <i>Dade County</i> Zip Code: <i>33010</i>	
11. Facility Contact Telephone Number: Telephone: <i>(305) 863-6463</i> Fax: () - -	



Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

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")
1988	Existing	None required	
	Existing/New	RC/CA/None required	
	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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 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	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[] 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: [X] Did not keep records: [X]

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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)

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

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

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 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

7. Surrender of Existing DEP Air Permit(s)

Please indicate 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

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.

X Angela Chavarria
Print name of responsible official

X Angela Chavarria
Signature

3/13/08
Date

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
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 an **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.

COPY

POF

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number FLD982159857	2. Page 1 of 2	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 002563405 JJK
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5. Generator's Name and Mailing Address
**ONE STOP CLNRS
840 SW 8TH ST
MIAMI FL 33129**

Generator's Site Address (if different than mailing address)
Shipping Address: 840 SW 8TH ST MIAMI, FL 33129

Generator's Phone: **(305) 856-6513** County: **Dade** Ter: **IEF** **645691** **115-0119**

6. Transporter 1 Company Name
MCF SYSTEMS ATLANTA, INC. U.S. EPA ID Number: **GAD981269095** Phone: **800-828-3240**

7. Transporter 2 Company Name
FREEHOLD CARTAGE, INC. U.S. EPA ID Number: **NJD054126164**

8. Designated Facility Name and Site Address
**SAFETY-KLEEN SYSTEMS, INC. 000642
681 MILLIKEN DR SE MEBRON OH 43025** U.S. EPA ID Number: **OHD980587364**

Facility's Phone: **(740) 974-2532**

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Standard Filters) 3562652		D		P	F002 D039 D007 D040	
X	2. RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Split 4 Jumbo) 3562652	2	D.M	140	P	F002 D039 D007 D040	
X	3. RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Liquid: 15Gal, 30Gal, 55Gal) 3562653		D		P	F002 D039 D007 D040	
X	4. RQ WASTE TETRACHLOROETHYLENE; 6.1 UN1897; III (Lint Debris Sep Water) 3562652		D		P	F002 D039 D007 D040	

14. Special Handling Instructions and Additional Information
ERG #180 Prev. Manifest No. PERC
Check # 1977 Amount \$ 2120
PAST CURRENT (4-PBS) Inv#
CC [] PC [] Cont. #
This waste described in this manifest does not meet the treatment standards or prohibition levels of LDR (40 CFR 269.7 (incineration) for non-wastewater that is 0.0 mg/l for tetrachloroethylene and trichloroethylene and 0.60 mg/l (TCLP) for chromium. THIS WASTE CANNOT BE LAND DISPOSED. It must be returned to generator. 120707

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: **DAVID MEDEROS** Signature: *David Mederos* Month: **11** Day: **7** Year: **07**

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: **CARLOS BAKER** Signature: *Carlos Baker* Month: **11** Day: **07** Year: **05**

Transporter 2 Printed/Typed Name: **Billy Hall** Signature: *B/H* Month: **11** Day: **08** Year: **07**

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____

18b. Alternate Facility (or Generator) U.S. EPA ID Number: _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. H020	2. H020	3. H020	4. H020
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20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: _____ Signature: *Jane P...* Month: **11** Day: **26** Year: **07**

Tart, Cecily

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]
Sent: Wednesday, April 09, 2008 12:06 PM
To: Tart, Cecily
Subject: FW: Angeles Dry Cleaners 0251218

This was sent to you on March 28th. Do you need additional information?

From: Lopez, Marques (DERM)
Sent: March 28, 2008 2:39 PM
To: Gordon, Ray (DERM)
Subject: RE: Angeles Dry Cleaners 0251218

Hello Cecily,

My name is Marques Lopez, I am the inspector that actually spoke to the owner. She does not speak English, but she told me that the dry cleaning machine has not been operational for over a year so they haven't used any perc for 12 months. She does have a boiler but she doesn't know the horsepower. If you want I can go check it out on Tuesday and see if I can find the horse power of the boiler. If there is anything else I can do just let me know.

From: Gordon, Ray (DERM)
Sent: Friday, March 28, 2008 1:52 PM
To: Lopez, Marques (DERM)
Subject: FW: Angeles Dry Cleaners 0251218

From: Tart, Cecily [mailto:Cecily.Tart@dep.state.fl.us]
Sent: March 27, 2008 3:52 PM
To: Gordon, Ray (DERM)
Subject: Angeles Dry Cleaners 0251218

Ray-

I appreciate your help. By the way, if they are unaware of the perc. usage for 12 months due to a new ownership they can put down how much is currently in the machine or how much has been purchased. After completion you can just e-mail it back. Thanks.

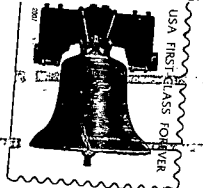
Cecily N. Tart
General Permit Section
Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
Phone: (850) 921-9513
Fax: (850) 922-6979
cecily.tart@dep.state.fl.us

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

SOAP AIR MAIL
46 ONE STOP CLEANER
840 SW 8th ST
MIAMI FL 33130

2008

2008
19
MAR



General Permit section
BUREAU OF AIR MONITORING S. 5510
DEPT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL. 32399-2400

