

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 18 2 39
Bureau of Air Monitoring
& Mobile Sources

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):	LAS AMERICA DRY CLEANER		
2. Site Name (For example, plant name or number):	LAS AMERICA Dry Clean		
3. Hazardous Waste Generator Identification Number:	FLD070434253		
4. Facility Location:	Street Address: 1228 Holden Ave. City: Orlando County: Orange Zip Code: 32839		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950295-004		

Responsible Official

6. Name and Title of Responsible Official:	Name: Ramona Paula Title: President		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 8849 El Prado City: Orlando County: Orange Zip Code: 32825		
8. Responsible Official Telephone Number:	Telephone: (407) 486-7373 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address: City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

SEE ATTACHED ADDENDUM

6/18/09 - Telecon w/RO
Paula

Facility Information

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

How many dry-to-dry machines do you have on-site? [01]

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")
EXISTING	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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [02] N/A

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	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?

[30] 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 []

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".)

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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? 01

For each boiler, indicate its horsepower (HP) rating: 50

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

** SEE ATTACHED*

ADDENDUM.

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.

RAMONA PAULA
Print name of responsible official

Ramona Paula
Signature

6/13/09
Date

** ADDENDUM TO ORIGINAL APPLICATION
RECEIVED ON 06/18/2009*

Dibble, Dickson

From: Ilka.Bundy@ocfl.net
Sent: Tuesday, June 23, 2009 2:23 PM
To: Wise, Jane; Dibble, Dickson
Cc: Jodi.Dittell@ocfl.net; John.Kasper@ocfl.net
Subject: Corrected Notification Form for 0950295-004-AG
Attachments: Las Americas Dry Cleaner GP.pdf

Jane Wise and Dick Dibble:

I had one of our inspectors go to the facility to correct the notification form and sign for the changes. Attached is the corrected notification form. You do not need to send us a PDF of this form back via e-mail! We have the original. If you have any questions, feel free to contact me! Thank you!

Ilka Bundy
Environmental Team Leader
Orange County EPD
800 Mercy Drive, Suite 4
Orlando, FL 32808
Phone 407-836-1476
Fax 407-836-1498
mailto: ilka.bundy@ocfl.net

PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
Bure. & Mobile Sources
12/22/99

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):	<i>LAS AMERICA DRY CLEANER</i>	<i>PENDING ADD'L PAGE TRAFD</i>
2. Site Name (For example, plant name or number):	<i>Las America Dry Clean</i>	
3. Hazardous Waste Generator Identification Number:	<i>FLD070-134253</i>	
4. Facility Location: Street Address:	<i>1228 Holden Ave.</i>	
City:	<i>Orlando</i>	County: <i>Orange</i> Zip Code: <i>32839</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in)	<i>0950295-004</i>	

Responsible Official

6. Name and Title of Responsible Official: Name:	<i>Ramona Paula</i>	Title:	<i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	<i>8849 El Prado</i>		
City:	<i>Orlando</i>	County:	<i>Orange</i> Zip Code: <i>32825</i>
8. Responsible Official Telephone Number: Telephone:	<i>(407) 1486-7373</i>	Fax:	()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address: Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Number: Telephone:	()	Fax:	()

6/18/09 - Telecon w/RO
Paula

Facility Information

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

How many dry-to-dry machines do you have on-site? 01

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")
1994 RP 6/23/09	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	RP 6/23/09
	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? 2

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")
1994 RP 6/23/09	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	
	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?

30 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

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
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 - 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".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <i>RP 6/23/89</i> | |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> | |

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? 21

For each boiler, indicate its horsepower (HP) rating: 200

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.

Ramona Paula
Print name of responsible official

Ramona Paula
Signature

6/13/09
Date

X Ramona Paula

X 6/23/09

PENDING - 6956295-004

DATE OF MFD CR PURCHASE
DATE

6/13/09 - CALLED FOR INFO
E/C RAMONA PAULA

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 16, 2009
Secretary of State**

DOCUMENT# P04000048494

Entity Name: LAS AMERICA DRY CLEANER CORP

Current Principal Place of Business:

1228 HOLDEN AVE
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

1228 HOLDEN AVE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 20-0889049 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DECAMPS, RAMONA
10172 RIDGE BLOOM AVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECAMPS, RAMONA
Address: 10172 RIDGE BLOOM AVE
City-St-Zip: ORLANDO, FL 32829 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

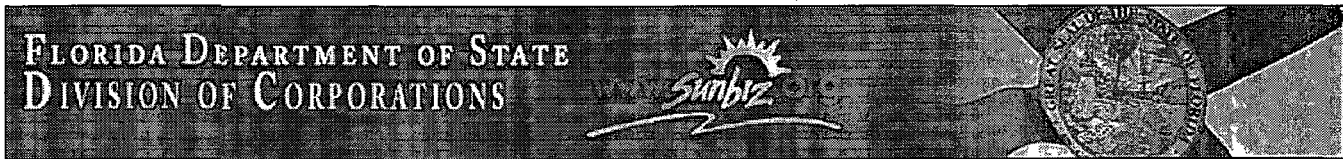
SIGNATURE: RAMONA DECAMPS

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date



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Detail by Entity Name

Florida Profit Corporation

LAS AMERICA DRY CLEANER CORP

Filing Information

Document Number P04000048494
FEI/EIN Number 200889049
Date Filed 03/18/2004
State FL
Status ACTIVE
Effective Date 03/17/2004

Principal Address

1228 HOLDEN AVE
ORLANDO FL 32839 US

Mailing Address

1228 HOLDEN AVE
ORLANDO FL 32839

Registered Agent Name & Address

DECAMPS, RAMONA
10172 RIDGE BLOOM AVE
ORLANDO FL 32829 US

Name Changed: 05/01/2007

Address Changed: 05/01/2007

Officer/Director Detail

Name & Address

Title P

DECAMPS, RAMONA
10172 RIDGE BLOOM AVE
ORLANDO FL 32829 US

Annual Reports

Report Year	Filed Date
2007	05/01/2007
2008	04/30/2008
2009	06/16/2009

Document Images

- 06/16/2009 -- ANNUAL REPORT
- 04/30/2008 -- ANNUAL REPORT
- 05/01/2007 -- ANNUAL REPORT
- 04/28/2006 -- ANNUAL REPORT
- 07/12/2005 -- ANNUAL REPORT
- 03/18/2004 -- Domestic Profit

Note: This is not official record. See documents if question or conflict.

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No Events

No Name History

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