

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

March 10, 2008

Mr. Roberto Rodriguez Dry Clean USA 1695 Forum Place West Palm Beach, Florida 32401

Re: Facility No.: 0990382-004

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 8, 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: Mr. Jeffrey Dizek, Palm Beach County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 196-2006.
SOC REPORTS 5.
COMP. STATUS - SNC MNC (IN
TRIT - SOCR - Statement of Compliance
Report - 8/17/2001 IN
TNSP - Palm Boh CO - Land Hoefent
TNSP - Palm Boh CO - Land Hoefent

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 completed form to the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

FLA CLEANERS INC. DBA DRY CLEAN USA	
2. Site Name (For example, plant name or number):	
1695 FORUM PL. WOST PARM SEARN FL. 33401	
3. Hazardous Waste Generator Identification Number:	
PERMIT NUMBER 50-73-01014	
4. Facility Location:	
Street Address: Circ Zip Code: Zip Code:	
1695 FORUM PL. W.P.B PALM DEACH FL. 33401	
	1991 - ANL
Responsible Official)382-00 ⁴
6. Name and Title of Responsible Official:	
Name ROSERTO RODRIGUEZ Title: OWNER	
7. Responsible Official Mailing Address:	
Organization Firm: Street Address: 1695 FERUM PLACE	
City: County: Zip Codg:	
WEST PALM BEACH PALM BEACH FL. 33401	
8. Responsible Official Telephone Number:	,
Telephone: (561) 684, 9264 Fax: (561) 684-8910	1
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
SAME	
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	
	•

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information			
L(a) DRY-TO-DRY M.	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	n:
Date Initially Purchased From Manufacturer	Status (curcle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7-12-05	ExistingNe	RC/CA/None required	SAME
	Emisting/Ne	ew RC/CA/None required	·
	Enleting/Ne	RC/CA/None required	
*CONTROL DEVICE K	EY: RC=r	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-sité?	[0]	
If the transfer machine we unit. If the transfer machi 1993, it is a NEW unit (n	as purchased from ne was rurchased to units purchased	the manufacturer prior to or on L from the manufacturer between L after September 22, 1993 are allo	
If the transfer machine we unit. If the transfer machin 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	as purchased from ne was rurchased to units purchased	the manufacturer prior to or on E from the manufacturer between E	December 9, 1991 and September 22 owed to operate under this general
If the transfer machine we unit. If the transfer machin 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	as purchased from ne was rurchased to units rurchased er machine on-site Status	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allo please provide the following info Control Device Required*	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of
If the transfer machine we unit. If the transfer machin 1993, it is a NEW unit (n permit). For each transfe Date Initially Purchased	as purchased from ne was jurchased to units jurchased or machine on-site Status (circle one)	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of
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If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K.	as purchased from ne was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allow, please provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber
If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K.	as purchased from ne was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allow, please provide the following information (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber
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If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor gallor (b) If less than 12 mon	as purchased from ne was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New fy: RC = recentlylene (perc) ns (You must fill oths, how many?	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allow, please provide the following information of the following i	December 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber nonths?
If the transfer machine we unit. If the transfer machine 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor gallor (b) If less than 12 mon	as purchased from ne was purchased to units purchased er machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New fy: RC = recentlylene (perc) ns (You must fill oths, how many?	the manufacturer prior to or on E from the manufacturer between E after September 22, 1993 are allow, please provide the following information of the following i	pecember 9, 1991 and September 22 owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber nonths?

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

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3. What is the facility's source che Indicate with an "X". Select			in section (3) of Part II	?	
Smail Area Source	[X]				
Dry-to-dry mad Transfer only d Both machine		(used less than 200 ga	allons of perc per year) allons of perc per year) allons of perc per year))	
Large Area Source	[]			•	
Dry-to-dry mad Transfer only o Both machine	n-site	(used 140 - 2,100 gall (used 200 - 1,800 gall (used 140 - 1,800 gall	lons of perc per year)		
4. What control technology is rec (Indicate with an "X".)	juited on machines p	oursuant to section (5)	of Part II of this notific	cation form?	
Existing machines at sm (NONE REQUIRED)	ill area source		es at strall area source condenser [X] ADSOABEL	1	
Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source	<u>New machin</u> Refrigerated	es at large area source condenser []		
5. A facility which contains non-Rule 62-213.300, F.A.C. Verify criteria or that no such units exist	that all steam and he	ot water generating uni	ts on-site meet the follo		
All steam and hot water generation. No such units on-site	eg units exempt	OR			
How many boilers do you have o	a-site?			,	
For each boiler, indicate its horsepower (HP) rating: [75]					
What type of fuel do you use?	propane No. 2 fue No. 6 fue	l oil] No. 4	al gas fuel oil r (please list)	and the state of t	
6. Equipment Monitoring and Re	cordkeeping Inform	ation			
Check all logs which are required	l to be kept on-site i	n accordance with the t		neral permit:	
(a) Purchase receipts and solvent	purchases/solvent a	ddition log			
(b) Leak detection inspection and	repair			,	
(c) Refrigerated condenser temper	-		(X)		
(d) Carbon adsorber exhaust perc		itoring			
(e) Startup, shutdown, malfuncti	on plan				

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7. Surrender	of Existing DEP Air Permit(s)	•
Please indica	ate with an "X" the appropriate selecti	on:
(<u>×</u>)	I hereby surrender all existing DEF notification form; the permit numb 990382	Pair permits authorizing operation of the facility indicated in this er(s) are
	No DEP air permits currently exist	for the operation of the facility indicated in this notification form
Responsible	Official Certification	
this not stateme maintai comply	ification. I hereby certify, based on in nts made in this notification are true, on the air pollutant emissions units and with all terms and conditions of this g	l, as defined in Part II of this form, of the facility addressed in formation and belief formed after reasonable inquiry, that the accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to eneral permit as set form in Part II of this notification form. hanges to the information contained in this notification.
	OBERTO RODRIGUES	
	me of responsible official	2-6-03 Date
Signatu	TC '	Date

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<<<< MEMORY FULL >>>>

- 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

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.

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Effective: 2/24/99

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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

February 1, 2008

To: Users of the Title V Air General Permit

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit (TV AGP) pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.) and your entitlement to operate is about to expire.

As a source of air pollution subject to Title V of the Federal Clean Air Act, your facility is entitled to operate for no more than five (5) years with a permit under Section § 403.0872 Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five (5) years, and no later than thirty (30) days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility.

If you wish to maintain your entitlement to operate, for your convenience, you may obtain a copy of the appropriate registration form in the following manner(s). You may download a copy of the registration form from the FDEP Air Resource Management webpage below.

FDEP forms Webpage: http://www.floridadep.org/Air/forms/tvgp.htm

or call the general permit contact for the FDEP, Cecily Tart, at 850-921-9513.

As the Owner/Operator or authorized representative for this facility, please complete the form, sign your name, date it, and submit it to the following address:

Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

It is important to note that facilities not in compliance with the conditions of their existing TV AGP may not be eligible to use a new TV AGP after the existing authority period expires. Such facilities will be required to make application for an Air Operating Permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their TV AGP conditions to avoid this costly situation.

IMPORTANT



A facility is eligible to operate under a Title V Air General Permit (TV AGP) for no more than five (5) years. Your facility is approaching the end of the current five (5) year period for which it was entitled to operate under the Title V Air General Permit.

- NEW OWNER? If you are a NEW OWNER, please check this box and return this page with your completed Title V Air General Permit Notification Form.
- NEW RESPONSIBLE OFFICIAL? If you are a NEW RO, and/or your existing business has moved to a new location, please check this box and return this page with your completed Air General Permit Notification Form.
- If you wish to continue your entitlement, please complete the Air General Permit Notification Form, making certain that it is signed by the Responsible Official (RO), properly dated, and mailed to the following address:

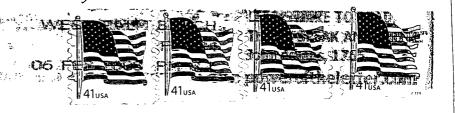
Title V Air General Permit Program
Bureau of Air Monitoring and Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

- If you do not wish to continue with your eligibility, please disregard this notice.
- A fee is **NOT** required with the notification form.

ROSERIO RODRIGUEZ

2-6-08

FORUM SQUARE
1695 FORUM PLACE
WESTPALM BEACH, FLORIDA 3840



TITLE V AIR GENERAL PERMIT PROGRAM

BUREAU OF AIR MONITORIN AND MODILE SOURCES MASSIO DEPARTMENT OF ENVIRONMENTAL PROTECTION 2600 BLAIR STONE ROAD

52399+6542 TALLAHASSEE, FLORIDA 32399-2400