

# 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

October 14, 2008

Mr. Farzan Hosein T-N-T Dry Cleaners 2565 Forest Hill Boulevard West Palm Beach, Florida 33406

Re: Facility No.: 0990383-005

Dear Mr. Hosein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 11, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty (30) 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 five (5) years. Therefore, a new registration form must be received no later than five (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

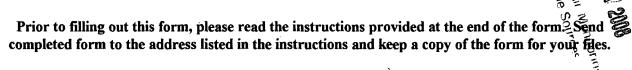
cc: Mr. Thomas Tittle, Palm Beach County

NO ACTIVITY FOR FACILITY EMISSION FEE DATES 46-2004 SOC REPORTS 5... COMP. STATUS -SNC MNG IN

INSP-INSP-INSZ-Compliance Inspection walthrough -9/1/2008 - MNC INSP-Palm Beach Co - TEHLE

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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



Fac	cility Name and Location	13		
Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	T-N-T- DRY CLEANERS			
2.	Site Name (For example, plant name or number):			
	2565			
3.	Hazardous Waste Generator Identification Number:			
	50-73-03549			
4.	Facility Location: 2565 Forest Street Address: Hill BIUD City: WEST PalmBEACH County: Palm Beach Zip Code: 33406	·		
5.	Facility Identification Number (DEP Use ONLY - do not fill in): 0990383			
Responsible Official				
	Name and Title of Responsible Official:			
Na	me: FARZAN HOSEIN Title: OWNer	1		
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:			
	City: Zip Code:			
8.	Responsible Official Telephone Number:			
	Telephone: (361) 968 - 3909 Fax: ( ) -			
Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):			
	BERNICE HOSEIN			
10.	Facility Contact Address:			
	Street Address: 2565 Forest City: HUBILB County: Zip Code:			
11.	Facility Contact Telephone Number: Telephone: (561) 968-3909 Fax: ( ) -			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **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) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Same RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser \*CONTROL DEVICE KEY: 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: Control Device Required\* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) 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 adsorber2.(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? [ X ] 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

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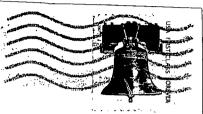
3. What is the facility's source classification based on the de Indicate with an "X". Select one classification only.)	finitions found in section (3) of Part II?			
Small Area Source [X]				
Transfer only on-site (used l	ess than 140 gallons of perc per year) ess than 200 gallons of perc per year) ess than 140 gallons of perc per year)			
Large Area Source				
Transfer only on-site (used 2	140 - 2,100 gallons of perc per year) 200 - 1,800 gallons of perc per year) 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 No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [10] []				
What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 6 fuel oil				
6. Equipment Monitoring and Recordkeeping Information				
Check all logs which are required to be kept on-site in according	dance 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				
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(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

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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.					
FARZAN HOSEIN Print name of responsible official					
Signatur	erzan Hosein. <u>B/20/08</u> Date				

DEP Form No. 62-213.900(2) Effective: 2/24/99 WEST PALM BCH FL 334.



General Permits Section

Bureau of Asse Monitoring and Mobile Sources, MS 5510

Department of Exercisinantal Protection

2600 Blair Stone Road

Tallahassea, FL. 32399-2400

32399+6542

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