

Fees Paid
300 ✓



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

July 27 2001

Mr. Robert Guimares
60-Minute Dry Cleaners
1090 East Hillsboro Boulevard
Deerfield Beach, Florida 33441

Re: Facility No.: 0112237-002

Dear Mr. Guimares:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 2001.

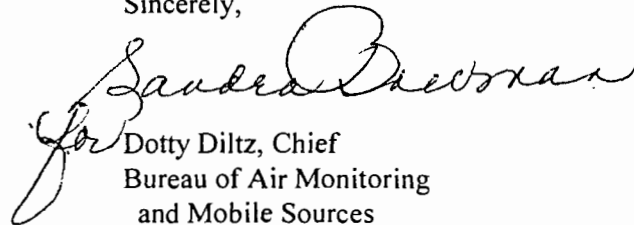
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

0112237-002

P16

3. Small area source should be marked.

6(e) Required for all sources.

P17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

COMMENTS:

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>ROBERT GUIMARES / 60 MINUTE DRY CLEANERS</i>
2. Site Name (For example, plant name or number): <i>60-MINUTE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>5845950</i>
4. Facility Location: Street Address: <i>1090 E. HILLSBORO BLVD,</i> City: <i>DEERFIELD BEACH</i> County: <i>BROWARD</i> Zip Code: <i>33441</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>011223M-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ROBERT GUIMARES</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>60-MINUTE DRY CLEANERS</i> Street Address: <i>1090 E. HILLSBORO BLVD,</i> City: <i>DEERFIELD BEACH</i> County: <i>BROWARD</i> Zip Code: <i>33441</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 427-6636</i> <i>PLANT</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>ROBERT GUIMARES</i>
10. Facility Contact Address: Street Address: <i>1090 E. HILLSBORO BLVD</i> City: <i>DEERFIELD BEACH</i> County: <i>BROWARD</i> Zip Code: <i>33441</i>
11. Facility Contact Telephone Number: Telephone: <i>(954) 254-9698</i> <i>cell</i> Fax: () -

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:

* 5th generation Machine

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")
<u>APPROX Feb, 2001</u>	Existing <u>(New)</u>	<u>RC</u> / CA / None required <i>RC - Both on this machine</i>	<u>SAME</u>
_____	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?

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:

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?

Feb 2000 - Jan 2001 gallons (You must fill this in) * Bought New Machine Feb 2001

(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 _____)

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 0112237001AG.
- 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.

ROBERT GUIMARES
Print name of responsible official

Robert Guimares President
Signature

Date

6-14-01

Bureau of Air Monitoring
& Mobile Sources

JUN 22 2001

RECEIVED

6/20/01
S. G. G. G.
Garcia

RECEIVED

JUL - 2 2001

Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ROBERT GUIMARES / 60 MINUTE DRY CLEANERS		
2. Site Name (For example, plant name or number):	60-MINUTE CLEANERS		
3. Hazardous Waste Generator Identification Number:	5845950		
4. Facility Location:	Street Address: 1090 E. HILLSBORO BLVD.	City: DEERFIELD BEACH	County: BROWARD Zip Code: 33441
5. Facility Identification Number (DEP Use ONLY - do not fill in):	01122311-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: ROBERT GUIMARES	Title: President
7. Responsible Official Mailing Address:	Organization/Firm: 60-MINUTE DRY CLEANERS	Street Address: 1090 E. HILLSBORO BLVD.
	City: DEERFIELD BEACH	County: BROWARD Zip Code: 33441
8. Responsible Official Telephone Number:	Telephone: (954) 27-6636	Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROBERT GUIMARES	
10. Facility Contact Address:	Street Address: 1090 E. HILLSBORO BLVD.	City: DEERFIELD BEACH
	County: BROWARD	Zip Code: 33441
11. Facility Contact Telephone Number:	Telephone: (954) 254-9698	Fax: ()

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:

* 5th generation Machine

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")
<u>APRox Feb, 2001</u>	Existing <u>(New)</u>	<u>RC/CA</u> None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

RC - Both on this machine

*CONTROL DEVICE KEY: RC = refrigerated condenser 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:

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?

Feb 2000 - Jan 2001 gallons (You must fill this in) * Bought New Machine Feb 2001

(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)

LAST year

** WITH NEED
MACHINE I WILL
COME IN OR A
SMALL AREA SOURCE
SMOOTHERS IS
LESS THAN 2
GF*

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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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) *(No! Keeping Air Permits)*

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 ~~021-120-101~~
- 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.

ROBERT GUIMARES *Robert Guimares*
Print name of responsible official

Robert Guim *Robert Guimares* President
Signature

6-14-01
Date

Bureau of Air Monitoring & Mobile Sources
RECEIVED JUN 22 2001

Thanks for letting me know - I do not wish to surrender my air permit.

#7 makes you think you must surrender to ~~me~~ get a new permit (confusing)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456899 DEC16 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112237 10
60 MINUTE CLEANERS
1090 E Hillsboro Blvd
DEERFIELD BEACH, FL 33441

Bureau of
60 Minute Cleaners

DEC 19 2005

CEIN 21

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443369 DEC15 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112237 10
60 MINUTE CLEANERS
1090 E Hillsboro Blvd
DEERFIELD BEACH, FL 33441

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434065 DEC 10 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112237
ROBERT GUIMARES
60 MINUTE CLEANERS
1090 E HILLSBORO BLVD
DEERFIELD FL 33441

~~X~~
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

421310 JAN 2 2003

Do **NOT** Remove Label

AIRS ID#0112237
60 MINUTE CLEANERS ROBERT GUIMARES 1090 E HILLSBORO BLVD DEERFIELD FL 33441

Bureau of Air Monitoring
& Mobile Sources

JAN 08 2005

RECEIVED

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411910 DEC19 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

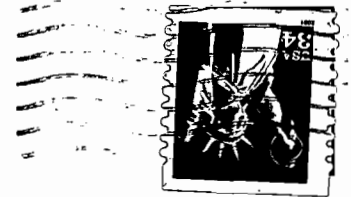
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112237
60 MINUTE CLEANERS
ROBERT GUIMARES
1090 E HILLSBORO BLVD
DEERFIELD FL
33441

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

1090E. HILLSBORO BLVD.
DEER FIELD BEACH, FL 33441



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 93

