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Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

August 6, 2001

Mr. Fabio Almonte Stars and Stripes Cleaners 7904 Pines Boulevard Pembroke Pines, Florida 33024

Re: Facility No.: 0112270-002

Dear Mr. Almonte:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 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. Jarret Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

01/2270-002

1(a) New should be circled under Status. Correct and initial by R.O.

4. New machines at small area source should be marked

Mark out "X" under Existing marline at small area source and initial by R.O.

6 (e) Required blood be marked

All Responsible Official segmand date for changes made.



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For reservations at any Adam's Mark call 800-444-ADAM (2326)

Charlotte, NC • Clearwater Beach, FL • Columbia, SC • Columbus, OH • Dallas, TX • Daytona Beach, FL Denver, CO • Houston, TX • Indianapolis, IN • Kansas City, MO • Memphis, TN • Mobile, AL Orlando, FL • Philadelphia, PA • St. Louis, MO • San Antonio, TX • Tulsa, OK • Winston-Salem, NC

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.

Facility Name and Location
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Fin.M. H. OF South FLIN D/b/a Stans-45tripes Cleavens 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Same
3. Hazardous Waste Generator Identification Number:
FL D 981925241
FLD 981925241 4. Facility Location: 7904 PINES BIVE. Street Address:
City: Pembroke Pins County: Broward Zip Code: 33624
15: Facility Identification Number (DEP Use ONLY: do not fill in): $O(1/2) O(2)$
世界とは、世界とは、東京では、東京では、東京では、東京では、東京では、東京では、東京では、東京で
Responsible Official
6. Name and Title of Responsible Official:
Name: FABIO AL MONTE 1) n 05 in 01/4
Name: FABIO ALMONTE 7. Responsible Official Mailing Address: Organization/Firm: Stans + Stripes Cleaners
Street Address:
Street Address: City: Pombroke Pines Broward 8. Responsible Official Telephone Number: Telephone: (954) 962-4955 Fax: () - Nonce
8. Responsible Official Telephone Number:
Telephone: (954) 762-4955 Fax: () - No nce
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: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () -

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

Facility Information

1.(a) DRY-TO-DRY MA	ACHINES ONL	Υ	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	n:
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")
1993	Existing N	ew RC/CA/None required	1993
	Existing/N	ew RC/CA/None required	
·	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NIA	
How many washers do yo	u have on-site?		
How many dryers/reclaim	ners do you have	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased		
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	-
	roethylene (perc)	have you used within the last 12 m	carbon adsorber
[] gallon	ns (You must fill	this in)	
(b) If less than 12 mor		-	
Check why it is les	s than 12 months	s: New owner: Did not keep	
•		New store: New machine	
		Unopened store [] (date of e	xpected opening)

DEP Form No. 62-213.900(2)

3. What is the facility's source classification be Indicate with an "X". Select one classific	ased on the definitions found in section (3) of Part II? ation only.)
Small Area Source	$oldsymbol{\lambda}_1$
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source]
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on made (Indicate with an "X".)	chines pursuant to section (5) of Part II of this notification form?
Existing machines at small area sourd (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 []
	ssions units shall not be eligible to use the general permit pursuant to and hot water generating units on-site meet the following on-site (see attached memo for the criteria).
All steam and hot water generating units exen No such units on-site	npt OR
How many boilers do you have on-site?	ப
For each boiler, indicate its horsepower (HP)	rating: [15] [H] [P]
] No	ppane
6. Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept of	on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/so	olvent addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitor	oring X
(d) Carbon adsorber exhaust perc concentration	on monitoring []
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

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 AIRS ID 405689 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. I will promptly notify the Department of any changes to the information contained in this notification. FABLA ALMONIE Print name of responsible official Signature Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM ir Monitoring

**Totant to Use General Permit*

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):
Fin.M.H. OF South FLIN D/b/a Stars+stripes Cleavens 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Same
3. Hazardous Waste Generator Identification Number:
FL D 981925241
FLD 981925241 4. Facility Location: 7904 PINES BIVd. Street Address:
City: Pembroke Pines County: Broward Zip Code: 33024
5: Facility Identification Number (DEP Use ONLY do not fill in):
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Responsible Official
6. Name and Title of Responsible Official:
Name: FABIO ALMONTE DIOSIDENT
7. Responsible Official Mailing Address: Organization/Firm: Stars of STRIPES CLeaners Street Address:
City: Pombroke Pines Broward Zip Code: 33024
8. Responsible Official Telephone Number:
8. Responsible Official Telephone Number: Telephone: (954) 962-4925 Fax: () - New Mice
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
7. Name and Tries of Lability Contact (19) Champy, Plant managery.
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
DEP Form No. 62-213.900(2) 14

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1.(a) DRY-TO-DRY M	ACHINES ONL	Y Soft makar tanak an i		
How many dry-to-dry ma	achines do you hav	ve on-site?	is most consideral	
For each dry-to-dry mach	nine on-site, please	e provide the following information	on: - grassy mag	
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")	
1993	Existing Ne	ew RC/CA/None required	1993	
ļ ————————————————————————————————————	Existing/Ne	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·	
	Existing/Ne	ew RC/CA/None required		
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	carbon adsorber	_
1.(b) TRANSFER MAC	HINES ONLY	NA		
How many washers do yo	ou have on-site?			
How many dryers/reclain	ners do you have o	on-site?	na de la companya de La companya de la co	
unit. If the transfer machi	ine was purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22,	;
		l after September 22, 1993 are allowing inference provide the following inf	owed to operate under this general	
			owed to operate under this general	
permit). For each transfer	er machine on-site	e, please provide the following inf Control Device Required*	Date Control Device Installed (if already included at time of	
permit). For each transfer	er machine on-site Status (circle one)	c, please provide the following inf Control Device Required* (circle one)	Date Control Device Installed (if already included at time of	
permit). For each transfer	Status (circle one) Existing/New Existing/New	c, please provide the following inf Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of	
permit). For each transfer	er machine on-site Status (circle one) Existing/New Existing/New Existing/New	c, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of	
permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New	c, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")	
permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlo	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 m this in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?	
permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlo	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	c, please provide the following inf Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 m this in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?	
CONTROL DEVICE K 2.(a) How much perchlo [75] gallo (b) If less than 12 more	Existing/New	c, please provide the following inf Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 m this in)	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?	
CONTROL DEVICE K 2.(a) How much perchlo [75] gallo (b) If less than 12 more	Existing/New	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA =	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

	t is the facility's source cladicate with an "X". Select			id in section (3) of 1 a	ut II:
	Small Area Source		en e		
• • • • • • • • • • • • • • • • • • •	Dry-to-dry mac Transfer only o Both machine t		(used less than 200	gallons of perc per ye gallons of perc per ye gallons of perc per ye	ear) ear)
	Large Area Source				
	Dry-to-dry mac Transfer only o Both machine t		(used 200 - 1,800 g	callons of perc per year allons of perc per year allons of perc per year	ır)
	t control technology is required to the control technology is required to the control of the con	uired on machines	pursuant to section (5), of Part II of this no	otification form?
	Existing machines at sm (NONE REQUIRED)	all area source		nines at small area sou ed condenser [irce
	Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source		nines at large area sou ed condenser [rce J
Rule 62	cility which contains non- 2-213.300, F.A.C. Verify ion criteria or that no such	that all steam and l	not water generating	units on-site meet the	
··· No sucl	am and hot water generation in the second in		OR N(A		
No sucl	h units on-site any boilers do you have or	n-site?	N/A		
No sucl	h units on-site	n-site?	N/A	J	
How m	h units on-site any boilers do you have or	n-site?	N/A N/A Noil No	ural gas . 4 fuel oil ner (please list)	
How m For eac What ty	h units on-site any boilers do you have or h boiler, indicate its horse	n-site? power (HP) rating: propane No. 2 fue No. 6 fue	N/A N/A Noil Noil Oth	ural gas . 4 fuel oil	
How m For eac What ty 6. Equi	h units on-site any boilers do you have on h boiler, indicate its horse pe of fuel do you use?	power (HP) rating: propane No. 2 fue No. 6 fue	N/A N/A N/A No loil No loil Other	ural gas . 4 fuel oil ner (please list)	is general permit:
How m For eac What ty 6. Equi	h units on-site any boilers do you have on h boiler, indicate its horse pe of fuel do you use? pment Monitoring and Re	power (HP) rating: propane No. 2 fue No. 6 fue cordkeeping Inform	N/A N/A N/A No l oil No l oil Oth nation in accordance with t	ural gas . 4 fuel oil ner (please list)	is general permit:
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No such How m For eac What ty 6. Equi Check a (a) Puro (b) Lea	h units on-site any boilers do you have on h boiler, indicate its horse pe of fuel do you use? pment Monitoring and Re all logs which are required chase receipts and solvent	power (HP) rating: power (HP) rating: propane No. 2 fue No. 6 fue cordkeeping Inform to be kept on-site purchases/solvent	N/A N/A N/A No l oil No l oil Oth nation in accordance with t	ural gas . 4 fuel oil her (please list) he requirements of th	is general permit:
How m For eac What ty 6. Equi Check a (a) Puro (b) Lea (c) Refi	h units on-site any boilers do you have on the boiler, indicate its horse pe of fuel do you use? pment Monitoring and Re all logs which are required thase receipts and solvent k detection inspection and	power (HP) rating: power (HP) rating: No. 2 fue No. 6 fue cordkeeping Inform to be kept on-site purchases/solvent a repair rature monitoring	N/A N/A No loil No loil Oth nation in accordance with t	ural gas . 4 fuel oil ner (please list) he requirements of th	is general permit:
No such How m For eac What ty 6. Equi Check a (a) Puro (b) Lea (c) Refi (d) Car	any boilers do you have on the boiler, indicate its horse the present the boiler, indicate its horse the present the boliver and Reference the present the boliver	power (HP) rating: power (HP) rating: No. 2 fue No. 6 fue cordkeeping Inform to be kept on-site purchases/solvent a repair rature monitoring concentration mon	N/A N/A No loil No loil Oth nation in accordance with t	ural gas . 4 fuel oil ner (please list) he requirements of th	is general permit:

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

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 AIRS ID 40.5689
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, hased 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.
FABIO ALMONTE Print name of responsible official
Ordalmoret 6/23/01
Signature Date 6/8/0/

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

		Service D MAIL RECEIPT Only; No Insurance Coverage Provided)
4085	OFF	FICIAL AS E
76	Postage	s
79	Certified Fee	Postmark
- T	Return Receipt Fee (Endorsement Required)	
0.0	Restricted Delivery Fee (Endorsement Required)	J. V.
20	To,	AIRS ID#0112270
EO	Ser STARS & STRIF	
-T	FABIO ALMON	BLVD
20	City PEMBROKE PIN	INES FL
1	PS	or instructions.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A/ Signature A Signature Addressee B/ Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D/Is delivery address different from item 1?
AIRS ID#0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD	·
PEMBROKE PINES FL 33024	3. Service Type Descripted Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320	000118938 4085
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1035

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UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

EUR. OF AIP MONITORING & MOBILE SOURGES
DEPT. OF FRANCONMENTAL PROTECTION
MAIL STATIC \(\) 5510
2600 BLAIR STONE ROAD
TALLAHAGSEE, FLORIDA 32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425742 MAR142083

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

This cleaner has been sold of as Javen's Choice Cleanors

Do NOT Remove Label

AIRS ID#0112270

STARS & STRIPES CLEANERS
FABIO ALMONTE
7904 W PINES BLVD
PEMBROKE PINES FL

MARIEM. BAROUTE

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

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

Do NOT Remove Label

AIRS ID # 0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33024

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

Obj.: 002273





	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pr	ovided)
6868	OFFICIALXUS	
7975	Postage \$ Certified Fee	nark /
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
7001 0350	AIRS ID#0112270 Ser STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD PEMBROKE PINES FL 33024	or instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID#0112270 STARS & STRIPES CLEANERS FABIO ALMONTE 7904 W PINES BLVD	
PEMBROKE PINES FL 33024	3. Septice Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320	0001 7975 6868
PS Form 3811, March 2001 Domestic Retu	rn Receipt 102595-01-M-1424





United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MUDEPT. OF ENVIRONMENTAL PROTECTION.
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 On to the control of t EUR. OF AIR MONITORING & MOSILE SOURCES

550