**BEST AVAILABLE COPY** 

NO ACTIVITY FOR FACILITY......
SOC REPORTS .....
COMP. STATUS - SNC MNC (IN

MNC (ID 1/6/2005

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Inspection watthrough



# Department of **Environmental Protection**

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

Colleen M. Castille Secretary

September 1, 2005

Mr. Felix Pimentel A.N.F. Dry Cleaners 10870 Wiles Road Coral Springs, Florida 33076

Re: Facility No.: 0112404-002

Dear Mr. Felix Pimentel

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 21, 2005.

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,

Soseph Kahn, Chief

Bureau of Air Monitoring

audro Bownan

and Mobile Sources

JK/jw

cc: Mr. Clifton Bittle, Broward County

"More Protection, Less Process"

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# 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):    Facility Owner/Company Name (Name of corporation, agency, or individual owner):  | completed form to the address usted in the instructions and keep a copy of the form for y                      | our mes. |
|--|--|----------|
| 2. Site Name (For example, plant name or number):  A L F DW CRALON  3. Hazardous Waste Generator Identification Number:  A C F SYSTEMS ATLANTA IN C  4. Facility Location: 10870 W.765 M.D. Street Address:  City: COMAL SPWALS County: BROWARD Zip Code: 337046  55: Facility Identification Number (DFP Use ONLY - do not fill in):  7. Responsible Official Mailing Address: Title:  7. Responsible Official Mailing Address: Street Address: 10870 W.165 K.O. a.d. City: ONAL SPLINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FETX TIMENTO!  10. Facility Contact Address: 3073 N.W. 9 A.B. Street Address: City: Down And Back County: F. Zip Code: 330844  11. Facility Contact Telephone Number:   |  |          |
| 2. Site Name (For example, plant name or number):  A A A A A A A A A A A A A A A A A A A   | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                             |          |
| 3. Hazardous Waste Generator Identification Number:  \[ \lambda CF \ SYSTEMS \ ATTANTA \ IN C \]  4. Facility Location: \[ \lambda 8 \ \frac{1}{2} \ \text{U.7/eS} \ \text{N.0} \]  Street Address:  City: \[ \lambda OAL \ SYNUS \\ \text{County:} \]  Scale Facility Identification Number (DEP Use ONLY do not fill in):  \[ \lambda \]  Responsible Official  6. Name and Title of Responsible Official: Name:  Title:  7. Responsible Official Mailing Address: Organization/Firm: \[ AWF \ DryC/egnels \\ \) Street Address: \[ \lambda SPI/NGS \\ \]  County: \[ \lambda SNAMAD \\ \]  Responsible Official Telephone Number: Telephone: \( \lambda \)  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): \[ \lambda ST \ \lambda \ \lam |  |          |
| A. Facility Location: 10870 W.785 M.D.  Street Address: City: COMAL SPWILLS County: BROWARD Zip Code: 33076  Street Address: City: Comal Spwills County: BROWARD Zip Code: 33076  Responsible Official  6. Name and Title of Responsible Official: Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: AWF. D. YC. Legnels Street Address: 10870 W.L. S. Koaa City: CORAL SPKINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FET: W.   | 2. Site Name (For example, plant name or number):  |          |
| A. Facility Location: 10870 W.785 M.D.  Street Address: City: COMAL SPWILLS County: BROWARD Zip Code: 33076  Street Address: City: Comal Spwills County: BROWARD Zip Code: 33076  Responsible Official  6. Name and Title of Responsible Official: Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: AWF. D. YC. Legnels Street Address: 10870 W.L. S. Koaa City: CORAL SPKINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FET: W.   | AKEDAY CLOANOR   |          |
| 4. Facility Location: 10870 W/65 M) Street Address: City: COMAL SPVALLS County: BROWARD Zip Code: 33076  5.1. Facility Identification Number (DEP Use ONLY do not fill in).  Responsible Official  6. Name and Title of Responsible Official: Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: ANF. Dry Clegnels Street Address: 10870 Wiles Koad City: CORAL SPLINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FET X Y MONTO!  10. Facility Contact Address: 3073 N W 9 AVE Street Address: City: OMPANO BACK  County: Zip Code: 330BH  11. Facility Contact Telephone Number:  |  |          |
| Street Address: City: COMAL SPYNUS  County: BROWARD Zip Code: 33076  Responsible Official  6. Name and Title of Responsible Official: Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: ANF. Dry Cleanels Street Address: 10 70 WHES KO a d City: ONAL SPLINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FIT X I'M CNTO'  10. Facility Contact Address: 3973 NW 9 AVE Street Address: City: ONAL SPLINGS County: Zip Code: 330BH  11. Facility Contact Telephone Number:  | Med John John John John John John John John  |          |
| Responsible Official  6. Name and Title of Responsible Official: Name:  7. Responsible Official Mailing Address: Organization/Firm: ANF. D. Y. Cleanels Street Address: /08 / 10 W. J. L. S. County: BlowAld Zip Code: 33076  8. Responsible Official Telephone Number: Telephone:  | Street Address:  | 16       |
| Responsible Official  6. Name and Title of Responsible Official: Name:  7. Responsible Official Mailing Address: Organization/Firm: Ant. DryClegnels Street Address: /0870 Ws/les Koaa City: Coral Splings County: Bloward Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FETIX FIMENTS  10. Facility Contact Address: City: Pompano Back County:  County:  Zip Code: 370BA  Zip Code: 370BA  II. Facility Contact Telephone Number:   |  | 10       |
| 6. Name and Title of Responsible Official: Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: ANF. DryClegnels Street Address: /0870 WILES KOAA City: ORAL SPKINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FFT/X FINGULTED  10. Facility Contact Address: GGT NW GAVE Street Address: City: OMANO BACK Zip Code: 330BH  11. Facility Contact Telephone Number:   | 5:1: Facility Identification Number (DEP Use ONLY - do not fill in):   |          |
| Name: Title:  7. Responsible Official Mailing Address: Organization/Firm: AWF. DryClegnels Street Address: 10870 Wrles koad City: ORAL SPLINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  FETIX TIMENTO ( )  10. Facility Contact Address: Gap I N W G AVE  Street Address: City: Down Ando Back County: Zip Code: 330BH  11. Facility Contact Telephone Number:  |  |          |
| 7. Responsible Official Mailing Address: Organization/Firm: ANF. DryClegnels Street Address: 10870 WILES ROAd City: WRAL SPRINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager): FETA TIMENTED  10. Facility Contact Address: 3973 NW 9 AVE Street Address: City: Domphand Back County:  County: Zip Code: 330BH  11. Facility Contact Telephone Number:  |  |          |
| City: CORAL SPRINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -  Facility Contact (If different from Responsible Official)  9. Name, and Title of Facility Contact (For example, plant manager): FETIX TIMENTED  10. Facility Contact Address: 3973 NW 9 AVB  Street Address: City: Pompano Back  11. Facility Contact Telephone Number:  | Name: Title:   |          |
| City: CORAL SPRINGS County: BROWARD Zip Code: 33076  8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -  Facility Contact (If different from Responsible Official)  9. Name, and Title of Facility Contact (For example, plant manager): FETIX TIMENTED  10. Facility Contact Address: 3973 NW 9 AVB  Street Address: City: Downard Back  County: Zip Code: 330BH  11. Facility Contact Telephone Number:   | 7. Responsible Official Mailing Address: Organization/Firm: ANF. Dry Cleaners Street Address: 10870 Wiles Koad |          |
| 8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( )  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  FELIX TIMESTED  10. Facility Contact Address: 3973 NW 9 AVE  Street Address: City: DANANO BACK  11. Facility Contact Telephone Number:  | City: CORAL SPRINGS County: BROWARD Zip Code: 33076  |          |
| Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: 3973 NW 9 AVE  Street Address: City: Dempario Back  11. Facility Contact Telephone Number:   | 8. Responsible Official Telephone Number:  |          |
| 9. Name and Title of Facility Contact (For example, plant manager):    FELIX   FINITE     10. Facility Contact Address: 3973   W 9 AVE   Street Address:   City:   DMPANO BACK   County: Zip Code: 330BH     11. Facility Contact Telephone Number:  | Telephone: ( ) - Fax: ( ) -  |          |
| 9. Name and Title of Facility Contact (For example, plant manager):    FELIX   FINITE     10. Facility Contact Address: 3973   W 9 AVE   Street Address:   City:   DMPANO BACK   County: Zip Code: 330BH     11. Facility Contact Telephone Number:  | Facility Contact (If different from Responsible Official)  |          |
| 10. Facility Contact Address: 3973 NW 9 AVE  Street Address: City: Papano Back  County: Zip Code: 330BH  11. Facility Contact Telephone Number:  |  |          |
| Street Address: City: Pompano Back  County: Zip Code: 330BH  11. Facility Contact Telephone Number:  |  | ۲.       |
| City: Pompano Back  County:   Zip Code: 330184  11. Facility Contact Telephone Number:   | 10. Facility Contact Address: 3973 NW 9 AVE  |          |
| 11. Facility Contact Telephone Number:   | Street Address:  | BH       |
| 11. Facility Contact Telephone Number: Telephone: (954) 532078  (970/3-4/-8890)  | City: POMPANO BACK County: FL Zip Code: 3301   | 34       |
|  | 11. Facility Contact Telephone Number: Telephone: (954) 932078  GGDV 3-41-86                                   | 890      |

|   | y's source classificat<br>"X". Select one cla                        |                                       |  | section (3) of Part               | II?             |
|---|--|---------------------------------------|--|-----------------------------------|-----------------|
| Small Area  | Source   |                                       |  |                                   |                 |
| Tra   | y-to-dry machines or<br>ansfer only on-site<br>oth machine types on- | (use                                  | ed less than 140 gallo<br>ed less than 200 gallo<br>ed less than 140 gallo | ons of perc per year              | r)              |
| Large Area  | Source   |                                       |  |                                   |                 |
| Tra   | y-to-dry machines or<br>ansfer only on-site<br>th machine types on-  | (use                                  | ed 140 - 2,100 gallon<br>ed 200 - 1,800 gallon<br>ed 140 - 1,800 gallon    | s of perc per year)               | ·               |
| 4. What control technicate with an                                |  | machines purs                         | uant to section (5) of   | Part II of this noti              | fication form?  |
| Existing ma<br>(NONE RE   | chines at small area QUIRED)   | source<br>]                           | New machines<br>Refrigerated co  | at small area sourc<br>ndenser [] | <u>e</u>        |
| Existing ma<br>Carbon adso<br>Refrigerated                        | <u> </u>   | source<br>]<br>]                      | New machines<br>Refrigerated co  | at large area source<br>ndenser   | 2               |
| 5. A facility which of Rule 62-213.300, F.A exemption criteria or | A.C. Verify that all s   | steam and hot w                       | ater generating units  | on-site meet the fo               |                 |
| All steam and hot wa<br>No such units on-site                     |  | exempt [                              | _] OR<br>_]  |                                   |                 |
| How many boilers do   | you have on-site?  |                                       |  |                                   |                 |
| For each boiler, indic  | cate its horsepower (l   | HP) rating: [13                       | ال   |                                   |                 |
| What type of fuel do  |  | propane No. 2 fuel oil No. 6 fuel oil | [] natural g<br>[] No. 4 fue<br>[] Other (p                                | el oil                            |                 |
| 6. Equipment Monito   | oring and Recordkeep   | oing Information                      | 1  |                                   |                 |
| Check all logs which  | are required to be ke  | ept on-site in ac                     | cordance with the rec  | quirements of this s              | general permit: |
| (a) Purchase receipts   | and solvent purchase   | es/solvent additi                     | on log   |                                   |                 |
| (b) Leak detection in   | spection and repair  |                                       |  |                                   |                 |
| (c) Refrigerated cond   | enser temperature m  | onitoring                             |  | [X]                               |                 |
| (d) Carbon adsorber   | exhaust perc concent   | ration monitorii                      | ıg   |                                   |                 |
| (e) Startup, shutdow  | n, malfunction plan  |                                       |  |                                   |                 |

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

## **Facility Information**

| 1.(a) DRY-TO-DRY M   | LACHINES ONI   | .Y  |   |
|--|--|---|---|
| How many dry-to-dry m  | achines do you ha  | ve on-site?   |   |
| For each dry-to-dry mac  | hine on-site, pleas  | se provide the following information  | on:   |
| Date Initially Purchased<br>From Manufacturer  | Status<br>(circle one  | Control Device Required*  (circle one)  | Date Control Device Installed<br>(if already included at time of<br>purchase, write "SAME") |
| 1970   | Existing/N   | ew RCCA/None required   | SAME  |
|  | Existing/N   | ew RC/CA/None required  |   |
| <u></u>  | Existing/N   | ew RC/CA/None required  |   |
|  |  |   |   |
| *CONTROL DEVICE K  | EY: RC =(  | refrigerated condenser CA =   | e carbon adsorber   |
| 1.(b) TRANSFER MAC   | CHINES ONLY  | ,   |   |
| How many washers do yo   | ou have on-site?   |   |   |
| How many dryers/reclain  | ners do you have   | on-site? []   |   |
| unit. If the transfer mach 1993, it is a <b>NEW</b> unit (a permit). For each transform Date Initially Purchased | ine was purchased<br>no units purchased<br>er machine on-sit<br>Status | I from the manufacturer between a dafter September 22, 1993 are allower, please provide the following in Control Device Required* | Date Control Device Installed   |
| From Manufacturer  | (circle one)   | (circle one)  | (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 K  | EY: $RC = r$   | efrigerated condenser CA =  | carbon adsorber   |
| , / X  | roethylene (perc)<br>ns (You must fill                                 | have you used within the last 12 n  | nonths?   |
| (b) If less than 12 mor  | nths, how many?  | months  |   |
| Check why it is les  | ss than 12 months  | : New owner: [] Did not kee   | p records: []   |
|  |  | New store: [] New machine   | e []  |
|  |  | Unopened store [] (date of  | expected opening  |
|  |  |   |   |

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: [L.] 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. A.A.F. DWY CLANGES Responsible Official Certification 10870 Winds 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. Print name of responsible official

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

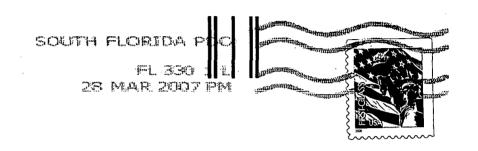
471887 MAR30 2007

TOTAL AMOUNT DUE: \$75.00

PANOT Remove Label

AIRS ID#112404
ANF DRY CLEANERS INC 10870 Wiles Road CORAL SPRINGS, FLORIDA 33069

Printed on recycled paper.



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

32315\$3070 B099

Inflatibilition filter filter from the first filter

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 457441 DEC 29 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

