



# 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

August 6, 2007

Ms. Chi Le  
Capital One Price Drycleaners  
6801 Martin Road  
Margate, Florida 33068

Re: Facility No.: 0112489-003:

Dear Ms. Chi Le:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 2007.

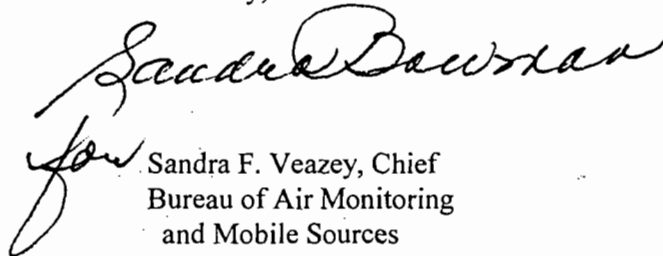
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra F. Veazey, Chief  
Bureau of Air Monitoring  
and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY .....  
EMISSION FEE DATES <sup>2000-2006</sup> .....  
SOC REPORTS .....  
COMP. STATUS - SNC MNC IN

TRPT-SOCR-Statement of Compliance  
Report - Broward Co - C Bittler

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JUL 02 2007 Part III. Notification of Intent to Use General Permit

Bureau 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):	CAPITAL 1 price d/c		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	HM-03705-06		
4. Facility Location:			
Street Address:	3177 N. STATE Rd 7		
City:	Margate	County:	Broward
	31	Zip Code:	33063
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112489-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	CHI - Le	Title:	owner.
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	6801 MARTIN Rd		
City:	MARGATE	County:	Broward
		Zip Code:	33068
8. Responsible Official Telephone Number:			
Telephone:	(954) 971-1975	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Le DRY CLEAN, INC		
10. Facility Contact Address:			
Street Address:	3177 N. STATE Rd 7		
City:	MARGATE	County:	BROWARD
		Zip Code:	33063
11. Facility Contact Telephone Number:			
Telephone:	(954) 675 6374	Fax:	( ) -

(d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.

1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.

2. Repair parts shall be installed within five working days of receipt.

(e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.

(f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

**(8) Local Program Requirements.** All facilities located within the borders of Duval County shall comply with the following additional requirements:

(a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and

(b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

**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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1996</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<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?

15 gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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

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.*

Chi-le  
Print name of responsible official

Chi-le  
Signature

6/27/07  
Date

# PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 03705

The name and address of the owner or operator;

0112489

Chi Le

Name of the owner or operator of the dry cleaning facility

6801 MARTIN L

Mailing address of the owner or operator of the dry cleaning facility

Mailing address line 2

MARIETTA  
City

GA 33068  
State Zip Code

The address (that is, physical location) of the dry cleaning facility;

CAPITAL 1 space D/C

Name of the dry cleaning facility

3177 N. STATE RD 7

Address of the dry cleaning facility (physical location)

Address line 2

MARIETTA  
City

GA 33067  
State Zip Code

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one:  No  Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one:  No  Yes

Is the Perc dry cleaning operation a major or area source?

Major Source: Perc consumption is greater than 2100 gallons/year

Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 105 gallons  
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one:  No  Yes

All information contained in this statement is accurate and true.

[Signature]  
Signature of the Responsible Official for the dry cleaning facility

By Registered Mail Send to: USEPA Region 4  
Air Toxics and Monitoring Branch  
61 Forsyth Street SW  
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection  
General Permits Section  
Bureau of Air Monitoring and Mobile Sources  
2600 Blair Stone Road, MS #5510  
Tallahassee, Florida 32399-2400

DISCLAIMER: You are required by rule to provide the above information; however, this form is not required and is only provided as a compliance tool.



To Whom It May Concern:

D/D/A CAPITAL ONE PLACE  
LE DRY CLEANERS

has

Name of Facility

just received, on SEPT-05- 2008, notice of

the need to file the attached form. Since we were not aware of the ruling requiring this information

prior to the date above, please accept this

information as our attempt to remain compliant

with Local, State and federal statutes.

RECEIVED  
SEP 08 2008  
Bureau of Air Monitoring  
& Mobile Sources



Signature

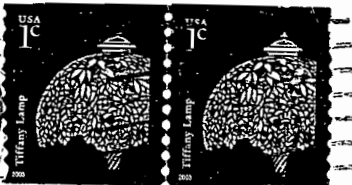
ETHI - Le

Print

PAES

Title

CAPITAL ONE price 1/2  
3177 W. STATE R17  
MARGATE FL 33063



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE  
SOURCES, MS 5510  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD

Tallahassee FL 32399-2400

9269566542 0001

Capital DC  
3177 N STATE ST  
MANASSA PC 22067



Florida Department of  
Environmental Protection  
Bureau of Air Monitoring  
2600 Blair Stone Road, MS #5510  
Tallahassee PC 32399-2400