

Department of Environmental Protection

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

David B. Struhs Secretary

July 26 2001

Mr. Mark Mills Sir Galloway Dry Cleaners 13007 Southwest 87 Avenue Miami, Florida 33176

Re: Facility No.: 0250685-002

Dear Mr. Mills:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 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/iw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.



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-Designee

February 7, 2007

Mr. Mark D. Mills Sir Galloway Dry Cleaners 13007 Southwest 87th Avenue Miami, Florida 33176

Re: Facility No.: 0250685-003

Dear Mr. Mills:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 5, 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 Veazey, Chief
Bureau of Air Monitoring

and Mobile Sources

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

0250685-002

4. New modimes at large one source
Mould be marked. Norbout Existing
machine at large area source and initial.
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:	COMMENTS:			
SECRETARY'S SIGNATURE				
DIV/DIST DIR SIGNATURE				
MY SIGNATURE				
YOUR SIGNATURE				
DUE DATE				
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:			

Co

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.

Fac	Facility Name and Location						
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Sir Galloway Dry Cleaners, Inc. 2. Site Name (For example, plant name or number):						
2.	2. Site Name (For example, plant name or number):						
	Sir Gallou	uay Dry Clean	ners				
3.	Hazardous Waste Generator	Identification Number:					
		8130806	·				
4.	Facility Location: Street Address: 13007 5	IN 87 AVE		· ·			
	City: Miami	County: FL	DANE	Zip Code: 33176			
				1			
5.	Facility Identification Numb			-010 C 000	,		
	ad was the basis.		1000	70685-002	ج.		
	sponsible Official Name and Title of Responsib	ble Official:	_ 				
6.	· •	ole Official.	Title: Doc				
6.	me: Mark Mills		Title: Pres	· .			
6.	me: Mark Mills Responsible Official Mailing	g Address:	Title: Pres	<u> </u>			
6. Nai	me: Mark Mills	g Address:	Title: Pres				
6. Nai	me: Mark Mills Responsible Official Mailing Organization/Firm: Sam	g Address:	Title: Pres	Zip Code:			
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7. 8.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore: (305) 255	County: one Number: 2-2000 est 7					
6. Nar 7. 8.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore: (305) 252	g Address: e as above County: one Number: 2-2000 est 7 om Responsible Official)	Fax: (305				
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6. Nai 7. 8. Fac 9.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore (305) 252 cility Contact (If different from Name and Title of Facility Contact Address: Street Address:	County: County: The second of the second o	Fax: (305	5) 255-596			
6. Nai 7. 8. Fac 9.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore: (305) 252 cility Contact (If different from Name and Title of Facility Contact Address:	g Address: e as above County: one Number: 2-2000 est 7 om Responsible Official)	Fax: (305				
6. Nai 7. 8. Fac 9.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore (305) 252 cility Contact (If different from Name and Title of Facility Contact Address: Street Address:	County: County: County: Com Responsible Official) Contact (For example, plant in the county:	Fax: (305	5) 255-596			
6. Nai 7. 8. Fac 9.	Responsible Official Mailing Organization/Firm: Sam Street Address: City: Responsible Official Telephore (205) 252 cility Contact (If different from Name and Title of Facility Contact Address: Street Address: City:	County: County: County: Com Responsible Official) Contact (For example, plant in the county:	Fax: (305	Zip Code:			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

low many dry-to-dry ma	•		
Pate 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")
March 1995	Existing	ew RC/CA/None required	same
March 1995	Existing/No	ew RC/CA/None required	<u>Same</u>
	Existing/No	ew RC/CA/None required	
CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	carbon adsorber
.(b) TRANSFER MAC	HINES ONLY		
Iow many washers do yo	u have on-site?		•
Iow many dryers/reclaim	iers do you have	on-site? [O]	
993, it is a NEW unit (n	ne was purchased to units purchased	d from the manufacturer between I d after September 22, 1993 are allo	December 9, 1991 and September 22 owed to operate under this general
nit. If the transfer machi 993, it is a NEW unit (n	ne was purchased to units purchased	d from the manufacturer between I	December 9, 1991 and September 22 owed to operate under this general
nit. If the transfer machi 993, it is a NEW unit (n ermit). For each transfer Date Initially Purchased	ne was purchased to units purchased er machine on-sit	d from the manufacturer between I d after September 22, 1993 are allower, please provide the following information Control Device Required*	December 9, 1991 and September 22 by tweed to operate under this general formation: Date Control Device Installed (if already included at time of
nit. If the transfer machi 993, it is a NEW unit (n ermit). For each transfer Date Initially Purchased	ne was purchased to units purchased er machine on-sit Status (circle one)	d from the manufacturer between I d after September 22, 1993 are allower, please provide the following inf Control Device Required* (circle one)	December 9, 1991 and September 22 by tweed to operate under this general formation: Date Control Device Installed (if already included at time of
nit. If the transfer machi 993, it is a NEW unit (n ermit). For each transfer Date Initially Purchased	sine was purchased to units purchased or machine on-site Status (circle one) Existing/New	d from the manufacturer between I d after September 22, 1993 are allowe, please provide the following inf Control Device Required* (circle one) RC/CA/None required	December 9, 1991 and September 22 by tweed to operate under this general formation: Date Control Device Installed (if already included at time of
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nit. If the transfer machi 993, it is a NEW unit (nermit). For each transfer pate Initially Purchased from Manufacturer CONTROL DEVICE KI (a) How much perchlor [409.5] gallor (b) If less than 12 mor	Existing/New	d from the manufacturer between I d after September 22, 1993 are allowe, please provide the following information 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 me this in)	December 9, 1991 and September 22 bwed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?
nit. If the transfer machi 993, it is a NEW unit (nermit). For each transfer pate Initially Purchased from Manufacturer CONTROL DEVICE KI (a) How much perchlor [409.5] gallor (b) If less than 12 mor	Existing/New	d from the manufacturer between I d after September 22, 1993 are allowe, please provide the following information 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 me in this in) months	December 9, 1991 and September 22 pwed to operate under this general formation: 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

3. What is the facility's source classification based on the definitions found indicate with an "X". Select one classification only.)	d in section (3) of Part II?
Small Area Source []	
Transfer only on-site (used less than 200 g	gallons of perc per year) gallons of perc per year) gallons of perc per year)
Large Area Source	
Transfer only on-site (used 200 - 1,800 ga	allons of perc per year) allons of perc per year) allons of perc per year)
4. What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	i) of Part II of this notification form?
	nes at smail area source d condenser []
	nes at large area source d condenser []
5. A facility which contains non-exempt emissions units shall not be elig Rule 62-213.300, F.A.C. Verify that all steam and hot water generating the exemption criteria or that no such units exist on-site (see attached memory).	inits on-site meet the following
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: [40] []	l .
No. 2 fuel oil No.	aral gas 4 fuel oil er (please list)
6. Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the	e 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	

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

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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 Do Not Surrender. Per SANDY © 850-921-958
<u> </u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the aits made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	ne of responsible official RECEIVED
Print nan	ne of responsible official
Meg	e JUN 1 9 2001/3-0/
Signatur	e Date Monitoring

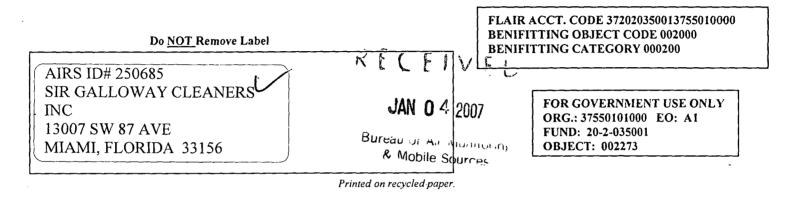
DEP Form No. 62-213.900(2)

Effective: 2/24/99

456741 JAN 3 2997

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

TOTAL AMOUNT DUE: \$50.00



SIR GALLOWAY DRY CLEANERS MIAMI, FL 33176

67709

250685 2007

12/28/06

50.00

50.00

AIRS ID# 250685

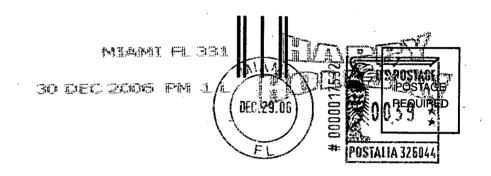
12/28/06

67709

DEPARTMENT OF ENVIRONMENTAL

\$50.00

SIR GALLOWAY DRY CLEANERS, INC. 13007 S.W. 87 AVE. MIAM!, FL 33176



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

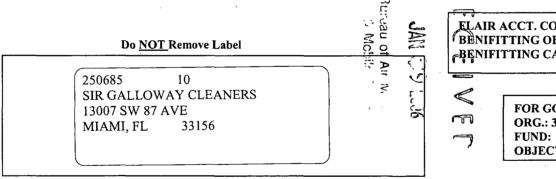
323i5+3070-70 B099

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

TOTAL AMOUNT DUE: \$50.00



Printed on recycled paper.

ELAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

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

OBJECT: 002273

 $443755\quad DEC27\,2894$ Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 250685 SIR GALLOWAY CLEANERS 13007'SW 87 AVE MIAMI, FL 33156

FOR GOVERNMENT USE ONLY ORG.: 37550101000 BO: A1 FUND: 20-2-035001

OBJECT: 002273

Printed on recycled paper.



434336 DEC45 2083 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

250685 MARK MILLS SIR GALLOWAY CLEANERS 13007 SW 87 AVE MIAMI FL 33176

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



MIAMI FL

33176

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.

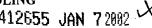
TOTAL AMOUNT DUE: \$50.00

420705 DEC16 2002

Do NOT Remove Label au of Air Monitoring
Mobile Sources AIRS ID#0250685 SIR GALLOWAY CLEANERS FOR GOVERNMENT USE ONLY MARK D MILLS Org.: 37550101000 EO: A1 13007 SW 87TH AVENUE Fund: 20-2-035001 Obj.: 002273

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SIR GALLOWAY DRY CLEANERS MIAMI, FL 33176	•			50484
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DEPARTMENT OF ENV	IRONMENTAL			
00250685 12/01/02	50.00	0.00	0.00	50.00





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 # 0250685 SIR GALLOWAY CLEANERS MARK D MILLS 13007 SW 87TH AVENUE MIAMI FL 33176

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

SIR GALLOWAY DRY CLEANERS MIAMI, FL 33176

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12/27/01

DEPARTMENT OF ENVIRONMENTAL

#0250685

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