

# 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 87<sup>th</sup> 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

EMISSION FEE DATES 96-2006
NO ACTIVITY FOR FACILITY......
SOC REPORTS ...
COMP. STATUS- SNC MNC (IN
12/21/2006

INS2-Compliance Tuspection
walk through

TNSP-Miami-Dade Co-Mmuthiah

RFCFIVE

SEP 2 5 2008

# To Whom It May Concern:

Bureau of Air Monttoning & Mobile Sources

Sir GALLOWAY Dry Cleaners, INC has Name of Facility
just received, on <u>sem. 19</u> 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.
MONDIS, Sir GALLOWAY Dry Cleaners Inc.  Signature  MANNIS, Sir GALLOWAY Dry Cleaners Inc.  Print  Presiden
Title

## PERCHLORUE I HYLENE (Perc) Dry Cleaning Notification to EPA & FLUEP 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: 9500167 0230685 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? 2 5 2000 The name and address of the owner or operator; Check one: Bureau of Air Monitorine Mark 14.45 Name of the owner or operator of the dry cleaning facility & Mobile Sources Is the Perc dry cleaning machine located in a building with no other tenants, 5/R Galloway 13001S. W. 81AU M. anni FL 33156 Mailing address of the owner or operator of the dry cleaning facility leased space, or owner occupants? Check one: Sh. Galleway Dry-Cleaners The 130015.W. 87 Ave. Mailing address line 2 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 address (that is, physical location) of the dry cleaning facility; The yearly Perc solvent consumption: 694 gallons (How much Perc did you buy over the last 12 months?) Sir GALLOWAY DRY CLEANERS, INC. Name of the dry cleaning facility Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322? 13007 560 87 AVE Address of the dry cleaning facility (physical location) Check one: All information contained in this statement is accurate and true. Address line 2 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

JAN 0 5 2007

PERCHLOROETHYLENE DRY CLEANER

\*\*Ureau of Air Monitoring\*\*

AIR GENERAL PERMIT NOTIFICATION FORM & Mobile Sources\*\*

#### 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.

1 E-114. O-1/C-114. All the Al
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sir Galloway Bry Cleaners, Inc
2. Site Name (For example, plant name or number):
5 ir Galloway Dry Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 118130806
4. Facility Location: 13007 5, W. 87th Ave Street Address: 13007 5, W. 87th Ave City: Hami County: Paper Manuzip Code: 33176
City: Hani County: PADEH WILL Zip Code: 33176
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Facility Identification Number (DEP use ONLY - do not fill the Company of the Com
Responsible Official
6. Name and Title of Responsible Official:
Name: Mark D. Mills Title: President
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 13007 3.W. 87th Avenue City: Warni County: Warni-Dade Zip Code: 33176
City: Marie County: Mani-Dade Zip Code: 33176
8. Responsible Official Telephone Number:
Telephone: (305) 252-2000 Fax: (305) 255-5961
Facility Contact (If different from Responsible Official)
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
Facility Contact (If different from Responsible Official)
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Mark D. Hells  10. Facility Contact Address:
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Wark D. Hells  10. Facility Contact Address:  Street Address:
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Wark D. Hells  10. Facility Contact Address:
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  **Mark D. Hells**  10. Facility Contact Address:  Street Address:  City:  County:  Zip Code:  11. Facility Contact Telephone Number:
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  **Mark D. Hells**  10. Facility Contact Address:  Street Address:  City: County: Zip Code:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### Facility Information

l.(a) DRY-TO-DRY M	ACHINES ONLY		·
How many dry-to-dry ma	chines do you hav	e on-site? [2]	
For each dry-to-dry mach	ine on-site, please	provide the following information	on:
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/Ne	RO/CA/None required	Same
	Existing/New	ROCA/None required	same
	Existing/Nev	w RC/CA/None required	
CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
l.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	n-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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	
2.(a) How much perchlo		frigerated condenser CA =  ave you used within the last 12 m this in)	
(b) If less than 12 mor	· -		
Check why it is les	ss than 12 months;	New owner: Did not kee	-
	•	New store: New machine	
		Unopened store [] (date of e	expected opening)

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

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
Small Area Source	•
Dry-to-dry machines only on-site 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 on-site 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 machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
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 to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
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
What type of fuel do you use? propane No. 2 fuel No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	addition log
(b) Leak detection inspection and repair	addition log
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	uitoring (
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  Imptly notify the Department of any changes to the information contained in this notification.
Print nam	e of responsible official
Signature	MADMIES Mesidies En Lallova, Dry Cleaners Tre