

### Department of Environmental Protection

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

David B. Struhs Secretary

September 21, 2001

Mr. Jerrold Ofgang Crest Quality Cleaners, Inc. 9200 Bird Road Miami, Florida 33165

Re: Facility No.: 0250694-002

Dear Mr. Ofgang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 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: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

fees Paid 96-00 Compleance MNC SOC 5

# 0250694-002

(a) Circle one selections under Control Device Required for each machine.

7. Add permit # of seurendered plinit.
If permit is not surrendered, mans
No Depair permits. ....

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:			

# PERCHLOROETHYLENE DRY CLEANER 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.

		cility Name and Location				
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
		CREST QUALITY CLEANERS, IPC.				
	2.	Site Name (For example, plant name or number):				
		9200 BIMO Rd. (Sw 40 H ST.)				
	3.	Hazardous Waste Generator Identification Number:				
=	Á	139500728				
	4.	Facility Location: Street Address: 9200 Bind Local				
		City: MIMMI County: DADE Zip Code: 33/65				
	5.	Facility Identification Number (DEP Use ONLY - do not fill in):				
		0250694-002				
		sponsible Official				
		Name and Title of Responsible Official:				
	Naı	me: JERROLD OFGANG Title: U-PRES				
	7.	Responsible Official Mailing Address: Organization/Firm:				
		Street Address: — SAMC —				
	!	City: Zip Code:				
	8.	Responsible Official Telephone Number:				
		Telephone: 305) 226-223/ Fax: (305) 228-5227				
	Fac	cility Contact (If different from Responsible Official)				
		Name and Title of Facility Contact (For example, plant manager):				
	10	T. 37 O				
	10,	Facility Contact Address:				
_	ر ـ	Street Address:				
		City: Zip Code:				
	11.	Facility Contact Telephone Number:				
		Telephone: ( ) - Fax: ( ) -				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Multimatic ON. LINE Aero- Fech OFF-LINE **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New() RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber (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 manufactured 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: Control Device Required\* Date Initially Purchased Status 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 KEY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [150] gallons (You must fill this in) ( parches & D ) (6) If less than 12 months, how many? [\_\_\_\_] months

DEP Form No. 62-213.900(2)

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New store: New machine

Unopened store [ \_\_\_] (date of expected opening

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  Indicate with an "X". Select one classification only.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  Transfer only on-site (used less than 200 gallons of perc per year)  Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source [V] 1508 150 garlows for 2000
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  Transfer only on-site (used 200 - 1,800 gallons of perc per year)  Both machine types on-site (used 140 - 2,100 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED)  [ ] New machines at small area source Refrigerated condenser [ ] Purchase
Existing machines at large area source Carbon adsorber Refrigerated condenser  [ ] New machines at large area source Refrigerated condenser [ ] /999 F
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
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: 30
What type of fuel do you use?  [] No. 2 fuel oil  [] No. 4 fuel oil  [] No. 6 fuel oil  [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
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 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:
K	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 notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.  The control of this notification.  Description:  Description:

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.

Fac	Facility Name and Location					
1.						
	CREST QUALITY CLEANERS, INC.					
2.	Site Name (For example, plant name or number):					
	9200 BIAD Rd. (Sin 40+9 ST.)					
3.	Hazardous Waste Generator Identification Number:					
<b>\_</b>	139500728					
4.	Street Address: 01200 Bind Local					
	City: MIMMI County: DADE Zip Code: 33/65					
5:	Facility Identification Number (DEP Use ONLY - do not fill in):					
	10 10 10 10 10 10 10 10 10 10 10 10 10 1					
Re	sponsible Official					
	Name and Title of Responsible Official:					
Na	me: JERROLD OFGANG Title: 11- PRES					
7.,	Responsible Official Mailing Address: Organization/Firm:					
	Street Address: - 5 Ame -					
	City: County: Zip Code:					
8.	Responsible Official Telephone Number:					
	Telephone: $305)226-2231$ Fax: $(305)226-5221$					
Fa	cility Contact (If different from Responsible Official)					
	Name and Title of Facility Contact (For example, plant manager):					
10						
10.	Facility Contact Address:					
	Street Address:					
· <u>L.</u>	City: Zip Code:					
11.	Facility Contact Telephone Number:					
	Telephone: ( ) - Fax: ( ) -					

DEP Form No. 62-213.900(2)

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Multimatic ON-LINE Aero-Tech OFF-LINE **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New? RC/CA/None required RC/CA/None required Existing/New \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber (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: Control Device Required\* Date Initially Purchased Status 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 KEY: CA = carbon adsorber RC = refrigerated condenser 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [150] gallons (You must fill this in) ( parches & D) (b) If less than 12 months, how many? [\_\_\_\_] months, Check why it is less than 12 months: New owner: Did not keep records: Did not keep records: New store: [ ] New machine [ ]

DEP Form No. 62-213.900(2)

Effective: 2/24/99

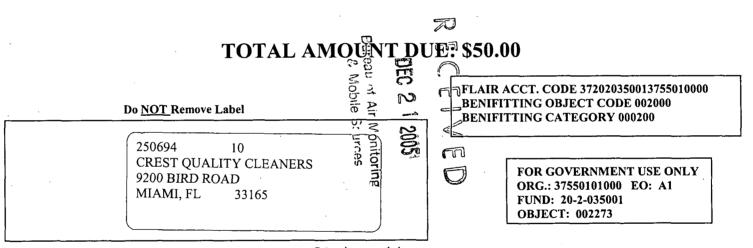
Unopened store [ ] (date of expected opening \_\_\_\_\_

	cility's source classification an "X". Select one class		definitions found in s	section (3) of Par	t II?	a.	
Small A	rea Source					*	
·	Dry-to-dry machines on Transfer only on-site Both machine types on-s	(use	d less than 140 gallor d less than 200 gallor d less than 140 gallor	ns of perc per yea	ar)		
Large A	rea Source	15	1500 1500	gallois	for	2000	
	Dry-to-dry machines on Transfer only on-site Both machine types on-s	(use	d 140 - 2,100 gallons d 200 - 1,800 gallons d 140 - 1,800 gallons	of perc per year of perc per year	) )		
4. What control t	echnology is required on an "X".)	machines pursu	ant to section (5) of	Part II of this not	ification f	orm?	
	machines at small area s	source	New machines a Refrigerated cor	nt small area sour ndenser [	<u>ce</u> ]	purchas	23
Carbon	machines at large area s adsorber [] ated condenser []	ource   	New machines a Refrigerated con	nt large area sour		199 F 199	
Rule 62-213.300	ch contains non-exempt of F.A.C. Verify that all side or that no such units ex	team and hot wa	iter generating units	on-site meet the		irsuant to	
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	rs do you have on-site?	2					
For each boiler, i	indicate its horsepower (F	HP) rating: $30$		:			
What type of fue		propane No. 2 fuel oil No. 6 fuel oil	natural g No. 4 fue		· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
6. Equipment Mo	onitoring and Recordkeep	oing Information	1		1,		
Check all logs w	hich are required to be ke	ept on-site in acc	cordance with the req	uirements of this	general p	ermit:	
(a) Purchase rece	eipts and solvent purchase	es/solvent addition	on log	W			
(b) Leak detection	n inspection and repair			[ ]			
(c) Refrigerated	condenser temperature m	onitoring					
(d) Carbon adsor	ber exhaust perc concent	ration monitorin	ıg ·			4	
(e) Startup, shut	down, malfunction plan-	And the second second	Valoria de Maria de La Carta de Carta d		286		
	· Land Date South	, 30:					

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

	7. 0	Juli Clidel O	Disting Del An Terminas
	Ple	ase in jicate	with an "X" the appropriate selection:
Ó	/	1	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. I wish to continue of em7 (one cursus)  Official Certification & STING PRIMET (CROTIFICATE)
,	Res	sponsible C	official Certification & STIPS FUNCTION FOR COST & CARLOTTE CO
		this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in action. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
	₹	JERRO	apply notify the Department of any changes to the information contained in this notification.  The first of responsible official  The contained in this notification.
		Gignature	6/30/0/ Date

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



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

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID# 250694 10 CREST QUALITY CLEANERS 9200 BIRD ROAD MIAMI, FL 33165

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DAN A TOMORION NODING SOURCES

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

CREST QUALITY CLEANERS, INC.

Department of Environmental Protection License Fees

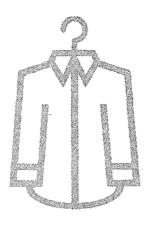
Title V Air Rights/due Jan 15

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12/31/2004

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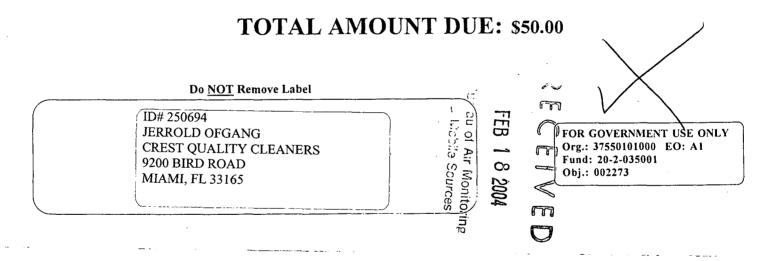
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  ID# 250694  JERROLD OFGANG  CREST QUALITY CLEANERS  9200 BIRD ROAD  MIAMI, FL 33165  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.    4. Restricted Delivery. Festivation on DELIVERY  A. Signature  A. S		
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.  1. Article Addressed to:  ID# 250694  JERROLD OFGANG  CREST QUALITY CLEANERS  9200 BIRD ROAD  MIAMI, FL 33165  3. Service Type  M Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.  4. Restricted Delivery Address Mail □ C.O.D.  2. Article Number  (Transfer from service label)  7□□3 22님□ □□3 5님 1 15□2 □ Yes	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to:  If YES, enter delivery address below:  If YES, enter delivery address below:  No  Septice Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  Restricted Delivery?  Yes  2. Article Number  (Transfer from service label)  7003 2260 0003 5651 1502	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,	B. Received by ( Printed Name)  C. Date of Delivery
JERROLD OFGANG CREST QUALITY CLEANERS 9200 BIRD ROAD MIAMI, FL 33165  3. Service Type Certified Mail	Article Addressed to:	
2. Article Number (Transfer from service label) 7003 2260 0003 5651 1502 Yes	JERROLD OFGANG CREST QUALITY CLEANERS 9200 BIRD ROAD	Certified Mail  Express Mail
2. Article Number (Transfer from service label) 7003 2260 0003 5651 1502	,	☐ Insured Mail ☐ C.O.D.
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UNITED STATES POSTAL SERVICE



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

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CARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION TO
MAIL STATION 5510
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TALLAHASSEE, FLORIDA 32399-2405 ARM/MOBILE SOURCL
DEPT. OF ENVIRONMENTAL FINAL MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 Sources

O C



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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**

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250694 JERROLD OFGANG CREST QUALITY CLEANERS 9200 BIRD ROAD MIAMI FL 33165

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

#### **CREST QUALITY CLEANERS, INC.**

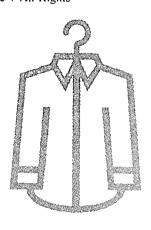
Department of Environmental Protection License Fees

Title V Air Rights

12/15/2003

2429

50.00



City National Bank

Title V Air Rights - General Permit #250694

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**

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AIRS ID # 0250694 CREST QUALITY CLEANERS JERROLD OFGANG 9200 BIRD ROAD MIAMI FL

FOR GOVERNMENT USE ONLY

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

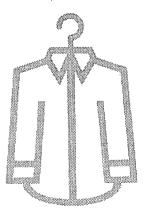
Obj.: 002273

#### CREST QUALITY CLEANERS, INC.

Department of Environmental Protection License Fees

33165

AIRS 250694

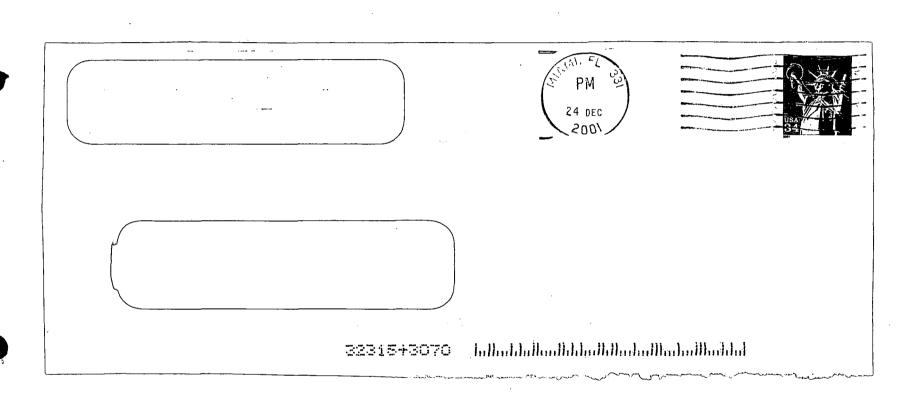


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12/21/2001

50.00

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#0250694

CREST QUALITY CLEANERS JERROLD OFGANG 9200 BIRD ROAD MIAMI FL 33165

FOR GOVERNMENT USE ONLY

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

Obj.: 002273