BEST AVAILABLE COPY



Department of Environmental Protection

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

Colleen M. Castille Secretary

November 6, 2006

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

Re: Facility No.: 0250694-003

Dear Mr. Ofgang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 2006.

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,

Errin Pichard, Acting Chief Bureau of Air Monitoring and Mobile Sources

EP/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

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INS2-Compliance Inspection
Walkthrough-2/16/2006
INSP-Miami-DadeCo-Mmulhiah

To Whom It May Concern:

Crest Qual	ity Cleans.	has
just received, or	ne of Facility,	2008, notice of
the need to file	the attached form.	Since we were
not aware of the	e ruling requiring th	nis information
prior to the date	above, please acce	ept this
information as	our attempt to rema	in compliant
with Local, Sta	te and federal statut	es.

Signature

Print

Title

PERCHLOROETHYLENE (Perc) Dry C Each owner or operator of a Perc dry cleaning facility shall submit to the E notification of compliance status providing the following information and s	PA and FLDEP by registered mail on or before July 28, 2008 a S
The name and address of the owner or operator; Jerrold Ogene Name of the owner or operator of the dry deaning facility Mailing address of the owner or operator of the dry cleaning facility Mailing address line 2 The address (that is, physical location) of the dry cleaning facility; Cest Quality Alexands Name of the dry cleaning facility Address of the dry cleaning facility (physical location) Mimm Pallo	Is the Perc dry cleaning machine located in a building with a residence 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: (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.
City State Zip Code By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	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



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):
CREST Qualify
2. Site Name (For example, plant name or number):
1,
3. Hazardous Waste Generator Identification Number:
750694
4. Facility Location:
Street Address: 9200 Bird Roar City: County: Dan Zip Code: 32/6
MIT WITH STOP
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0250694-00
Responsible Official
6. Name and Title of Responsible Official: Belkin SANCHEZ, General Manage
6. Name and Title of Responsible Official: Belkin SANCHEZ General Manage Name: Oerrold Of Gang Title: 7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address:
Organization/Firm: 9200 Bird Road Street Address:
City: Mirami, El. County: DADE Zip Code: 33165
8. Responsible Official Telephone Number:
Telephone: (305) 326-223(Fax: (505) \$226 5221
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Belkis Sanchez, General Manage
Delkis surenet Governo Manage
10. Facility Contact Address:
Street Address: (SAME)
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - (Same) Fax: () -

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

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3.500(*L*)

Facility Information

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

How	many	dry-	to-dry	machines	ďΩ	VOII	have	on-site	7
TIOM	many	ui y-	to-at y	Illacillines	uu	you	11avC	OH-SHC:	÷



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")
9/ 700 199	Existing/Ne	w RC/CA/None required	Re /ca
2/2006	ExistingNe	RC/CA/None required	RC/CA
•	Existing/Ne	w RC/CA/None required	· .
CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	= carbon adsorber
.(b) TRANSFER MAC	HINES ONLY	NA	
low many washers do yo	ou have on-site?	. []	•
mit. If the transfer machine	as britcuased fidu	I from the manufacturer between	December 9, 1991, it is an EXISTIN
993, it is a NEW unit (n	o units purchased		owed to operate under this general
993, it is a NEW unit (nermit). For each transference of the control of the contr	o units purchased	l after September 22, 1993 are all	owed to operate under this general
993, it is a NEW unit (nermit). For each transference of the control of the contr	o units purchased er machine on-site Status	l after September 22, 1993 are all e, please provide the following in Control Device Required*	owed to operate under this general formation: Date Control Device Installed (if already included at time of
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993, it is a NEW unit (nermit). For each transferentially Purchased from Manufacturer CONTROL DEVICE K. (a) How much perchlor [270] gallor (b) If less than 12 mor	o units purchased or machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New (circle one)	after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 rethis in)	owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

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

3. What is the facility's source classification based on the definition in TX". Select one classification only.)	initions found in section (3) of Part II?
Small Area Source	
Transfer only on-site (used le	ss than 140 gallons of perc per year) ss than 200 gallons of perc per year) ss than 140 gallons of perc per year)
Large Area Source	,
Transfer only on-site (used 20	40 - 2,100 gallons of perc per year) 00 - 1,800 gallons of perc per year) 40 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant (Indicate with an "X".)	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 units sha Rule 62-213.300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site (see atta	generating units 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: [50]	30
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas No. 4 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accord	lance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition l	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Startup, shutdown, malfunction plan	

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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
	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 v I will pro	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 ts 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. Degangement of responsible official Date

Krest Quality Cleaners 9200 Sw Bird Road Mioni Fl



General Permit Section Burev of Air Monitoring and Mobile Sources, MS 55/0 Department of Environmental Protection 2600 Blain Stone Road

allahassee, F1 32399tallantahallidahaldanlantahahalaldahaldahal

2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466387 DEC22206

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Prost avally Cleaners
9200 SW 40 St
Minni Pl 83165

MIAMI FL 331

11 SEP 2008 PM 2 T

LET US DARE TO MEA42
THINK, SPEAK A WRI
John Adams, 17
poweroftheie

Florida Department of Guviron next Protescion. General Permits Sestion Barear of Air Honitoring and Mobile 2600 Blair Stone Road, 43 # 5510 Talla halsola Milkarian 1927 1919 191900