

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

July 28, 2006

Ms. Gabriela Akerman  
The French Valet  
948-41<sup>st</sup> Street  
Miami Beach, Florida 33140

Re: Facility No.: 0250709-003

Dear Ms. Akerman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 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,

  
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

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BEST AVAILABLE COPY

COMP. STATUS - SNC  MNC  INS

EMISSION FEE DATES 196-2005

NO ACTIVITY FOR FACILITY

SOC REPORTS 4

*INS 2 - Compliance Walkthrough  
Jasp - Miami Dade Co - NM*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
EJUN 26 2006  
Bureau of Air, Environment  
& 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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GABRYCK CORPORATION		
2. Site Name (For example, plant name or number):	THE FRENCH VALET		
3. Hazardous Waste Generator Identification Number:	0250709		
4. Facility Location:	Street Address: 948-41 <sup>st</sup> street.		
	City: MIAMI BEACH	County: DADE	Zip Code: 33140.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250709-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: GABRIELA ARERMAN Title: PRESIDENT.		
7. Responsible Official Mailing Address:	948-41 <sup>st</sup> street.		
	Organization/Firm:	Street Address:	City: MIAMI BEACH County: DADE Zip Code: 33140.
8. Responsible Official Telephone Number:	Telephone: (305) 672 4151 Fax: ( ) - .		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: ( ) - . Fax: ( ) - .		



**Facility Information**

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

How many dry-to-dry machines do you have on-site? 1

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>1992</u>	Existing/ <u>New</u>	<u>RC/CA/None required</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? 20

How many dryers/reclaimers do you have on-site? 20

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?**

137 gallons (You must fill this in)

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

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

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 - 1,800 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

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 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  OR  
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?

propane

natural gas

No. 2 fuel oil

No. 4 fuel oil

No. 6 fuel oil

Other (please list)

ELECTRICAL

#### 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

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.

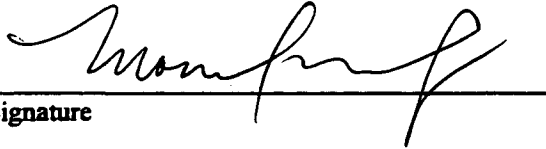
**Responsible Official Certification**

*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.*

GABRIELA M. SAVICH AKERMAN

Print name of responsible official



Signature

06-23-06

Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:15 TIME OUT: 10:50 AIRS ID #: 0250709  
 TYPE OF FACILITY: Peric Dry CLEANING  
 FACILITY NAME: The French Valet Cleaner DATE: 3/29/06  
 FACILITY LOCATION: 94B 41<sup>st</sup> Miami Beach  
 RESPONSIBLE OFFICIAL: GARRIELA ABERMAN PHONE NUMBER: 305-672-4151

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENTS/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: No leaks, Records available

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/07 (Approximate)

INSPECTION CONDUCTED BY: TERRENCE ANDERSON (Please Print)

INSPECTOR'S SIGNATURE: *Terrence Anderson*

AIRS ID # 0250709

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The French Valet Cleaners DATE: 3/29/06  
 FACILITY LOCATION: 948 41 STREET Miami Beach

Annual Reporting Period: 3/29/05 20 TO 3/29/06 20

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
 \_\_\_\_\_  
 Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
 \_\_\_\_\_

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloreethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: GABRIELA M. SANCHEZ [Signature] 03-29-06  
 Name (Please Print) Signature Date

\* This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**Bowman, Sandy**

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**From:** Tart, Cecily  
**Sent:** Friday, May 30, 2008 11:15 AM  
**To:** Dibble, Dickson  
**Cc:** Bowman, Sandy  
**Subject:** FW: 0250709

**Cecily N. Tart**  
Title V Section  
Bureau of Air Regulation  
Florida Department of Environmental Protection  
Phone: (850) 488-1906  
Fax: (850) 921-9533  
[cecily.tart@dep.state.fl.us](mailto:cecily.tart@dep.state.fl.us)

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**From:** Gordon, Ray (DERM) [mailto:[GordoR@miamidade.gov](mailto:GordoR@miamidade.gov)]  
**Sent:** Friday, May 30, 2008 10:34 AM  
**To:** Tart, Cecily  
**Subject:** 0250709

The above facility is no longer in operation. Please update ARMS accordingly

*Ray A. Gordon*  
*Special Projects Administrator*  
*Office: 305-372-6925*  
*[gordor@miamidade.gov](mailto:gordor@miamidade.gov)*

**"Delivering Excellence Every Day"**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 466197 DEC 19 2006

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 250709  
GABRICK CORP  
948 41st Street  
MIAMI BEACH, FLORIDA 33140

Mobile Sources  
" Air Monitoring

DEC 19 2006

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INVED

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

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273