

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. Pascual M. Moreno Regal One Hour Cleaners, Inc. 4122 Palm Avenue Hialeah, Florida 33012

Re: Facility No.: 0250722-002

Dear Mr. Moreno:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



JUL 1 6 2003

Air Quality

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ision

Part III. N	lotification of Intent to	o Use General PermiMan	lagement Div
Bureau of Air Monitoring			
& Mobile Sources	•		
Prior to filling out this form,	, please read the instruction	ns 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): REGAL ONE HOUR CLEANERS INC 2. Site Name (For example, plant name or number): REGAL CLEANERS 3. Hazardous Waste Generator Identification Number: FLD 052 136 484 4. Facility Location: Street Address: 4/80 PHLM AVE City: HIALEAH County: MIAMI - DADE Zip Code: 330/7 Faculty Identifications Number (DER USE (ON INTEGRO TO STILL in): Responsible Official 6. Name and Title of Responsible Official: Name: PASCUAL M MORENO Title: PRESIDENT 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2211 NW 163 ST City: MIAMI LHICES County: MIAMI-DADE Zip Code: 330/6 8. Responsible Official Telephone Number: Fax: (305) 231-8392 Telephone: (305) 822 - 623/ Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: (Fax: ()

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MA	CHINES ONL	Y	,
How many dry-to-dry mac	hines do you hav	ve on-site?	
For each dry-to-dry machi	ne on-site, please	e 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")
FUTURE 2004	L Existing (Ne	RCCA/None required	SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE KE	RC = r	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY	·	
How many washers do you	u have on-site?	[]	
unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer	as purchased from the was purchased to units purchased to machine on-sit	I from the manufacturer between a after September 22, 1993 are all e, please provide the following in	
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 KI	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
2.(a) How much perchlor [95,9] gallor		have you used within the last 12	months?
		* *	
(b) If less than 12 mor		· · · ·	an records: 1
Check why it is les	oo ulali 12 iilOillii	s: New owner: [] Did not ke New store: [] New machi	
	:	Unopened store [] (date of	

3. What is the facility's source class Indicate with an "X". Select of	sification based o	on the defi only.)	nitions found in section (3) of Part	: П?
Small Area Source	(X)			
Dry-to-dry mach Transfer only on Both machine ty	-site	(used le	ss than 140 gallons of perc per yea ss than 200 gallons of perc per yea ss than 140 gallons of perc per yea	r)
Large Area Source	1			
Dry-to-dry mach Transfer only on Both machine ty	-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 requ (Indicate with an "X".)	ired on machines	pursuant	to section (5) of Part II of this not	fication form?
Existing machines at sma (NONE REQUIRED)	ll area source		New machines at small area source Refrigerated condenser	<u>:e</u>
Existing machines at larg Carbon adsorber Refrigerated condenser	e area source		New machines at large area source Refrigerated condenser	<u>e</u>
5. A facility which contains non-e Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such	nat all steam and	hot water	generating units on-site meet the f	permit pursuant to ollowing
All steam and hot water generating	g units exempt	[] [<u>X</u>]	OR	
How many boilers do you have on-	-site? []	,		
For each boiler, indicate its horsep	ower (HP) rating	: [2] [
What type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue		[X] natural gas [No. 4 fuel oil [No. 2 fuel oil [No. 4 fuel oil	
6. Equipment Monitoring and Rec	ordkeeping Infor	mation		
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 p				
(b) Leak detection inspection and	repair		<u>[X]</u>	
(c) Refrigerated condenser temper	ature monitoring			
(d) Carbon adsorber exhaust perc	concentration mo	nitoring	[]	
(e) Startup, shutdown, malfunction	n plan	*	[<u>X</u>]	

7. Surrender of	f Existing DEP Air Permit(s)	
Please indicate	e with an "X" the appropriate selection:	
<u> </u>	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are	1
	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.

PASCUAL M. MORENO.

Print name of responsible official

Signature

7-14-03

Date

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

THE SOLICE SOLIC 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	ility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, ag	ency, o	r indi	vidual owner):	
	REGAL ONE HOUR CLEANER. Site Name (For example, plant name or number):	<u>s</u> /	W (<u> </u>	
2.	Site Name (For example, plant name or number):				
	·				
3.	Hazardous Waste Generator Identification Number:				
	FLD 052 586 484				
4.	Facility Location: Street Address: 4122 PACM BVE				
	City: HIPLEANS County: DADE			Zip Code: 330/2	
5.	Facility Identification Number (DEP Use ONLY - do not f	ill in):			
			0	250422-00))
			<u>با کی ا</u>		<u> </u>
Res	ponsible Official				
6.	Name and Title of Responsible Official:				
Nar	ne: DASCUAL M. MORENO	Title	PR	16510GNJ	
7.	Responsible Official Mailing Address:			1	
	Organization/Firm: Street Address:				
 	City: County:			Zip Code:	
R	Responsible Official Telephone Number:				_
°.	Telephone: (305) 822 - 623 1	Fax:	() -	
			<u> </u>	· · · · · ·	
Fac	ility Contact (If different from Responsible Official)				
	Name and Title of Facility Contact (For example, plant ma	anager)):		
ļ				•	
10.	Facility Contact Address:				
	Street Address:			•	
	City: County:		*	Zip Code:	
	y. County.				
11.	Facility Contact Telephone Number:				
	Telephone: () -	Fax:	() -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

			5
Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONLY	·	
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informati	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")
IMAY 1986	Existing Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	<u> </u>
	Existing/Nev	w RC/CA/None required	
	_		
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclain	ners do you have or	n-site?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	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	
*CONTROL DEVICE KI	EY: RC ≈ re	frigerated condenser CA =	= carbon adsorber
	roethylene (perc) h	nave you used within the last 12 this in)	months?
(b) If less than 12 mor	nths, how many? [] months	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 []
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) [X] 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [15] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] 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 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 DET All Termin(s)	
Please indicat	te with an "X" the appropriate selection:	
	this notification form; the permit numb	AG
	form.	the operation of the facility indicated in this notification
Responsible	Official Certification	
this notifi statement maintain comply w	ication. I hereby certify, based on inform ts made in this notification are true, accu the air pollutant emissions units and air with all terms and conditions of this gener	defined in Part II of this form, of the facility addressed in lation and belief formed after reasonable inquiry, that the rate and complete. Further, I agree to operate and pollution control equipment described above so as to all permit as set forth in Part II of this notification form. The second of the information contained in this notification.
PASC	WAL M. MORENO	
	ne of responsible official	-
	and 80/. 80/ and	6-13-200/
Signature	· / /	Date

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM	•
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM	ORE
Part III. Notification of Intent to Use General Permit	
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Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
REGAL ONE HOUR CLEANERS INC	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	┪
FLD 052 586 484	
4. Facility Location: Street Address: 4/22 PALM AVE	7
City: HIPLEAN County: DADE Zip Code: 330/2	
5. Facility Identification Number (DEP Use ONLY - do not fill in): $QQ = QQ$	
Responsible Official	-
6. Name and Title of Responsible Official:	٦
Name: PASCUAL M. MORENO Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm:	7
Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (305) 822 - 623 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: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

For each dry-to-dry machi		ve on-site?	THE WILL SEE IN THE VIEW
	ne on-site, please	provide the following information	in the second
Date Initially Purchased From Manufacturer	Status (circle oné)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
MAY 1986	Existing Ne	w RC/CA/None required	
·	Existing/Ne	w RC/CA/None required	<u></u>
	Existing/Ne	w RC/CA/None required	The state of the s
*CONTROL DEVICE KE	Y: RC = rc	efrigerated condenser CA = c	arbon adsorber
1 (L) TD ANGEED MACU	IINES ONI V		
1.(b) TRANSFER MACH			
How many washers do you	have on-site?		
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased o units purchased	the manufacturer prior to or on De from the manufacturer between De after September 22, 1993 are allow	cember 9, 1991 and Septembered to operate under this generate
	r machine on-site	, please provide the following infor	
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	
From Manufacturer	Existing/New	(circle one) RC/CA/None required	(if already included at time o
From Manufacturer			(if already included at time o
From Manufacturer	Existing/New	RC/CA/None required	(if already included at time o
From Manufacturer	Existing/New Existing/New	RC/CA/None required RC/CA/None required	(if already included at time o
*CONTROL DEVICE KE	Existing/New Existing/New Existing/New	RC/CA/None required RC/CA/None required RC/CA/None required	(if already included at time o
*CONTROL DEVICE KE	Existing/New Existing/New Existing/New Y: RC = re	RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser CA = c	(if already included at time o purchase, write "SAME")
*CONTROL DEVICE KE	Existing/New Existing/New Existing/New Y: RC = report of the control of the cont	RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser	(if already included at time o purchase, write "SAME")
*CONTROL DEVICE KE	Existing/New Existing/New Existing/New Y: RC = report of the report of t	RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser	(if already included at time o purchase, write "SAME")
*CONTROL DEVICE KE 2.(a) How much perchloro //7 gallon (b) If less than 12 mont	Existing/New EXIST	RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser	(if already included at time o purchase, write "SAME") arbon adsorber nths?
*CONTROL DEVICE KE 2.(a) How much perchloro //7 gallon (b) If less than 12 mont	Existing/New EXIST	RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser	(if already included at time o purchase, write "SAME") arbon adsorber nths?

What is the facility's source cla Indicate with an "X". Select			nitions found in section (3) o	of Part II?
Small Area Source	(X)	9 1.1	to one may are temperated go	Same of the same of the
	thines only on-site on-site ypes on-site	(used les	s than 140 gallons of perc p s than 200 gallons of perc p s than 140 gallons of perc p	er year)
Large Area Source	نـــا			
Dry-to-dry mac Transfer only o Both machine t		(used 20	0 - 2,100 gallons of perc per 0 - 1,800 gallons of perc per 0 - 1,800 gallons of perc per	r year)
4. What control technology is required (Indicate with an "X".)	uired on machines	pursuant t	o section (5) of Part II of th	is notification form?
Existing machines at sm (NONE REQUIRED)	all area source		New machines at small area Refrigerated condenser [<u>í source</u>
Existing machines at lar Carbon adsorber Refrigerated condenser	ge area source		New machines at large area Refrigerated condenser [source }}
5. A facility which contains non-Rule 62-213:300, F.A.C. Verify exemption criteria or that no such All steam and hot water generation No such units on-site	that all steam and insunits exist on-site	hot water g (see attac	generating units on-site mee hed memo for the criteria).	eneral permit pursuant t t.the following the wat the form the last the transfer
How many boilers do you have or	n-site?	•		
For each boiler, indicate its horse	power (HP) rating:	151		
What type of fuel do you use?] propane] No. 2 fue] No. 6 fue	el oil el oil	No. 4 fuel oil Other (please list)	·
6. Equipment Monitoring and Re				
Check all logs which are required			ance with the requirements of	of this general permit:
(a) Purchase receipts and solvent	_		·	be mad Server Learner
(b) Leak detection inspection and	-			
(c) Refrigerated condenser tempe	•			
(d) Carbon adsorber exhaust perc	-	nitoring	,	
(e) Startup, shutdown, malfuncti				
	ing in the			
Auditson is merell	ended Jana	ing a second		

7. Surrender o	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate selection:		
PA	I hereby surrender all existing DEP air pethis notification form; the permit number	permits authorizing operation of the facility indicated ar(s) are	in
	No DEP air permits currently exist for th form.	he operation of the facility indicated in this notification	'n
Responsible	Official Certification		
·			
this notifi statement maintain comply w	ication. I hereby certify, based on informa ts made in this notification are true, accura the air pollutant emissions units and air po vith all terms and conditions of this general	lefined in Part II of this form, of the facility addressed atton and belief formed after reasonable inquiry, that atte and complete. Further, I agree to operate and collution control equipment described above so as to all permit as set forth in Part II of this notification form	the
	While My MORENO	es to the information contained in this notification.	
	ne of responsible official		
Signature	20/ 80/ an	<u>6-13-200/</u> Date	
	1 81 W/m	6-27-2001	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 444754 JAN20205

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# 250722 10 REGAL CLEANERS 4180 Palm Avenur HIALEAH, FL 33012

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

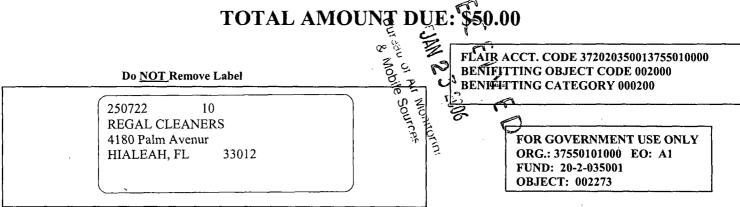
ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458225 JAN19286

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



Printed on recycled paper.



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

250722 PASCUAL MORENO REGAL CLEANERS 8215 NW 163 ST MIAMI LAKES FL 33016 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO. Al Fund: 20-2-035001 Obj.: 002273



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

Do NOT Remove Label

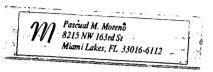
AIRS ID#0250722

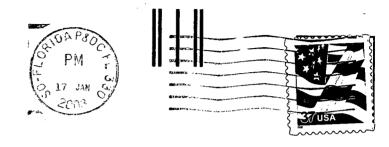
REGAL ONE HOUR CLEANERS PASCUAL M MORENO 4122 PALM AVE HIALEAH FL 33012 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

421992 JAN212003





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



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

Do NOT Remove Label

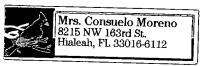
AIRS ID # 0250722
REGAL ONE HOUR CLEANERS
PASCUAL M MORENO
4122 PALM AVE
HIALEAH FL
33012

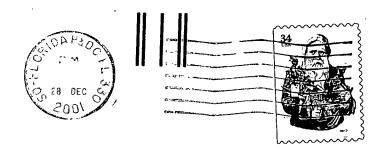
41241**0** DEC312001

FOR GOVERNMENT USE ONLY

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

Obj.: 002273





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

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Inthodollar Mahalan Ma