



# 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

April 30, 2007

Mr. Jodie Perez  
Dry Clean USA  
3890 Bird Road  
Miami, Florida 33146

Re: Facility No.: 0250786-003

Dear Mr. Perez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 23, 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

NO ACTIVITY FOR FACILITY .....  
EMISSION FEE DATES 9/6/2004...  
SOC REPORTS 4.....  
COMP. STATUS- SNC MNC

Insp- InS2- Compliance Inspection  
walk through  
Insp- Miami-Dade Co - mmuthiah

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
MAR 23 2007  
Bureau of Air Monitoring  
& 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): <b>DRY CLEAN USA</b>
2. Site Name (For example, plant name or number): <b>72091</b>
3. Hazardous Waste Generator Identification Number: <b>FLD981031065</b>
4. Facility Location: Street Address: <b>3800 BIRD RD</b> City: <b>MIAMI</b> County: <b>MIA DADE</b> Zip Code: <b>33146</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0250786-003</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>JODIE PEREZ</b> Title: <b>REGIONAL MGR</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>DRY CLEAN USA</b> Street Address: <b>7402 SW 117 AVE</b> City: <b>MIAMI</b> County: <b>MIA DADE</b> Zip Code: <b>33183</b>
8. Responsible Official Telephone Number: Telephone: <b>(305) 412-7444</b> Fax: <b>(305) 412-7400</b>

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? [ 2 ]

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")
_____	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	SAME
_____	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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?

[ 1030 ] 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".)

- |   |  |
|---|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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?  1

For each boiler, indicate its horsepower (HP) rating: 600

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) \_\_\_\_\_

#### 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.*

JODIE PEREZ  
Print name of responsible official

[Signature]  
Signature

3/22/07  
Date

BEST AVAILABLE COPY

PLEASE TYPE OR PRINT  
FOR SHIPMENTS WITHIN U.S. ONLY

FROM  
DRYCLEAN USA  
7429 SW 117TH AVE  
MIAMI FL 33186  
Jodie Peerec

Payment  
Bill to:  
Receiver  3rd Party   
 Paid in Advance  
1 800 Call-DHL  
Billing Reference (will appear on invoice)

Origin Waybill Number  
53281569843



Next Day 10:30  
Next Day 12:00  
Next Day 3:00

# of Pkgs Weight(LBS) Packaging One box must be checked  
Express Envelope  Express Pack  Other Packaging

REMOVED FROM MAILING LIST  
2600 BLAKE STONE ROAD  
TAULMAYNE FL 32291  
DICK DIBBLE 10540 6579 17486

Special Instructions  
 SAT  HAA  
 LAB

2nd Day

53281 569843

53281 569843

10/11/88  
PACKAGE LABEL

53281569843



TULIX 6 E

Mr Dibble,

THESE ARE FOR THE  
MIAMI REGION LOCATIONS  
OF DRYCLEAN USA.

Thank you for your  
ASSISTANCE.

Jodie Peerec

305-788-1603

REGIONAL MGT.