

Jeb Bush Governor

Department of Environmental Protection

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

Colleen M. Castille Secretary

October 13, 2004

Mr. Michael Eugene, Jr. One Low Price Cleaners 1486 Northeast Miami Gardens Drive Miami, Florida 33179

Re: Facility No.: 0250823-003

Dear Mr. Eugene, Jr.

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 2004.

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"

Printed on recycled paper.

DEP Form No. 62-213.900(2)



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality Part III. Notification of Intent to Use General Permit

Agement Division

Prior to filling out this form, please read the instructions provided at the end of the form. Sent to the address listed in the instructions and keep a copy of the form for your files. Management Division

Responsible Official 6. Name and Title of Responsible Official: Name: Michel Engene Th. 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1466 NE MiAMI GARDENS Dave City: MiAMI County: MiAMI-DADO Zip Code: 33 179 8. Responsible Official Telephone Number: Telephone: (305) 144-3608 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:	Ole Low Pice Cleaners 2. Site Name (For example, plant name or number): Ole Low Pice Cleaners 3. Hazardous Waste Generator Identification Number: FLC ESQ 6 4. Facility Location: Street Address: 1486 NE MiAmi 64NDENS Dive City: MiAmi County: DADE Zip Code: 33179 5. Facility Identification Number (DEP Use ONLY - do not fill in): 2. Site Name (For example, plant name or number): Cleaner's Of Choice inc One Low Flice Cleaners Cleaner's Of Choice inc Cleaner's Of Choice inc One Low Flice Cleaners FLO ESQ 6 4. Facility Location: Street Address: 1486 NE MiAmi 64NDENS Dive City: MiAmi County: DADE Zip Code: 33179 5. Facility Identification Number (DEP Use ONLY - do not fill in): Cleaner's Of Choice inc	
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	11. Facility Contact Telephone Number:	1
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DEP Form No. 62-213.900(2)

Facility Information

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 From Manufacturer (circle one) Status Control Device Required* (circle one) Existing/New RC/CA/None required Existing/New manufacturer prior to or on December 1991, it is an EXISTING until the transfer machine was purchased from the manufacturer between December 1991, it is an EXISTING until the transfer machine was purchased from the manufacturer between December 1991, it is an EXISTING until the transfer machine was purchased from the manufacturer between December 1991, it is an EXISTING until the transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required Existing/New RC/CA/None requir	1.(a) DRY-TO-DRY M.	ACHINES ONLY		
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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? [01/97	Existing/Nev	RC/CA/None required	DAME
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Check why it is less than 12 months: New owner: [Did not keep records: [] New store: [] New machine []	(b) If less than 12 mor	oths, how many? [_	1 months	
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			Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based or Indicate with an "X". Select one classification of			
Small Area Source			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)		
Large Area Source			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)		
4. What control technology is required on machines (Indicate with an "X".)	pursuant 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 [X]		
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 Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site			
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:	[0][1][5]		
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel			
6. Equipment Monitoring and Recordkeeping Inform	nation		
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 a	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 o	of Existing DEP Air Permit(s)
Please indicate	e 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 notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the description of this notification form. The description of the Department of any changes to the information contained in this notification. The description of the department of the description of the descriptio

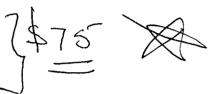
Instructions for Completing Part III of Notification Form

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

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.

DEP Form No. 62-213.900(2)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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OBJECT: 002273

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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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes			
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AIRS ID# 250823 3 rd Cert04 ONE LOW PRICE CLEANERS 1486 NE Miami Gardens Drive				
MIAMI, FL 33179	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.			
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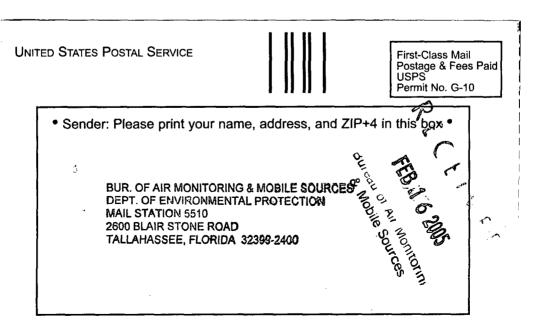
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery All Printed Name O. Is delivery address different from item 1?			
Article Addressed to:	If YES, enter delivery address below:			
AIRS ID# 250823 _lstC ONE LOW PRICE CLEANERS 1486 NE Miami Gardens Drive				
MIAMI, FL 33179	3. Service Type Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service late 17 0 0 3 1 0 5 0 0 0 0 0 0 0 4 1 0 0 4 4 6 8 2 8				
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h00	Sent To AIRS ID#02508232 nd Cert 05 ONE LOW PRICE CLEANERS
2	Street, Apt. No.; 1486 NE Miami Gardens Drive or PO Box No. MIAMI, FL 33179
	PSI Form 9800, L

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AIRS ID#02508232 nd Cert 05 ONE LOW PRICE CLEANERS 1486 NE Miami Gardens Drive MIAMI, FL 33179	3. Service Type
 	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	51010002(3939 9295
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