



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

February 2, 2009

Ms. Karen Jackson McCray
AmeriClean, Incorporated
1486 Northeast Miami Garden Drive
Miami, Florida 33179

Re: Facility No: 0250823-006

Dear Ms. McCray:

The Department has received the Air General Permit Registration Form for the dry cleaning facility that you submitted on December 29, 2008.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

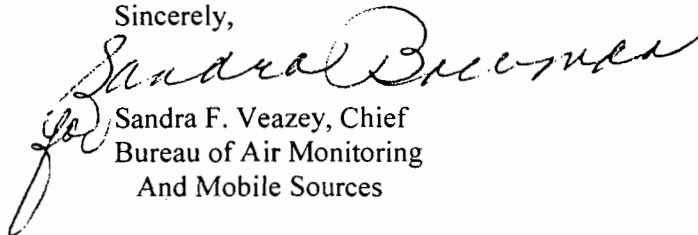
For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
And Mobile Sources

SFV/pg

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES
~~VER~~ REPORTS ...S.....
COMP. STATUS - SNC MNC (IN)

SOCR

*TRPT-SOCR - statement of
compliance report - 1/15/2008 - IN
Insp - Miami, Dade Co - M Mathias*

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 29 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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): AMERICLEAN, INC
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: 1486 NE Miami Garden DR County: Miami FL Zip Code: 33179 (DADE COUNTY)
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250823-006

Responsible Official

6. Name and Title of Responsible Official: Name: KAREN JACKSON McCray Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: McCray 400 @ bellsouth.net Street Address: City: 1486 NE MIAMI GARDEN DR County: MIAMI FL Zip Code: 33179
8. Responsible Official Telephone Number: Telephone: (786) 252-8870 Fax: () -

01/26/09 -
per telecon
w/ MS McCray

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JAMES JOHNSON, MANAGER
10. Facility Contact Address: Street Address: City: 1486 NE MIAMI GARDEN DR County: MIAMI FL Zip Code: 33179 (DADE COUNTY)
11. Facility Contact Telephone Number: Telephone: (305) 263-0944 Fax: () -

Facility Information

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

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

* SEE ATTACHED
ADDENDUM TO
APPLICATION 01/23/09

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	_____
_____	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?

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

Handwritten scribbles

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?

gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening 5/1/08)

BEST AVAILABLE COPY

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")
1996	Existing	None required	SAME
_____	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? []

How many solvent recovery units do you have on-site? []

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?

[10] 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: [x] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening 5/1/08)

Facility Information

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

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

* SEE ATTACHED
ADDENDUM TO
APPLICATION 01/23/09
D.E.D.

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	_____
_____	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?

How many dryers/reelers do you have on-site?

Handwritten scribble

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?

gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening 5/1/08)

BEST AVAILABLE COPY

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

5. A facility which operates 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 except OR
No such units on-site

How many boilers do you have on-site? 1

For each boiler indicate its horsepower (HP) capacity: 15

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

BEST AVAILABLE COPY

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)

*SEE
 ATTACHED APPENDIX
 01/23/09 FOR
 MISSING INFORMATION
 D.B.D

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? 1

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) _____

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.

KAREN MCCRAY JACKSON
Print name of responsible official

Karen McCray Jackson
Signature

12/26/08
Date

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)

**SEE
ATTACHED APPENDUM
01/23/09 FOR
MISSING INFORMATION.
R.B.D.*

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? 1

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) _____

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

* ADDENDUM TO FACILITY # 0250823-006-AG
APPLICATION/REGISTRATION FORM - 12/29/08

* RECEIVED 01/23/09

ATTN

MR

DIBBLE

BEST AVAILABLE COPY

RECEIVED

PERCHLOROETHYLENE DRY CLEANER - AIR GENERAL PERMIT NOTIFICATION FORM

DEC 29 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources

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):
AMERICLEAN, INC

2. Site Name (For example, plant name or number):

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
 Street Address:
 City: **1486 NE Miami Garden DR** County: **Miami FL** Zip Code: **33179** (DADE COUNTY)

Facility Identification Number (DEP Use - ONE Year from filing): **0250823-006**

Responsible Official

6. Name and Title of Responsible Official:
 Name: **KAREN JACKSON McCray** Title: **Owner**

7. Responsible Official Mailing Address:
 Organization/Firm: **McCray 400 @ bellsouth.net**
 Street Address:
 City: **1476 NE MIAMI GARDEN DR** County: **MIAMI FL** Zip Code: **33179**

8. Responsible Official Telephone Number:
 Telephone: **(786) 252-8870** Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
JAMES JOHNSON MANAGER

10. Facility Contact Address:
 Street Address:
 City: **1476 NE MIAMI GARDEN DR** County: **MIAMI FL** Zip Code: **33179** (DADE COUNTY)

11. Facility Contact Telephone Number:
 Telephone: **(305) 263-0944** Fax: ()

BEST AVAILABLE COPY

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.

KAREN MCCRAY JACKSON
Print name of responsible official

Karen McCray Jackson
Signature

12/20/08
Date

Dibble, Dickson

From: Dibble, Dickson
Sent: Wednesday, January 21, 2009 3:51 PM
To: 'mccray400@bellsouth.net'
Cc: Bowman, Sandy
Subject: 2nd DELIVERY ATTEMPT: FW: AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami Garden Dr, Miami, FL 33179
Attachments: 0250823-006-AG;AmericleanInc.pdf

Dear Ms. McCray,

I have not yet received a response from you regarding my request (see my e-mail below dated 01/07/09) for additional information that was omitted from your application to renew your Perchloroethylene Dry Cleaner Air General Permit Registration.

Time is getting short. There are only seven (7) days left in the review period and if I haven't received the requested missing information before that time, I may have to deny your permit application and I really don't want to have to do that.

If you have any questions or concerns, please e-mail or call as soon as possible.

Thank you and have a great day!

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 Tel. (850) 921-9586
 FAX (850) 922-6979
 ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Dibble, Dickson
Sent: Wednesday, January 07, 2009 9:00 AM
To: 'mccray400@bellsouth.net'
Cc: Bowman, Sandy
Subject: AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami Garden Dr, Miami, FL 33179

Dear Ms. McCray Jackson,

1/21/2009

It was a pleasure to speak with you yesterday regarding your application for the Perchloroethylene Dry Cleaner Air General Permit.

I have attached an electronic copy of the application form which you have submitted and have highlighted those questions/areas on the form which were left unanswered. Your responses to these questions are requested in order to complete the review & registration process. Without your response to these questions, your application may be denied and we would prefer that not to happen.

Once you have completed the areas/questions requested, you may FAX those pages to my attention at (850) 922-6979 and I will include them as an addendum to your original application.

As of today there are twenty-one (21) days left in the review period for your application, so your immediate attention to this matter is appreciated.

If you should have any questions regarding your application please don't hesitate to e-mail or call.

Thank you and have a great day and a Happy New Year!

Sincerely,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
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FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



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Dibble, Dickson

From: Dibble, Dickson
Sent: Wednesday, January 07, 2009 9:00 AM
To: 'mccray400@bellsouth.net'
Cc: Bowman, Sandy
Subject: AIRS ID# 0250823-006-AG; Americlean Inc. 1486 NE Miami Garden Dr, Miami, FL 33179
Attachments: 0250823-006-AG;AmericleanInc.pdf

Dear Ms. McCray Jackson,

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I have attached an electronic copy of the application form which you have submitted and have highlighted those questions/areas on the form which were left unanswered. Your responses to these questions are requested in order to complete the review & registration process. Without your response to these questions, your application may be denied and we would prefer that not to happen.

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Thank you and have a great day and a Happy New Year!

Sincerely,

Dickson E. Dibble

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



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1/7/2009

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

DEC 29 2008

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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): AMERICLEAN, INC
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: 1486 NE Miami Garden DR County: Miami FL Zip Code: 33179 (DADE COUNTY)
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250823-006

Responsible Official

6. Name and Title of Responsible Official: Name: KAREN JACKSON McCray Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: McCray 400 @ bellsouth.net Street Address: City: 1486 NE MIAMI GARDEN DR County: MIAMI FL Zip Code: 33179
8. Responsible Official Telephone Number: Telephone: (786) 252-8870 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JAMES JOHNSON MANAGER
10. Facility Contact Address: Street Address: City: 1486 NE MIAMI GARDEN DR County: MIAMI FL Zip Code: 33179 (DADE COUNTY)
11. Facility Contact Telephone Number: Telephone: (305) 263-0944 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")
_____	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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

Handwritten scribble

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?

[10] 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 5/1/08)

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? 1

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) _____

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

BEST AVAILABLE COPY

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.

KAREN MCCRAY JACKSON
Print name of responsible official

Karen McCray Jackson
Signature

12/20/08
Date

Wise, Jane

From: Wise, Jane
Sent: Friday, January 23, 2009 11:11 AM
To: 'Muthiah P.E., Mallika'; 'gordor@miamidade.gov'; 'garcima@miamidade.gov'
Cc: Veazey, Sandra; Bowman, Sandy
Subject: Recently Received AG Registrations
Attachments: 0250823-006.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made *after* the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If you have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us

*Received from Pat on 4/23/09
out on 1/23/09*

1/23/2009

AMERICLEAN INC
1486 NE Miami Garden Dr.
Miami Fl. 33179

FT LAUDERDALE
FL 333
26 DEC 2008 PM 2 T



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING + MOBILE SOURCES,
MS 5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION,
2600 BLAIR STONE ROAD

TALLA HASSE FL 32399-2400
32399+6562