



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

December 2, 2008

Ms. Nora Sanchez
Arpeco Cleaners
2219 Northwest 28th Street
Miami, Florida 33142

Re: Facility No.: 0250848-003

Dear Ms. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty 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.

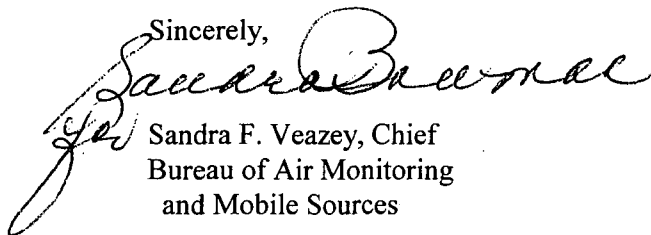
For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect 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 F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"
www.dep.state.fl.us

FAX 863-956-3444

ELVIRA

(305) 812-2885

CELL

(863) 956 1123

MV55@MSN.COM

MARIA VEGERO

x

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 3/7-2006
~~VER~~ REPORTS ...9.....
COMP. STATUS - SNC MNC (IN)

SACR

Tosp - Ins2 - Compliance Inspection
walkthrough - 10/20/2008 - JN
Tosp - Miami Dade Co - onmutiah

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

OCT 27 2008

RECEIVED

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): <i>Arpero Cleaners</i>
2. Site Name (For example, plant name or number): <i>Arpero Cleaners / Nora Sanchez</i>
3. Hazardous Waste Generator Identification Number: <i>Not known</i>
4. Facility Location: Street Address: <i>2219 NW 28 St.</i> City: <i>Miami</i> County: <i>Miami-Dade</i> Zip Code: <i>33142</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250898-003</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Nora Sanchez</i> Title: <i>Owner-Operator</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>2219 NW 28 St.</i> Street Address: City: <i>Miami</i> County: <i>FI</i> Zip Code: <i>33142</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 638-5898</i> Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Nora Sanchez, Owner-Operator</i>
10. Facility Contact Address: Street Address: <i>2219 NW 28 St.</i> City: <i>Miami</i> County: <i>Miami-Dade</i> Zip Code: <i>33142</i>
11. Facility Contact Telephone Number: Telephone: <i>(305) 638-5898</i> Fax: ()

** SEE FAXED ADDENDUM
DATED 11/25/08 - APPLICATION
COMPLETED*

Facility Information

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

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	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? []

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? [] 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) _____

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.

Nora Sanchez

Print name of responsible official

Nora Sanchez

Signature

10/22/08

Date

Post-It® Fax Note	7671	Date	11/25/08	# of pages	5
To	MARIA V.	From	DIAG DIBBLE		
Co./Dept.		Co.	FDEP		
Phone #		Phone #			
Fax #	863-956-3444	Fax #			

Mr. Dibble,
Here is the info, I could get.
from my parents right now.
I'm at work in another City so
its hard to obtain the info from
them-

This is a small mom & Pop-
with one DRY Clean Machine.
only-. Most of their work
is Laundry-. I dont have
Access to the previous permit
from here.

Thank you for your patience
Maria Garcia

* ADDENDUM TO 10/27/2008 APPLICATION

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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.

Bureau of Air Monitoring
& Mobile Sources

OCT 27 2008

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Arpeco Cleaners		
2. Site Name (For example, plant name or number):	Arpeco Cleaners / Nora Sanchez		
3. Hazardous Waste Generator Identification Number:	Not known		
4. Facility Location:	2219 NW 28 St.		
Street Address:	2219 NW 28 St.		
City:	Miami	County:	Florida-Dade Zip Code: 33142.
5. Facility Identification Number (FID) USE ONLY IF APPLICABLE			

0750898-003

Responsible Official

6. Name and Title of Responsible Official:	Name: Nora Sanchez Title: Owner-Operator.		
7. Responsible Official Mailing Address:	Organization/Firm: 2219 NW 28 St.		
Street Address:	2219 NW 28 St.		
City:	Miami	County:	FI Zip Code: 33142.
8. Responsible Official Telephone Number:	Telephone: (305) 638-5898 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Nora Sanchez Owner-Operator.		
10. Facility Contact Address:	Street Address: 2219 NW 28 St.		
Street Address:	2219 NW 28 St.		
City:	Miami	County:	Miami-Dade Zip Code: 33142.
11. Facility Contact Telephone Number:	Telephone: (305) 638-5898 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>2007</u>	<u>Existing</u> /New	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? 1

How many dryers/reclaimers do you have on-site? 1

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")
<u>2002</u>	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

40 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

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- 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) _____

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:

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- (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.

Nora Sanchez
Print name of responsible official

Nora Sanchez
Signature

10/22/08
Date

TRANSMISSION VERIFICATION REPORT

TIME : 11/25/2008 15:16
 NAME : FDEP DIVISION OF AIR
 FAX : 8509226979
 TEL : 8504880114
 SER.# : BROG2J568046

DATE, TIME 11/25 15:14
 FAX NO./NAME 618639563444
 DURATION 00:01:22
 PAGE(S) 05
 RESULT OK
 MODE STANDARD
 ECM

Post-it® Fax Note	7671	Date	11/24/08	# of pages	5
To	MARIA V.	From	DICK DIBBLE		
Co./Dept.		Co.	FDEP		
Phone #		Phone #			
Fax #	863-956-3444	Fax #			

Post-it® Fax Note	7671	Date	11/24/08	# of pages	5
To	MARIA V.	From	DICK DIBBLE		
Co./Dept.		Co.	FDEP		
Phone #		Phone #			
Fax #	863-956-3444	Fax #			

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, November 25, 2008 8:31 AM
To: 'mv55@msn.com'
Cc: Bowman, Sandy
Subject: AIRS ID# 0250848-003-AG, Arpeco Cleaners, 2219 NW 28th St, Miami, FL 33142
Attachments: 0250848-003-AG;ArpecoCleaners.pdf

Dear Maria,

Attached you will find a copy (pdf file) of your mother's renewal application for the Perchloroethylene Cry Cleaner Air General Permit to operate the Arpeco Cleaners dry cleaning facility.

Please note that the questions on pages 14 & 15 of the form have been left unanswered and it is important that the application be complete before the entitlement can be issued.

In order to avoid a denial of their permit, I must have the information no later than today.

I apologize for the last minute rush on this, but I had tried several times previously to make contact, but it seems there was no one available who spoke English.

Thank you so much for your assistance in getting this situation resolved.

My Fax# is (850) 922-6979.

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

11/25/2008

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.

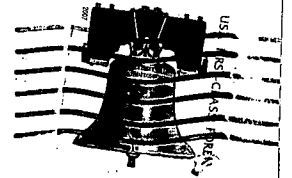
Responsible Official

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.

Alfred Chavers
2219. NW 28 St.
Miami FL 33142.



General Bennett Section
Bureau of Air Monitoring
and Mobile Sources MS5510
Dept of Environmental Protection
2600 Blair Rd.
Tallahassee, FL 32399 -