

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 17, 2008

Mr. Amin Mohammad Will Ray Dry Cleaner 1550 Northwest 95th Street Miami, Florida 33147

Re: Facility No.: 0250860-003

Dear Mr. Mohammad:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 12, 2008.

Pursuant to Florida Statutes section 403.814, the 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 62-210.310 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 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

Insp-Ins2 - Conflance Insp. Walkthrough 11/15/07/In) Insp-miami-Dade Co - Mounthich

* SEE ATTACHED ADDENDUM TO THIS APPLICATION FOR PAGES 14 & 15

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.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual)	dual owner):
	WILL RAY DRY CLEANER	
2.	WILL RAY DRY CLEANER Site Name (For example, plant name or number):	
	•	
3.	Hazardous Waste Generator Identification Number:	
		•
1	Facility Location:	
7.	Street Address: 1550 NW 95 37	//
	GV50 860 Facility Location: 1550 NW 95 ST Street Address: 1550 NW 95 ST City: 4/AH/ County: DADE	Zip Code: 33/41/
15	Facility Identification Number (DEP Use ONLY, do not fill in).	
<u> </u>	Accessed to the processing of the state of t	
	sponsible Official	
	Name and Title of Responsible Official:	. 1
Na	me: AMIN MOHAMMAD Title: Pag	pident
7.	Responsible Official Mailing Address:	
	Organization/Firm: Smul an above	
	Street Address:	7:- Cada 92//10
	Organization/Firm: Street Address: City: 1550 IUW 953+ HIHHH County: Dadk Responsible Official Telephone Numbers	Zip Code: 33/47
8.	Responsible Official Telephone Number.	· .
	Telephone: (305)696 - 65// Fax: () ———
		·
	Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	
7.	Traine and True of Facility Contact (For example, plant manager).	
10	T. The Control of the	
10.	Facility Contact Address:	
	Street Address:	·
	City: County:	Zip Code:
		1
11.	Facility Contact Telephone Number:	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Facility Name and Location

BEST AVAILABLE COPY

Facility Information			
1.(a) DRY-TO-DRY M	IACHINES ONL	Y /	,
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry macl	hine on-site, pleas	e 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")
1992	Existing/N	RC/CA/None required	
	Existing/N	ew RC/CA/None required	· .
	Existing/No	ew RC/CA/None required	
CONTROL DEVICE K	EY: RC = 1	efrigerated condenser CA	= carbon adsorber
.(b) TRANSFER MAC	CHINES ONLY		
How many washers do yo	ou have on-site?		
		, please provide the following info 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			
	SY: KC = re	frigerated condenser CA =	carbon adsorber
(a) How much perchlor		efrigerated condenser CA = ave you used within the last 12 m	
• -		ave you used within the last 12 m	
[] gallor	oethylene (perc) h ns (You must fill t	ave you used within the last 12 m	
[] gallor	oethylene (perc) has (You must fill the things, how many? [_	ave you used within the last 12 m	onths?
[] gallon	oethylene (perc) has (You must fill the things, how many? [_	ave you used within the last 12 m his in)] months	onths? p records: []

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the Indicate with an "X". Select one classification on	· · ·
Small Area Source []	
Transfer only 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 []	•
Transfer only 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)
 What control technology is required on machines pu (Indicate with an "X".) 	rsuant 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 []
Rule 62-213.300, F.A.C. Verify that all steam and hot criteria or that no such units exist on-site (see attached to the state of the st	- The Company of the Art - A
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: [(الا
What type of fuel do you use? [] No. 2 fuel of [] No. 6 fuel of []	
6. Equipment Monitoring and Recordkeeping Information	on
Check all logs which are required to be kept on-site in a	ccordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent additional additional control of the control	tion log [<u>×</u>]
b) Leak detection inspection and repair	<u>[*]</u>
c) Refrigerated condenser temperature monitoring	[<u>_x</u> _]
d) Carbon adsorber exhaust perc concentration monitor	ing [X]
e) Startup, shutdown, malfunction plan	[_'7]

Please indica	ate 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 for
Responsible	Official Certification
l .	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statemer maintair comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the lasts made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification.

ADDENDUM TO ORIGINAL II/IZ/OB MATTECATION, TO ORIG

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): WILL RAY DRY CLEANIER 2. Site Name (For example, plant name or number): 3. Hazardous Waste Generator Identification Number: OVSO 860: 4. Facility Location: Street Address: City: H/HH/ County: DADE Zip Code: 33/47 5. Facility Identification Number (DEP Use ONLY do not fill an): Responsible Official 6. Name and Title of Responsible Official: Name: AH/N MOHAHMAD Title: Pravident 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 NW 953+ HHHH County: Dade Zip Code: 33/47 8. Responsible Official Telephone Number:
Street Address: 550 NW 95 St. City: M/HM/ County: DADE Zip Code: 33/47 Responsible Official 6. Name and Title of Responsible Official: Name: AHIN MOHAMAD Title: President 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Niu 953t HIHH County: Dade Zip Code: 33/47
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Responsible Official 6. Name and Title of Responsible Official: Name: AMIN MOHAMMAD 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 953t MIAMCounty: Dadk Zip Code: 33147
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Responsible Official 6. Name and Title of Responsible Official: Name: AHIN MOHAMMA Title: President 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 9534 MIHM County: Dadk Zip Code: 33/47
Responsible Official 6. Name and Title of Responsible Official: Name: AMIN MOHAMMA Title: Passident 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 9534 MIHM County: Dadk Zip Code: 33147
Responsible Official 6. Name and Title of Responsible Official: Name: AMIN MOHAMMA Title: Passident 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 9534 MIHM County: Dadk Zip Code: 33147
6. Name and Title of Responsible Official: Name: AMIN MOHAMMA Title: Passident 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 953+ MIHM County: Dade Zip Code: 33/47
6. Name and Title of Responsible Official: Name: AMIN MOHAMMAD 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 9537 MIHM County: Dadk Zip Code: 33/47
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 953+ HIHH County: Dadk Zip Code: 33/47
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 1550 Nin 953+ HIHH County: Dadk Zip Code: 33/47
Organization/Firm: Street Address: City: 1550 Niv 953+ MIHH County: Dadk Zip Code: 33/47
8. Responsible Official Telephone Number:
T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Telephone: (305)696 - 65// 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)

X

Facility Information

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

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

1992 1992

Date Initially Purchased From Manufacturer	Status (circle one	Control Device Required*) (circle one)	Date Control Device (if already included purchase, write "SA	at time of
1992	Existing/N	ew RC/CA/None required		-
	Existing/N	ew RC/CA/None required		
	Existing/N	ew RC/CA/None required		.· ·
*CONTROL DEVICE K	ŒY: RC = 1	refrigerated condenser $CA = ca$	arbon adsorber	
1.(b) TRANSFER MAC	CHINES ONLY			
How many washers do ye	ou have on-site?			
1993, it is a NEW unit (r	no units purchased	from the manufacturer between Dece after September 22, 1993 are allowed		
Date Initially Purchased	Status (circle one)	c, please provide the following inform Control Device Required* (circle one)	Date Control Device (if already included a	Installed at time of
Date Initially Purchased	Status (circle one)	c, please provide the following inform Control Device Required*	ation: Date Control Device	Installed at time of
Date Initially Purchased	Status	c, please provide the following inform Control Device Required* (circle one)	Date Control Device (if already included a	Installed at time of
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Date Initially Purchased	Status (circle one) Existing/New Existing/New	c, please provide the following inform Control Device Required* (circle one) RC/CA/None required RC/CA/None required	Date Control Device (if already included a	Installed at time of
Date Initially Purchased From Manufacturer	Status (circle one) Existing/New Existing/New Existing/New	c, please provide the following inform Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device (if already included a	Installed at time of
Date Initially Purchased From Manufacturer CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	ation: Date Control Device (if already included a purchase, write "SAI	Installed at time of VE")
Date Initially Purchased From Manufacturer CONTROL DEVICE K.	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required	ation: Date Control Device (if already included a purchase, write "SAI	Installed at time of VE")
Date Initially Purchased From Manufacturer CONTROL DEVICE K.	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = can have you used within the last 12 month	ation: Date Control Device (if already included a purchase, write "SAI	Installed at time of ME")
Date Initially Purchased From Manufacturer CONTROL DEVICE K.	Status (circle one) Existing/New Existing/New Existing/New Existing/New EXISTING/New EXISTING/New EXISTING/New EXISTING/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = can have you used within the last 12 month this in)	Date Control Device (if already included a purchase, write "SAI rbon adsorber	Installed at time of
CONTROL DEVICE K. (a) How much perchlor [Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = re roethylene (perc) has (You must fill state, how many? [_	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = can have you used within the last 12 month this in)	Date Control Device (if already included a purchase, write "SAI rbon adsorber hs?	Installed at time of
Prom Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor [Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = re roethylene (perc) has (You must fill state, how many? [_	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = can have you used within the last 12 month this in) months	ation: Date Control Device (if already included a purchase, write "SAI rbon adsorber hs?	Installed at time of

DEP Form No. 62-213.900(2)

 What is the facility's source classification based on Indicate with an "X". Select one classification or 	
Small Area Source [\(\nsigma\)]	
Dry-to-dry machines only on-site Transfer only 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 p (Indicate with an "X".)	ursuant 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 []
	uits shall not be eligible to use the general permit pursuant to t water generating units on-site meet the following exemption memo for the criteria). OR
How many boilers do you have on-site?	36.
For each boiler, indicate its horsepower (HP) rating: [6][]
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	tion
	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ad	dition log [×]
(b) Leak detection inspection and repair	[<u>×</u>]
(c) Refrigerated condenser temperature monitoring	[<u>×</u>] · · ·
(d) Carbon adsorber exhaust perc concentration monitor	oring [X]
(e) Startup, shutdown, malfunction plan	in a section of the first of the section of the sec
	Lippunt of current in protect glade. It

7. Surrender	of Existing DEP Air Permit(s)
Please indica	e with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in the notification form; the permit number(s) are
[].	No DEP air permits currently exist for the operation of the facility indicated in this notification for
Responsible	Official Certification
this notif statemen maintain comply w	ersigned, 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 s 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 this notification.
AM/	U MOHAMMAS) e of responsible official

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MATLED - USPS

Tuesday, November 18, 2008

Ref: AIRS ID# 0250860-003, Will Ray Dry Cleaner Inc d.b.a. Will Ray Dry Cleaners, 1550 NW 50th St, Miami, Dade Co, Florida 33147

Dear Mr. Amin Mohammad,

Enclosed, please find a copy of your recently filed Perchloroethylene Dry Cleaner Air General Permit Notification Form which you have filed in order to renew your entitlement to operate.

Please provide the answers to the items which have been <u>highlighted in yellow</u>. I will need the answers to those questions before the permit can be issued. As soon as possible, please return the completed form with the answers no later than the first week of December, but preferably earlier. If I don't receive the form with the requested answers I will have to deny the permit.

Call me if you have any questions or concerns.

Thank you for your assistance, and have a great day

Dickson E. Dibble

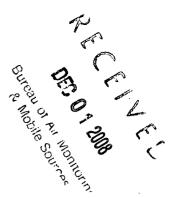
Dickson E. Dibble, ES III

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



Tuesday, November 18, 2008

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Thank you for your assistance, 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



rojeka kalingan mengelak keperang anggala

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

ADDENOUM TO ORIGINAL 11/12/08 MPRICATION, TO ORIGINAL 11/12/08 MPRICATION

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racility Name and Location	· · · · · · · · · · · · · · · · · · ·
1. Facility Owner/Company Name (Name of corporation, a	agency, or individual owner):
WILL RAY DRY CLEANE	R & & &
2. Site Name (For example, plant name or number):	27
3. Hazardous Waste Generator Identification Number:	0.2.0
4. Facility Location: Street Address: 1550 NW95 St City: 4/44/ County: DA	· · · · · · · · · · · · · · · · · · ·
4. Facility Location: 1550 114195 ST	
Street Address: 1550 1000	DB = 22 1/17
City: $\mathcal{U}/\mathcal{H}\mathcal{U}$ County: $\mathcal{U}\mathcal{H}$	DÉ Zip Code: 33/47
5-4 Facility Identification Number (DEP Use ONLY Edo not	
は、中国の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: AMIN MOHAMMA	Title: President
7. Responsible Official Mailing Address:	
Organization/Firm:	on above
Street Address:	7:01 92//
Organization/Firm: Street Address: City: 1550 IVIJ 9557 MIHH County: Dade	Zip Code: 33/47
8. Responsible Official Telephone Number:	
Telephone: (305)696-65//	Fax: ()
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant m	nanager):
10 English Contest Address	
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
11. Facility Contact Telephone Number:	
11. I dentity contact recognition raunibet.	·
Telephone: () -	Fax: ()

DEP Form No. 62-213.900(2)

BEST AVAILABLE COPY

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Υ , ,	
How many dry-to-dry ma	Ichines do you ha	ve on-site? [Dr. 202]	1992
For each dry-to-dry mach	nine on-site, pleas	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")
1992	Existing/N	ey RC/CA/None required	
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	,
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	<u></u>	
unit. If the transfer machi 1993, it is a NEW unit (r.	ne was purchased o units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general permation:
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 K	EY: $RC = r$	efrigerated condenser CA =	= carbon adsorber
2.(a) How much perchlor	oethylene (perc) l	nave you used within the last 12 m	onths?
	ns (You must fill		
(b) If less than 12 mon	ths, how many? [] months	
	•	New owner: [] Did not kee	p records: []
		New store: [] New machin	e []
		Unopened store [] (date of	expected opening)

	s the facility's source classate with an "X". Select of			nitions found in sec	ction (3) o	f Part II?	
S	Small Area Source	[大]					
	Dry-to-dry mach Transfer only or Both machine ty	nines only on-site	(used le	ess than 140 gallone ess than 200 gallone ess than 140 gallone	of perc p	er year)	
L	arge Area Source	[]		•			
·	Dry-to-dry mach Transfer only or Both machine ty		(used 20	40 - 2,100 gallons (00 - 1,800 gallons (40 - 1,800 gallons (of perc per	уеаг)	
	ontrol technology is requate with an "X".)	ired on machines p	oursuant i	to section (5) of Pa	rt II of this	s notification	ı form?
	Existing machines at sma NONE REQUIRED)	ll area source		New machines at Refrigerated cond		source]	
C	Existing machines at large Carbon adsorber Refrigerated condenser	e area source		New machines at Refrigerated cond		source	
Rule 62-2	ity which contains non-e 13.300, F.A.C. Verify that no such units exist of	nat all steam and ho	ot water g	enerating units on-			
	and hot water generating nits on-site	units exempt		OR			
How many	y boilers do you have on	-site? [OVÊ]					·
For each b	oiler, indicate its horsep	ower (HP) rating:	[6][][]			
What type	of fuel do you use?	[] propane [] No. 2 fuel [] No. 6 fuel		[] natural gas [] No. 4 fuel [] Other (plea	oil	· · · ·	
6. Equipm	ent Monitoring and Reco	ordkeeping Informa	ation				
Check all l	logs which are required t	o be kept on-site ir	accorda	nce with the require	ements of	this general	permit:
(a) Purcha	se receipts and solvent p	urchases/solvent ac	dition lo	g	<u></u>	•	
(b) Leak de	etection inspection and r	epair		1	<u>×_]</u>		
(c) Refrige	erated condenser tempera	ture monitoring		I			
(d) Carbon	adsorber exhaust perco	oncentration moni	toring	i	<u> </u>		
(e) Startup	o, shutdown, malfunction	plan		1	7]		

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.

DEP Form No. 62-213.900(2)

Wise, Jane

From:

Wise, Jane

Sent:

Thursday, November 20, 2008 2:58 PM

To:

'muthim@miamidade.gov'

Subject:

FW: Recently Received AG Registrations

Attachments: 0250860-003.pdf

From: Wise, Jane

Sent: Thursday, November 20, 2008 2:49 PM

To: muthiahm@miamidade.gov Cc: Veazey, Sandra; Bowman, Sandy

Subject: Recently Received AG Registrations

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



WILLRAY DRY CLEANER, INC.

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WILLRAY DRY CLEANER, INC.

1550 N.W. 95th Street/Miami, Florida 33147 USA

MIAMI FLESSIE

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John Adams, 176
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General Permit Section
Bureau of Air Montoning & Mobile Sauce MS 55/0
Dept of Environmental Protection.
7600 BLAIR Stone Rd,
Tallahassee FL 32399-2400

3239946532

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