

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

January 23, 2008

Mr. Ross Lipton A Cleaner World 13455 West Dixie Highway North Miami, Florida 33161

Re: Facility No.: 0250868-003

Dear Mr. Lipton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 17, 2007.

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

INS p. INS2-Compliance Inspection Walkthrough- 12/6/2006-IN

RECEIVEL

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JAN 2/2 2008

Rumau of Air IV. Andre & Mobile Source

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 ind	ividual owner):
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
A CLEANER world	
3. Hazardous Waste Generator Identification Number:	
FLD056894439	,
4. Facility Location:	,
Street Address:	Zip Code: 33/6/
City: 13455W. DIXI- Huy County: DADE	2.5 code. 33/6/
per control programme and a control per leader to be the control of the control o	
	A9/9 AA3
Responsible Official	0868-003
6. Name and Title of Responsible Official:	
Name: Ross Lipton Title.	0868-003 MANAGER
7. Responsible Official Mailing Address:	,
Organization/Firm:	
Street Address: 13457 W. Dixie Huy	Zip Code: 33161
City: N. Wiam, County: DABE	
8. Responsible Official Telephone Number:	3137
Telephone: (305) 751 - 0421 Fax: (365) 751-
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:	
	ł
Telephone: () - Fax: (y

DEP Form No. 62-213.900(2)

Effective: 2/24/99

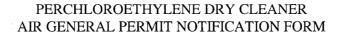
Facility Information

i.(a) DRY-TO-DRY M.		· 7	
low many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following information	1:
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")
3/07	Existing/Ne	w RC/CA/None required	SAME SAME
3/07	ExistingNe	(CA/None required	SAME
·	Existing/Ne	w RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	= çarbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		·
How many washers do yo	ou have on-site?	r 1	
rrou ward manners as le		Transfer and the second	
How many dryers/reclain	ners do you have o	the manufacturer prior to or on D	ecember 9, 1991, it is an EXISTING
How many dryers/reclain If the transfer machine want. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ners do you have o as purchased from ne was purchased to units purchased	the manufacturer prior to or on D	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
How many dryers/reclain If the transfer machine want. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ners do you have on as purchased from ne was purchased to units purchased ar machine on-site, Status	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allow please provide the following info Control Device Required*	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed
How many dryers/reclain If the transfer machine wounit. If the transfer machine 1993, it is a NEW unit (n	ners do you have on as purchased from the was purchased to units purchased or machine on-site, Status (circle one)	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allowable please provide the following info Control Device Required* (circle one)	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
How many dryers/reclain If the transfer machine wa unit. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ners do you have on as purchased from the was purchased to units purchased for machine on-site, Status (circle one) Existing/New	the manufacturer prior to or on Different the manufacturer between Different September 22, 1993 are allowable please provide the following information Control Device Required* (circle one) RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
How many dryers/reclain If the transfer machine want. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased	ners do you have on as purchased from the was purchased for units purchased for machine on-site, status (circle one) Existing/New Existing/New Existing/New	the manufacturer prior to or on Different the manufacturer between Different September 22, 1993 are allowable please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of
How many dryers/reclaim If the transfer machine wound. If the transfer machine wound. If the transfer machine permit. For each transfer machine transfer machine. For each transfer manufacturer. *CONTROL DEVICE K. 2.(a) How much perchlor	ners do you have on as purchased from ne was purchased from ne was purchased to units purchased for machine on-site. Status (circle one) Existing/New Existing/New Existing/New Existing/New	the manufacturer prior to or on Different the manufacturer between Different the manufacturer between Different September 22, 1993 are allowater September 22, 1993 are allowater please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser CA = maye you used within the last 12 mayers.	ecember 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
How many dryers/reclain If the transfer machine wount. If the transfer machine 1993, it is a NEW unit (permit). For each transfer machine transfer machine. For each transfer machine manufacturer. *CONTROL DEVICE K	ners do you have on as purchased from the was purchased from the was purchased to units purchased for machine on-site. Status (circle one) Existing/New Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allowater please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required efrigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME")
How many dryers/reclaim If the transfer machine wount. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer machine transfer machine in the lateral permit. For each transfer manufacturer *CONTROL DEVICE K 2.(a) How much perchlor [/80] gallor (b) If less than 12 more	ners do you have on as purchased from the was purchased from the was purchased to units purchased for machine on-site, status (circle one) Existing/New	the manufacturer prior to or on D from the manufacturer between D after September 22, 1993 are allowater please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required efrigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
How many dryers/reclaim If the transfer machine wount. If the transfer machine 1993, it is a NEW unit (no permit). For each transfer machine transfer machine in the lateral permit. For each transfer manufacturer *CONTROL DEVICE K 2.(a) How much perchlor [/80] gallor (b) If less than 12 more	ners do you have on as purchased from the was purchased from the was purchased to units purchased for machine on-site, status (circle one) Existing/New	the manufacturer prior to or on Different the manufacturer between Different the manufacturer between Different the manufacturer between Different Policy after September 22, 1993 are allowed please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser	ecember 9, 1991 and September 22, wed to operate under this general ormation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber precords: []

DEP Form No. 62-213.900(2) Effective: 2/24/99 14

195						
	s the facility's source class rate with an "X". Select o			nitions found in se	ection (3) of	Part II?
	Small Area Source	()				
	Dry-to-dry mach Transfer only on Both machine ty	-sit e	(used le	ss than 140 gallor ss than 200 gallor ss than 140 gallor	is of perc per	r year)
	Large Area Source		•			
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used 2	40 - 2,100 gallons 00 - 1,800 gallons 40 - 1,800 gallons	of perc per	year)
4. What of	control technology is requeste with an "X".)	ired on machines p	pursuant	to section (5) of P	art II of this	notification form?
	Existing machines at sma (NONE REQUIRED)	ll area source		New machines a Refrigerated con		source]
	Existing machines at large Carbon adsorber Refrigerated condenser	area source	,	New machines a Refrigerated con		ource
Rule 62-2 criteria o	lity which contains non-e 213.300, F.A.C. Verify the r that no such units exist of	nat all steam and ho on-site (see attache	ot water g	generating units or		
	and hot water generating units on-site	units exempt		OR		
How man	ny boilers do you have on-	site?				
For each	boiler, indicate its horsep	ower (HP) rating:	ريكار			
What typ	e of fuel do you use?	propane No. 2 fue No. 6 fue		[X] natural ga [X] No. 4 fue [X] Other (plo	l oil	
6. Equips	nent Monitoring and Reco	ordkeeping Inform	ation			
Check all	logs which are required t	o be kept on-site i	n accorda	ince with the requi	irements of t	his general permit:
(a) Purch	ase receipts and solvent p	urchases/solvent a	ddition le)g	\triangle	· ·
(b) Leak	detection inspection and r	epair			\triangle	•
(c) Refrig	erated condenser tempera	ture monitoring	'			
(d) Carbo	n adsorber exhaust perc c	oncentration moni	itoring		<u></u>	
(e) Startı	ip, shutdown, malfunction	plan			(X)	

*	7. Surrender o	of Existing DEP Air Permit(s)	•
. 4 .	Please indicat	te with an "X" the appropriate selection:	
	ι <u>×</u> ι	I hereby surrender all existing DEP air notification form; the permit number(s)	permits authorizing operation of the facility indicated in this are
		No DEP air permits currently exist for the	the operation of the facility indicated in this notification form.
	Responsible (Official Certification	
	this notifi statement maintain comply w I will pro	fication. I hereby certify, based on inform its made in this notification are true, accur i the air pollutant emissions units and air j with all terms and conditions of this gener	defined in Part II of this form, of the facility addressed in ation and belief formed after reasonable inquiry, that the rate and complete. Further, I agree to operate and pollution control equipment described above so as to al permit as set forth in Part II of this notification form. The ges to the information contained in this notification.
	Signature	the at technistic attractar	1/1/08 Date



PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM Part III. Notification of Intent to Use General Permit
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):
Pry CIEANERS World Inc.
2. Site Name (For example, plant name or number):
A Clean World 3. Hazardous Waste Generator Identification Number:
FLD 05689 4439
4. Facility Location:
Street Address:
City: 13455 W. DIxie County: DAVE Zip Code: 33/6/
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250868-003
Responsible Official
6. Name and Title of Responsible Official:
Name: DONNA LIPTIN Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm: Street Address:
City: 13475 W. DIXITE Huggenty: DAVE Zip Code: 33161
8. Responsible Official Telephone Number:
Telephone: (305) 751- 0421 Fax: (307) 751-3177
Easility Contact (If different from Peanonaible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Ross LIPTON
10. Facility Contact Address:
Street Address: 13455 W. Dixie Howy City: U. Migunt County: DANE Zip Code: 33161
City: N. Miani County: DANE Zip Code: 33161
11. Facility Contact Telephone Number:
Telephone: (365) 751-0421 Fax: (305) 751-3137

305 372-6954 ATT: Ray Gordon



Carlos Alvarez, Mayor

ADA Coordination

Agenda Coordination

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Capital Improvements

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Human Services

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Planning and Zoning

Police

Procurement Management

Property Appraisal

Public Library System

Public Works

Safe Neighborhood Parks

Seaport

Solid Waste Management

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Facility Information

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

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

2

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Feb 07	Existing	RC/CA/None required	SAME SAME
Feb 07	Existing	RC/CA/None required	SAVUE
	Existing/New	RC/CA/None required	·
*CONTROL DEVICE KE	EY: $RC = ref$	rigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	<u>.</u>	
How many washers do you	u have on-site?	[
How many dryers/reclaim	ers do you have on	-site? []	
unit. If the transfer machin 1993, it is a NEW unit (no	ne was purchased from the second purchased a	om the manufacturer between De	ecember 9, 1991, it is an EXISTING ecember 9, 1991 and September 22, wed to operate under this general rmation:
Date Initially Purchased From Manufacturer		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	EY: RC = ref	rigerated condenser CA =	carbon adsorber
	oethylene (perc) hans (You must fill th	ive you used within the last 12 m	onths?
(b) If less than 12 mon	ths, how many? [_] months	
	-	New owner: [] Did not kee	p records: []
		New store: [] New machine	e [X]
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

Effective: 2/24/99



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Park and Recreation

Planning and Zoning

Police

Procurement Management

Property Appraisal

Public Library System

Public Works

Safe Neighborhood Parks

Seaport

Solid Waste Management

Strategic Business Management

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Tran:

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3. What is the facility's source classification based on 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 [X]	
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".)	oursuant 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 []
Existing machines at large area source Carbon adsorber [] Refrigerated condenser []	New machines at large area source Refrigerated condenser []
	nits shall not be eligible to use the general permit pursuant to be twater generating units on-site meet the following exemption d memo for the criteria).
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: [[70] [] []
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	2
6. Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ad	ddition log
(b) Leak detection inspection and repair	[<u>X</u> _]
(c) Refrigerated condenser temperature monitoring	[X .]
(d) Carbon adsorber exhaust perc concentration moni	toring [X_]
(e) Startup, shutdown, malfunction plan	[]



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Planning and Zoning

Police

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Public Works
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Seaport

Solid Waste Management

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-Vizcaya Museum And Gardens

Water & Sewer

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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 comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits 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. Somptly notify the Department of any changes to the information contained in this notification.
Print nam	ne of responsible official 12/11/07 Date

DEP Form No. 62-213.900(2)

Effective: 2/24/99



Carlos Alvarez, Mayor

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Election:

Emergency Management

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Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tuilzhassee, Florida 32399-2400 Charlie Crist Governor Jeff Kotthamp Lt. Governor

Michael W. Sole Secretary

FAX TRANSMITTAL SHEET

DATE:	12/18/2007		•			,
	Ross Lipton		305 / 751	- 31 27		
PHONE:	305/ 751 - 0421					
FROM:	Cocily Tart	PHONE:	860/921-	9513		
	Division of Air Resources Management	FAX:	850.922.6979			
RE: CC:	Air General Pennit Form	· ·				
Total n	umber of pages including cover sheet:	5			·.	
Mess	age 1) Make sure the some	PART AG 1	in line ++1	مملا من	erchare s. s	
	who signs the form	person c	3116) 13 THE	PEISON	
	2) fill out all blanks with	n an ast	urisk.			·
	3) (all 850/921-9513	it you	have any qu	<i>lestions</i>	<u>.</u>	······································
	4) mail the original sign	ined for	m back to	me as	SOON	
	as possible.	J		·		
	Thanks	<u> </u>	ame on the	writed	S) as we	<u> </u>
			nclude the f	acility formula 1	S) as we	<u> </u>
				~ · ·		•

if there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

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,	lity Name and Location			
L 61	Facility Owner/Company Name (Name of corporation		ividual owner):	.`
	Dhy Cleaners World Site Name (For example, plant name or number):	lac.	y y y . y hoo o man' di sagan i manjakin ngaya ya maji ma sagan i manjakin ngaya ya maji mana ya ka sagan	
2.	Site Name (For example, plant name or number):			
3.	A CLEANER World Hazardous Waste Generator Identification Number:		·	
3,		•	•	
	FLD056894439		· <u>·</u>	
4.	Facility Location: Street Address:			
	City: 13455W. Dixi- Hung County: 7	SAPE	Zip Code:	33161
			alleria del 1910 de la composición del composición de la composición del composición de la composición	amina
	a de la destructura de la destructura de esta esta esta esta esta de la destructura de la destructura de la de La composição de la defenda de la defend			
Res	ponsible Official			
6.	Name and Title of Responsible Official:	Tist.	-	•
Na	ne: Ross LIPTON	Title:	MANHE	ER_
7.	The state of the s			1
	Organization/Firm:	•		
1	Street Address: 13457 U. Dikie Hung		Tin Cade	33161 .
	City: N. Wigan, County: DAY	र्ट	zip code:	33161 .
8.	Responsible Official Telephone Number:			3137
8.		Fax: (365) 751-	3137
8.	Responsible Official Telephone Number:	Fax: (365). 751-	3137
Fac	Responsible Official Telephone Number: Telephone: (305) 151 - 0421 Ellity Contact (If different from Responsible Official	1)	305) 751-	3137
Fac	Responsible Official Telephone Number: Telephone: (305) 151 - 0421	1)	305), 451-	3137
Fac	Responsible Official Telephone Number: Telephone: (305) 151 - 0421 Ellity Contact (If different from Responsible Official	1)	305) 751-	313 }
Fac	Responsible Official Telephone Number: Telephone: (305) 151 - 0421 Ellity Contact (If different from Responsible Official	1)	305) 461-	3131
Fac	Responsible Official Telephone Number: Telephone: (305) 351 - 042 Ellity Contact (If different from Responsible Official Name and Title of Facility Contact (For example, plane)	1)	305) 751-	313 -
Fac	Responsible Official Telephone Number: Telephone: (305) 31 - 042 Ellity Contact (If different from Responsible Official Name and Title of Facility Contact (For example, pla Facility Contact Address:	1)	3 • () 4 () · · · · · · · · · · · · · · · · · ·	313 1
Fa:	Responsible Official Telephone Number: Telephone: (30) 31 - 0 42 Ellity Contact (If different from Responsible Official Name and Title of Facility Contact (For example, pla Facility Contact Address: Street Address: City: County:	1)		3131
Fa:	Responsible Official Telephone Number: Telephone: (305) 351 - 042 Ellity Contact (If different from Responsible Official Name and Title of Facility Contact (For example, plane) Facility Contact Address: Street Address: City: County:	I) ni manager):	Zip Code:	313 1
Fa:	Responsible Official Telephone Number: Telephone: (30) 31 - 0 42 Ellity Contact (If different from Responsible Official Name and Title of Facility Contact (For example, pla Facility Contact Address: Street Address: City: County:	1)	Zip Code:	313 1

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Facility Information

1.(a) DRY-TO-DRY MA How many dry-to-dry mach	chines do you have	1	**
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")
3/07	Existing/Nev	ACJCA/None required	SAM &
3)07	Existing Nev	ACA/None required	SAME SAME
	Existing/Nev	v RC/CA/None required	When the control of t
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ers do you have or	1-site? []	
unit. If the transfer machi- 1993, it is a NEW unit (n	ne was purchased i o units purchased s	from the manufacturer between L	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, December 0, 1991 and September 22, December 19, 1991 and September 22, Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
Water street trace to the land of the land of the land	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· ·
***************************************	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA	= carbon adsorber
	roethylene (perc) h ns (You must fill t	ave you used within the last 12 n	ionths?
(b) If less than 12 mon	uha, how many? [_	reauths	
Check why it is les	s than 12 months:	New owner: [] Did not ke	ep records:
		New store: [] New machin	ue
		Unopened store [] (date of	expected opening)
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A CLEANER WORLD

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Small Area Som	rce 🌱	()				
Transfe	dry machines on er only on-site nachine types on-	•	(used less than I	40 gallons of per 00 gallons of per 40 gallons of per	с рег уеаг)	
Large Area Sour	rce	(X_{-})	,		•	
Transfe	-dry machines on er only on-site aschine types on-		(used 200 - 1,80	0 gallons of perc 0 gallons of perc 0 gallons of perc	per year)	
4. What control technolo (Indicate with an "X".		machines p	ursuant to section	o (5) of Part II of	this notification f	orm?
Existing machin (NONE REQUI	res at small area s (RED) [j J		achines at small a rated condenser	rea source	
Existing machin Carbon adsorbe Refrigerated con		ource]		achines at large <u>s</u> ruted condenser	rea source	
3. A facility which conta Rule 62-213.300, F.A.C. criteria or that no such un All steam and hot water p No such units on-site	Verify that all a nits exist on-site	team and ho (see attache	st water generatir	g units on-site me		
Rule 62-213.300, F.A.C. criteria or that no such us All steam and hot water i	Verify that all a nits exist on-site (generating units of	team and ho (see attache	st water generatir	g units on-site me		
Rule 62-213.300, F.A.C. criteria or that no such us All steam and hot water in No such units on-site	Verify that all a mits exist on-site of generating units of units of units of units of units of units of units.	team and ho (see attached exempt	or water generatired memo for the c	g units on-site me		
Rule 62-213.300, F.A.C. criteria or that no such ur All steam and hot water p No such units on-site How many boilers do you	Verify that all a nits exist on-site generating units of u have on-site? its horsepower (I	team and ho (see attached exempt	t water generating dimerno for the continuous continuou	g units on-site me	eet the following o	
Rule 62-213.300, F.A.C. criteria or that no such us All steam and hot water in No such units on-site. How many boilers do you For each boiler, indicate	Verify that all a nits exist on-site a generating units on the units of the units o	team and he (see attache exempt EP) rating: I propane No. 2 fuel No. 6 fuel	or water generating dimerno for the control of the	g units on-site mariteria).	eet the following o	
Rule 62-213.300, F.A.C. criteria or that no such use. All steam and hot water in No such units on-site. How many boilers do you for each boiler, indicate. What type of fuel do you for Equipment Monitoring.	Verify that all a nits exist on-site of generating units of the property of th	team and ho (see attache exempt HP) rating: propane No. 2 fuel No. 6 fuel	t water generating dimerno for the column is to the colum	g units on-site mariteria).	eet the following o	exemption
Rule 62-213.300, F.A.C. criteria or that no such us All steam and hot water in No such units on-site. How many boilers do you For each boiler, indicate. What type of fuel do you	Verify that all a nits exist on-site of generating units of u have on-site? its horsepower (I a use? [team and he (see attache exempt HP) rating: propane No. 2 fuel No. 6 fuel propane propane	t water generating dimerno for the continuous continuou	g units on-site mariteria).	eet the following o	exemption
Rule 62-213.300, F.A.C. criteria or that no such use All steam and hot water in No such units on-site. How many boilers do you for each boiler, indicate. What type of fuel do you 6. Equipment Monitoring Check all logs which are	Verify that all a nits exist on-site of generating units of the property of th	team and he (see attache exempt HP) rating: propane No. 2 fuel No. 6 fuel propane propane	t water generating dimerno for the continuous continuou	g units on-site mariteria).	eet the following o	exemption
Rule 62-213.300, F.A.C. criteria or that no such un All steam and hot water in No such units on-site. How many boilers do you For each boiler, indicate. What type of fuel do you 6. Equipment Monitoring Check all logs which are (a) Purchase receipts and	Verify that all a nits exist on-site of generating units of u have on-site? its horsepower (I a use? and Recordkeep required to be keep and solvent purchase ction and repair	team and ho (see attache exempt HP) rating: propane No. 2 fuel No. 6 fuel pring Information on site in	t water generating dimerno for the continuous continuou	g units on-site mariteria).	eet the following o	exemption
Rule 62-213.300, F.A.C. criteria or that no such un All steam and hot water in No such units on-site. How many boilers do you For each boiler, indicate. What type of fuel do you 6. Equipment Monitoring Check all logs which are (a) Purchase receipts and (b) Leak detection inspect	Verify that all a nits exist on-site of the penerating units of the penerating and Recordkeep required to be kell solvent purchase the penerating of t	team and he (see attache exempt [to water generating dimerno for the continuous continuo	g units on-site mariteria).	eet the following o	exemption

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7. Surrender o	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate se	election:	
ι×ι	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are		
		exist for the operation of the facility indicated in this notification form	
Resnonsible	Official Certification		
this notif statemen maintain comply v I will pro	fication. I hereby certify, based its made in this notification are in the air pollutant emissions untivith all terms and conditions of emptly notify the Department of the De	ficial, as defined in Part II of this form, of the facility addressed in on information and belief formed after reasonable inquiry, that the true, accurate and complete. Further, I agree to operate and is and air pollution control equipment described above so as to this general permit as set forth in Part II of this notification form. Tany changes to the information contained in this notification.	
Print ner	ne of responsible official	1/2/08	
Stanahur	•	Date	

A Cleaner World

13455 West Dixie Hwy. No. Miami, FL 33161 MIAMI FL 331

15 DEC 2007 PM 5 T



General Permits Section

Bureau of Air Monitoring and
Mobil Sources MS 5510

Dept. of Enviormental Protection

2600 Blair Stone Roal

3212112000 assee Intelligentation

A Cleaner World

13455 West Dixie Hwy. No. Miami, FL 33161 MIAMI FL 331

15 JAN 2003 PM 6 L



Bureau of Air Monitoring and Mobil Lource MI 5510 Dept. Of Environmental protection 2600 Blair Stone Rd Tallahasses, Film 333399 T. 2499 Million ATT: Cecily Tart