

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

March 19, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Alex Piqueras Mars Deluxe Cleaners 7020-22 Southwest 87<sup>th</sup> Avenue Miami, Florida 33173

Re: Facility No.: 0250888-003

Dear Mr. Piqueras:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 13, 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

TNSP-INSZ-Compliance Inspection Walkthrough -2/5/2008-MNC Prosp-Miani Sade Co-Mmenthiah

H18108

Spoke to facility owner. Said he would send the fax 2/18 or 2/19.

PERCHLOROETHYLENE DRY CLEANER	^
AIR GENERAL PERMIT NOTIFICATION FORM	
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.	_
Part III. Notification of Intent to Use General Permit	~
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Prior to filling out this form, please read the instructions provided at the end of the form. Send sompleted form to the address listed in the instructions and keep a copy of the form for your files.	
completed form to the address listed in the histractions and keep a copy of the form for your mes.	
Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Alex Piqueras	
2. Site Name (For example, plant name or number):	
Mars Deluxe Cleaners  3. Hazardous Waste Generator Identification Number:	
3. Hazardous waste Generator Identification Number.	
23-8012280048-2	•
4. Facility Location:	
Street Address:7020-22sw 87 ave	
City:Miami ,Florida County:Miami Dade Zip Code:33173	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
しんりひとメメー ひしり	
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Alex Piqueras President	
7. Responsible Official Mailing Address:	
Organization/Firm: Mars Deluxe Cleaners	
Street Address:7020-22 sw 87 ave, Miami Florida 33173	
8. Responsible Official Telephone Number: Telephone: (305 271 1832) fax (305 271 0911)	
1 Cophone. (303 271 1032) 14x (303 271 0711)	
Facility Contact (If different from Responsible Official)	
O Name and Title of Facility Contact (Factors and all and many and)	
9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address:	
10. Facility Contact Address:	
10. Facility Contact Address:  Street Address:	
10. Facility Contact Address:	
10. Facility Contact Address:  Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number:	
10. Facility Contact Address:  Street Address: City: County: Zip Code:	

DEP Form No. 62-213.900(2)

### **Facility Information**

•			
1.(a) <b>DRY-TO-DRY M</b>	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	1
For each dry-to-dry mach	ine 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")
October 1996	Existing/N	ew RC/CA/None required	SAME
	Existing/N	ew RC/CA/None required	4
	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	u have on-site?	[]	
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer mach 1993, it is a <b>NEW</b> unit (r permit). For each transf	ine was purchase no units purchase er machine on-sit	d from the manufacturer between dafter September 22, 1993 are allete, please provide the following into	
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	<del></del> -
,	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12 n	nonths?
[] gallo	ns (You must fill	l this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	s than 12 months	s: New owner: [] Did not kee	p records: []
		New store: New machin	e []
		Unopened store [] (date of	expected opening)

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

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 Sourcex]				
Transfer only on-site (1	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 (1	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 put (Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?			
Existing machines at small area source (NONE REQUIRED) [_x_]	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 No such units on-site	OR OR			
How many boilers do you have on-site? [_1_]				
For each boiler, indicate its horsepower (HP) rating: [15_] []				
What type of fuel do you use?  [] propane  [] No. 2 fuel o  [] No. 6 fuel o	**************************************			
6. Equipment Monitoring and Recordkeeping Informat	ion			
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 add	lition log [x_]			
(b) Leak detection inspection and repair	[x]			
(c) Refrigerated condenser temperature monitoring	_x_]			
(d) Carbon adsorber exhaust perc concentration monitor	oringx_			
(e) Startup, shutdown, malfunction plan	_x_]			

DEP Form No. 62-213.900(2)

## 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. Print name of responsible official 2-6-08 Date

Att. CECILY PORE.

Facility Name and Location

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# FEB 2 1 2008 Sureau of Air Monitorin 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.

Ale	Facility Owner/Company Name (Name of corporals)  x Piqueras	ation, agency, o	r individi	ial owner):
2.	Site Name (For example, plant name or number):		<del></del>	
Ma	rs Deluxe Cleaners Inc.			
3.	Hazardous Waste Generator Identification Numbe	Г:	<del>~ ~</del>	····
23	8012280048-2			
	Facility Location:			
	Street Address: 7020-22 SW 87 AVE			
	City: Miami , Florida County: N	Miami Dade		Zip Code: 33173
5.	Facility Identification Number (DEP Use ONLY -	do not fill in):		
Re	sponsible Official		· · · · · · · · · · · · · · · · · · ·	
6.	The man included the second state of the second sec			
Nai	ne: Alex Piqueras	Title	: Presider	nt
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 7020-225 w 87 Av E			
	City: MiAMI, FI County: MI	'AMI DAD	ع	Zip Code: 33173
8.	Responsible Official Telephone Number: Telephone: (305 271 1832 ) (305 431 2321 ce	el ) -	Fax:	(305 271 0911 ) -
	ility Contact (If different from Responsible Offic			
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:	(	) -

DD7 Form No. 62 213,000(2)

### **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** Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 10/20/96 Existing/(Ney (RC) /CA/None required SAME RC/CA/None required Existing/New 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 NRW 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** Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [ 90 ] gallons (You must fill this in) 2007 (b) If less than 12 months, how many? [ ] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening

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

3. What is the facilit Indicate with an	ly's source classi 1 "X". Select on	fication based on e classification or	the definitions nly.)	found in section (	3) of Part II?
Small Area	Source	[א]			
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 Arca	Source			*	
Ti	ry-to-dry machir ransfer only on-s oth machine type	ite	(used 200 - 1,	100 gallons of per 800 gallons of per 800 gallons of per	c per year)
4. What control tech (Indicate with an		ed on machines p	xursuant to sect	ion (5) of Part II o	f this notification form?
	achines at small EQUIRED)	area source		machines at small gerated condenser	
Carbon ada	achines <u>at large</u> sorber ed condenser	area source		machines at large gerated condenser	
	A.C. Verify tha	t all steam and ho	ot water genera	ting units on-site n	e general permit pursuant to neet the following exemption
All steam and hot w No such units on-sit		units exempt	_x_or		
How many boilers d	lo you have on-s	ite? [1]	!		
For each boiler, ind	icate its horsepo	wer (HP) rating:		ال	
What type of fuel de	o you use?	propane No. 2 fuel	- TANKELL-W	] natural gas] No. 4 fuel oil _] Other (please li	st)
6. Equipment Monit	toring and Recor	dkeeping Inform	ation		
Check all logs which	h are required to	be kept on-site is	n accordance w	rith the requiremen	nts of this general permit:
(a) Purchase receipt	s and solvent pu	rchases/solvent a	ddition log	[_X	IJ
(b) Leak detection is	nspection and re	pair		ΙX	1
(c) Refrigerated con	denser temperat	ure monitoring		X	
(d) Carbon adsorber	exhaust perc co	ncentration moni	itoring	[X	
(e) Startup, shutdov	vn, malfunction	plan		<u>[_</u> X	

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

# HIST CLASS

GENERAL PERMITS SECTION

BURERO of BIR MONITORINGAND MO

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DEPAREMENT OF ENVIRONMENTAL PROFECT

2600 BIAIR STONE ROAD

TOLLOHASSEE, FL. 3239

RETURN RECEIPT REQUESTED

## PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

	<u> </u>
FLDEP Facility ID Number: 0250888 - 03	Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?
The name and address of the owner or operator;	Without 17.
The name and address of the owner or operator;  ALEX PLOYERAS  Name of the owner or operator of the dry cleaning facility	Check-one: Yes
Name of the owner or operator of the dry cleaning facility	is the Perc dry cleaning machine located in a building with no other tenants,
7020-225W 87AUE	leased space, or owner occupants?
Mailing address of the owner or operator of the dry cleaning facility	Check one: Yes
	Is the Perc dry cleaning operation a major or area source?
Mailing address line 2	Major Source: Perc consumption is greater than 2100 gallons/year
MIAMI FL 33173	Wajor Source. Fere consumption is greater than 2100 ganons year
City State Zip Code	Area Source: Perc consumption is 2100 gallons/year or below
The address (that is, physical location) of the dry cleaning facility;  MARS DELUXECLEANELS INC.	The yearly Perc solvent consumption: 90 gallons (How much Perc did you buy over the last 12 months?)
Name of the dry cleaning facility	Is the Perc dry cleaning operation in compliance with each applicable
7020-22 SW 87 AUE	requirement of the Federal Standard of 40 CFR §63.322?
Address of the dry cleaning facility (physical location)	Check one: Yes
	All information contained in this statement is accurate and true.
MiAMI FL 33173	figurere D.
City State Zip Code	Signature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And to: Air Toxics and Monitoring Branch 61 Forsyth Street SW Atlanta, Georgia 30303-8960	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources 2600 Blair Stone Road, MS #5510 Tallahassee, Florida 32399-2400

## To Whom It May Concern:

MARG DELUXE CLEDNERS	¥ ₹	has
just received, on 9-9-08	2008, not	ice of
the need to file the attached form. S	ince we w	ere
not aware of the ruling requiring thi	s informat	ion
prior to the date above, please accep	ot this	
information as our attempt to remain	n complia	nt .
with Local, State and federal statute	S.	
Jichenne Co		
Signature  AICX Print	7020 SI MIAMI,	<b>XE CLEANERS</b> N 87 AVE FL 3317 <b>3</b> 5-271-1832
PRESIDENT Title		

WARS DELUXE CLEANERS MIAMI FL 331

7020 SW 87 AV SEP 2008 PM 2 T MIAMI, FL 33173

PHONE: 305-271-1832

"LET US DARE TO R
THINK, SPEAK AN
John Adams, 1765
powerofthelette

FLORIDA DEPARTMENTO FENDIROMENTA PROTECCIÓN
GENERAL PERMIT SECTION
BUREAU OF AIRMONITORINDAND MOBIL SURCES
2600 BLAIR STONEROAD, MS #5510
TALLAHASSEE, FLORIDA, 32399-2400

323**99**+8542 COO1

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