

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Jorge Castrorani Voque Cleaners 976 Southwest 67 Avenue Miami, Florida 33144

Facility No.: 0250912 Re:

Dear Mr. Castrorani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

3/8/99 Called & plrone # liss been disconnected (AB)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL		COMPLAINT/DISCOV	ERY 🗹
• *	RE-INSPECTION	۷ 🗆		
AIRS ID#: 0250912	DATE: 12/18/9	TIME I	N: 2:00 P.M TIME	OUT: Z: 05 PM
FACILITY NAME: Vo	que Clos	NERS		
FACILITY LOCATION:	1976 S.	W. 67	Dre.	
	[Y(1 & M)			
RESPONSIBLE OFFICIAL	torge Cas	CASOST	PHONE: 266-7	670
CONTACT NAME:	0		PHONE:	
		R F	CEIVED	
D. Date Nominical mich				
PART I: NOTIFICATION			DEC 2 8 1998	
(check appropriate box)				
1. New facility notified DARM	30 days prior to start	111)	eau of Air Monitoring & Mobile Sources	۵
2. Facility failed to notify DAR	M to use general pern	-	X MODILE Sources	,

PART II: CLASSIFICATION	<u> </u>			
PART II: CLASSIFICATION			D No notification form	
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box)			On notification form Drop store out of bus	
Facility indicated on notificati				
Facility indicated on notificati (check appropriate box)	on form that it is:	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	The proposition of business of the proposition of business of the proposition of the prop	siness petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	siness petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 14	on form that it is: ce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 20 both types, 140	rea source $x < 140 \text{ gal/yr}$ $x < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 140 < 1$	siness petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility clud of the second of the large area check the large area courd facility clud of the large area sour dry-to-dry only, 140 ≤ x ≤ 1,800 source area constructed before 12/9/91)	on form that it is: ce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	rea source $x < 140 \text{ gal/yr}$ (200 gal/yr) (200 gal/yr) $(30 gal/y$	siness petroleum

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted UY UN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. □Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם צם
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	□Y □N □N/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? \Box Y \square N ŪΥ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A couplings, and valves DY DN DN/A Muck cookers DY DN DN/A Stills DY DN DN/A Door gaskets and seating Filter gaskets and seating DY DN DN/A Exhaust dampers DY DN DN/A DY DN DN/A Diverter valves DY DN DN/A Pumps Solvent tanks and containers DY DN DN/A □Y □N □N/A Cartridge filter housings Water separators DY DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A . If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print)

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DIS	COVERY	
AIRS ID#:025089Z DATE FACILITY NAME: 10pc PACILITY LOCATION: 97 PACILITY LOCATION: 4 PACILITY NAME: 4	Quality SW NAMI, FR	78 = 1 33	N: 1:30 P.M TIM EANERS 174 PHONE: (305) PHONE:		
PART I: NOTIFICATION		RI	CEIVE)	
(check appropriate box) 1. New facility notified DARM 30 d 2. Facility failed to notify DARM to		D.	OFC 2 8 1998 Ireau of Air Monitori & Mobile Sources	ng _{i,}	
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box) A.	orm that it is:		Drop store/out of		leum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	d tr b	cansfer only, x oth types, $x <$, x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$; transfer only, $200 \le x \le 1,800$ gal both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	gal/yr d /yr tr r b	ansfer only, 2 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	1 (T No	1 1997 V Jeg
5. This is a correct facility classifi	ication C	DY 🗆N	□Can not determine	\cdot \mathcal{W}	Jo.
1	alified for a gener	al permit as nu	imber abov	e \	σ
B. The total quantity of perchloroeth facility was gallons.	ylene (perc) purch	nased within th	ne preceding 12 month	s by this dry cle	eaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
The party in the cases where contracts	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	DY DN

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY O	N ·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	_Y _	N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY O	N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		NI L'INI/A
	if machines are equipped with a carbon adsorber?	- · -	N DN/A
	Is the perc concentration equal to or less than 100 ppm?	uy u	N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•	
	or expansion; and downstream from no other inlet?	OY O	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	_ OY O	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Y	N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y □N
2. Maintained rolling monthly total of perc consumption?	□Y □N .
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	□Y □N
7. Maintained deviation reports?	□Y □N □N/A
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?				ΠY	N	
2. Has	the facility maintained a leak log?				ÜΥ	N	
3. Doe	s the responsible official check the f	ollowing a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	חם אם	I □N/A	Muck cookers	ΩY	□N □N/A	
	Door gaskets and seating		I □N/A	Stills	ΟY	□N □N/A	
	Filter gaskets and seating	OY ON	I □N/A	Exhaust dampers	ΟY	□N □N/A	
	Pumps		I □N/A	Diverter valves	ΩY	□N □N/A	
	Solvent tanks and containers		I DN/A	Cartridge filter housings	ΠY	□N □N/A	
	Water separators	OY ON	I □N/A				
4. Whi	ch method of detection is used by th	e responsi	ble official?				
	Visual examination (condensed so	lvent on ex	kterior surfaces)				
	Physical detection (airflow felt thr	ough gask	ets)	. પૂર્વ	. 🗖	7	
Odor (noticeable perc odor)						•	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:						/A	
	a. Capable of detecting p	erc vapor	concentrations in	ra range of 0-500 ppm?	ΩY	□N .	
	b. Calibrated against a sta	andard gas	prior to and afte	r each use	-		
	(PID/FID only)?					ΩN	
	c. Inspected for leaks and			a weekly basis?		ΠN	
	d. Kept in a clean and sec						
	e. Verified for accuracy b	by use of d	uplicate samples	(calorimetric only)?	ЦΥ	□N	
L	RO SMART.	bed					
M	1280 BARR	05		12/18/9	8		
	Inspector's Name (Please Print		·	Date of Inspection		<u>.</u>	
	//WW			OOB			
	Inspector's Signature			Approximate pate of I	Next I	nspection	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Voque Cleaners CORP.
2. Site Name (For example, plant name or number):
VOQUE CLEANERS.
3. Hazardous Waste Generator Identification Number:
Fl 0000 876 441
4. Facility Location: 976 Sw 67 th Auc
Fl 0000 B76 441 4. Facility Location: 976 Sw 67th Auc Street Address: City: MIAM; County: Fl DADE Zip Code: 33144
5: Facility Identification Number (DEP Use):
02509/2
Responsible Official
6. Name and Title of Responsible Official:
Jorge CASTOTANI
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: SAME AS ASSOC
Organization/Firm: Street Address: SAMC AS ANG C City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (30Γ) 266-7670 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
NINOSKA GAMAbell
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (305) 266 7670 Fax: $()$
RECEIVER

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96

0250912

P13 6. add Vitle of Responsible Official.
914 (c) Should not be marked Warhout and initial
~ 17
Responsible Official sign and date for changes.
for changes.
12/4/97 Henry Exteres spoke to lorge Costorani and he stated that he (Jorge Cartorani) was the president of the Voque Cleaners Corp.
Costoroni and he stated that
he (Jorge Cartorani) was the
president of the Voque Cleaners Corp.

44.3033

Salar Control of the Walter

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
	ľ	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine		1 dichased	mstarted	113	rurenasea	THIS CALL OF	10	r dronased	mstarred
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
				,					
Dry-to-Dry Unit		02/01/9	5 02/01/	25					
(1) w/ ref. condenser	1	1995/2	<u> </u>						
(2) w/ carbon adsorber		<i>'</i>							
(3) w/ no controls									
Washer Unit		•			•		•	•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								1	
Dryer Unit		•	•		•	1		1	<u></u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									1
(9) w/ no controls									
Reclaimer Unit						·		1	
(10) w/ ref. condenser							Ι .		
(11) w/carbon adsorber									
(12) w/ no controls					<u> </u>				†
(b) Control devices are (c) No control devices 2.(a) What was the total of [/20]	are r	equired to be	installed [Χ	_].	in the latest 12	2 mo	nths?	
(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	not l	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	nd in section (3) of	Part II?	
Existing small ar	ea so	ource []	N	ew sr	nall area sou	irce [X]		
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce []		

DEP Form No. 62-213.900(2)

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4. What control technology is required (Indicate with an "X".)	ired on machines p	oursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	ιXι		z
New large area source Refrigerated condenser			÷
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such that no such that the su	that all steam and	•	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil co	d exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
		nd Recordkeeping Inform	
Check all logs which are required	•	in accordance with the requ	
(a) Purchase receipts and solvent p			ĹΣ
(b) Leak detection inspection and i	repair		[<u>X</u>]
(c) Refrigerated condenser temperated	ature monitoring		X
(d) Carbon adsorber exhaust perc of	concentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	on plan		(X)

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, 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 is 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. Imptly notify the Department of any changes to the information contained in this notification.
Signature	9 15 97 Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96



Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature
Nume (pieuse primi)	Signature
	<u>.</u>

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

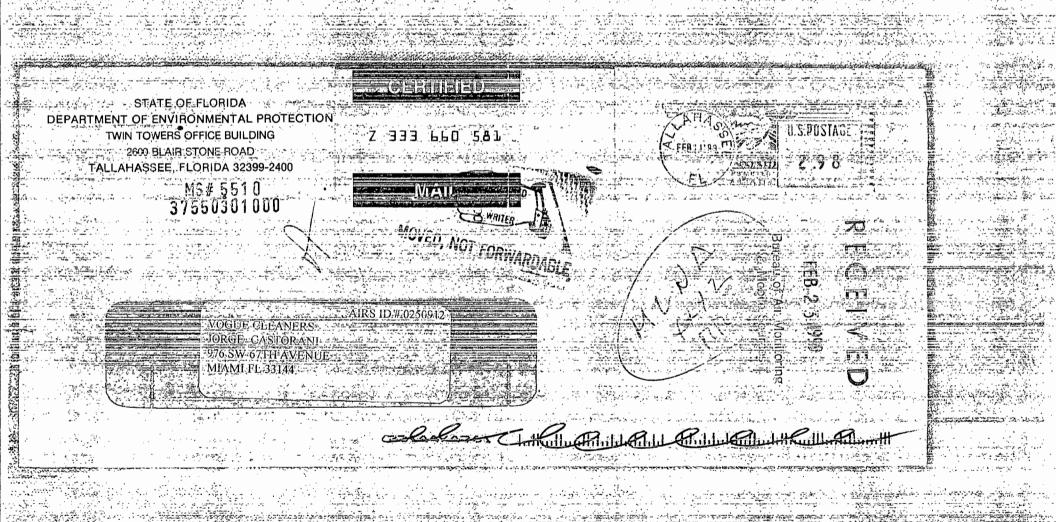
/SB

cc: District/Local program



	CENDED							
	SENDER: "Complete trems 1 and/or.2.fo "Complete trems 3, 44, and 40 Brint your name, and socress	additional portion		The work to	rand in His			
	FOrmplete liems S, 48-and 40	n additional services.		wish to i läföllowing servi	ieceive ine			
Transcription (Alexander)	Printyour name and Edition	en the reverse of this form so that w	Camileiom iiiiS	Indiani igiseivi	ces nor an			
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
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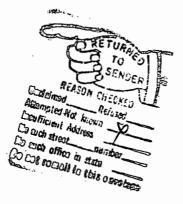
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Bureau of Air Monitoring
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