

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

October 15, 2007

Mr. Aslam Dalal Majestic Cleaners 12600 Southwest 8th Street Miami, Florida 33184

Re: Facility No.: 0250932-003

Dear Mr. Dalal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 11, 2007.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

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.

Facility Name and Location

| 1. Facility Owner/Company Name (Name of Corporation, agency, or murvidual owner). | | | | | |
|---|--|--|--|--|--|
| DALAL OF MIRMI JNC. | | | | | |
| 2. Site Name (For example, plant name or number): | | | | | |
| MAJOSTIC. CLEANERS. | | | | | |
| 3. Hazardous Waste Generator Identification Number: | | | | | |
| FLD052614252 | | | | | |
| 4. Facility Location: 12600 S.W. 8th Street | | | | | |
| Street Address: City: County: DADC Zip Code: 33186 | | | | | |
| mipmi county DAVE 21 code. 33189 | | | | | |
| 5 Facility Identification Number (DEP Use ONLY - do not fill in) 0250932- | | | | | |
| リインリソンとつ | | | | | |
| | | | | | |
| Responsible Official | | | | | |
| 6. Name and Title of Responsible Official: | | | | | |
| Name: ASCAM DALAL Title: (SEEETANY) | | | | | |
| 7. Responsible Official Mailing Address: | | | | | |
| Organization/Firm: | | | | | |
| Street Address: City: County: Once AS Zip Lod: BOVE. | | | | | |
| City. OVVOCE 74.3 Zip Edg. 130 V.E. | | | | | |
| 8. Responsible Official Telephone Number: | | | | | |
| Telephone: Bos 553- 4600 Fax: (| | | | | |
| Facility Contact (If different from Responsible Official) | | | | | |
| 9. Name and Title of Facility Contact (For example, plant manager): | | | | | |
| ASCAM DACAL | | | | | |
| 10. Facility Contact Address: Que as alease | | | | | |
| Street Address: | | | | | |
| City: Zip Code: | | | | | |
| 11. Facility Contact Telephone Number: | | | | | |
| Telephone: () - Fax: () - | | | | | |
| | | | | | |

| Facility Information | | | | | | |
|---|------------------------|--|--|--|--|--|
| 1.(a) DRY-TO-DRY MACHINES ONLY | | | | | | |
| How many dry-to-dry machines do you have on-site? | | | | | | |
| For each dry-to-dry machine on-site, please provide the following information: | | | | | | |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Require (circle one) | d* Date Control Device Installed (if already included at time of purchase, write "SAME") | | | |
| SAME | Existing/Nev | v RC/CA/None required | Some | | | |
| | Existing/Nev | w RC/CA/None required | | | | |
| | Existing/Nev | w RC/CA/None required | , <u> </u> | | | |
| *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber | | | | | | |
| 1.(b) TRANSFER MAC | HINES ONLY | /_ | • , | | | |
| How many washers do you have on-site? | | | | | | |
| How many dryers/reclaimers do you have on-site? | | | | | | |
| If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: | | | | | | |
| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") | | | |
| | Existing/New | RC/CA/None required | | | | |
| | Existing/New | RC/CA/None required | N/m | | | |
| A | 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? [60] gallons (You must fill this in) | | | | | | |
| (b) If less than 12 months, how many? [MAT months | | | | | | |
| Check why it is less than 12 months: New owner: [] Did not keep records: [] | | | | | | |
| • | | New store: [W/n] New ma | achine [N/17 | | | |
| | | New store: [M/] New many Unopened store [M/] (da | ite of expected opening 4/4 | | | |
| | | 18 | | | | |

| | 3. What is the facility's source classification based or 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 | | | |
| | 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 (Indicate with an "X".) | pursuant 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 sourge Refrigerated condenser | | |
| • | 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 | | |
| | How many boilers do you have on-site? | | | |
| | For each boiler, indicate its horsepower (HP) rating: | 154P-1- | | |
| | What type of fuel do you use? No. 2 fue No. 6 fue | | | |
| | 6. Equipment Monitoring and Recordkeeping Inform | | | |
| | Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: | | | |
| | a) Purchase receipts and solvent purchases/solvent addition log | | | |
| (b) Leak detection inspection and repair | | | | |
| | (c) Refrigerated condenser temperature monitoring | × | | |
| | (d) Carbon adsorber exhaust perc concentration more | nitoring [Y] | | |
| | (e) Startup, shutdown, malfunction plan | [*] | | |

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification: I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

of responsible official

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illajestic Cleanei: 12000 SW 8th St Maml Pla 33184

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