

Florida Department of Environmental Protection

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

November 20, 2007

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Vicente A. Jimenez Ademaries Dry Cleaners 1886 Southwest 57th Avenue Miami, Florida 33155

Re: Facility No.: 0250934-003

Dear Mr. Jimenez:

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

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

OCT 1 7.2007

Bureau John Monitoring & Mobile Sources

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.

Fac	ility Name and Location		
1.	Facility Owner/Company Name (Name of corporation, ager	cy, or inc	lividual owner):
	ADEMARIES DRY CLEANERS		•
2.	Site Name (For example, plant name or number):		
	Camb		
3.	Hazardous Waste Generator Identification Number:		
4.	Facility Location: Co. 1 Cl. 1 Cl. 1	. 0	
''	Facility Location: 1886 SW 51 th Avenus	ic	
	City: MIAMI County: FLORID.	A	Zip Code: 33155
5	Facility Identification Number (DEP Use ONLY do not fill		INENO2IL F
***	· · · · · · · · · · · · · · · · · · ·		はのしずりする。
	· · · · · · · · · · · · · · · · · · ·		
Res	ponsible Official		
	Name and Title of Responsible Official:		
ı	ne: VICENTE A. JIMENEZ	Title:	OWNER
			, , , , , , , , , , , , , , , , , , ,
7.			·
	Organization/Firm:		
	Street Address:		7in Cada
	City: County:		Zip Code:
8.	Responsible Official Telephone Number:	· · · · · · · · · · · · · · · · · · ·	
		Fax: (3	305 ⁾ `661 ⁻ 8968
			303 4 301 3300
_		•	
	ility Contact (If different from Responsible Official)		
у .	Name and Title of Facility Contact (For example, plant mana	iger):	
10.	Facility Contact Address:		
	•		
	Street Address:		
	City: County:		Zip Code:
11	Facility Contact Telephone Number:		
11.	Telephone: () -	Fax: () -
	10.0p.10.10.	- un. (,

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY **1** 1 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 (circle one) (circle one) (if already included at time of purchase, write "SAME") 08-DEC-85 Existing/New RC/CA/None required RC/CA/None required Existing/New RC/CA/None required Existing/New RC = refrigerated condenser *CONTROL DEVICE KEY: . CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? 0 How many dryers/reglaimers do you have on-site? 0 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 Control Device Required* Date Control Device Installed Status 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: CA = carbon adsorber RC = refrigerated condenser 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [0] gallons (You must fill this in) (b) If less than 12 months, how many? [0] months Check why it is less than 12 months: New owner: [____] Did not keep records: [____] New store: [____] New machine [____] Unopened store [____] (date of expected opening MACHINE NOT WORKING. NEED TO REPAIR BUT PART NEEDED NOT FOUND

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3. What is the facility's source classification based on Indicate with an "X". Select one classification or	
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 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	
How many boilers do you have on-site? [_1_]	
For each boiler, indicate its horsepower (HP) rating: [[6][_]
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	5.77 *** T ATT
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	[]
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Startup, shutdown, malfunction plan	[]

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

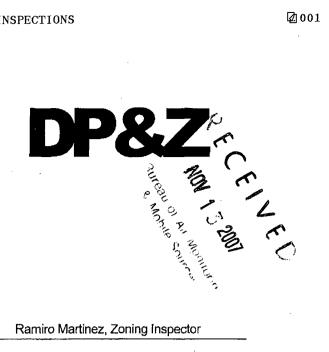
7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
[]	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible (Official Certification
this notifi statement maintain	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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	VICENTE A. JIMENEZ
Print nam	e of responsible official I 10 12 07 Date

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

Miami-Dade Permitting & Inspections Center Department of Planning & Zoning Zoning Inspections Section 11805 S.W. 26th Street Suite 223 Miami, Florida 33175

Phone: 786-315-2660 786-315-2927 Fax:





To:	Cecily Tart	From:	Ramiro Martinez, a	Zoning Inspector
Fax:	850-922-6979	Pages:	4 (including cover	page)
Phone	*	Date:	November 13, 200	7
Re:	General Permit Notification Form	CC:		
□ Urg	ent X For Review ☐ Please	e Comment	□ Please Reply	☐ Please Recycle
Notif If you your	ly: Der our telephone conversation The application has any questions, please can patience. The you,	as been filled	l-out/revised as	per your instructions.
Ram	niro Martinez			

Facility Name and Location

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

OCT 1 7. 2007

Bureau James Mobile Suirces

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 owner):

	ADEMARIES DRY CLEANERS			Carried Son FC
2,	Site Name (For example, plant name or number):	·		e 46 3
*	•			Car of San Fl
3.	Hazardous Waste Generator Identification Numb	er:		St. Tall
		•		Solland Control of the Control of th
4	Facility Location: 1886 5.W 57 AVE			
*	Street Address:		•	Sin Codus
	City: MIAMI County:	FLORIDA		Zip Code: 33155
:5 /	Facility Identification Number (DRP Use ONLY	do not fill in);		
Da	ponsible Official			
·6.				
	ne: VICENTE A. JIMENEZ	Title:	OWNE	₹R
 		·		
7.	[
	Organization/Firm: Street Address:			
	City: County:			Zip Code:
8.	Responsible Official Telephone Number:	,	· · · · ·	
٥.	Telephone: (305)264 - 0623	Fax:	(zne) 661-8968
	(303) 204 (002)		1303	7 001 0300
Fac	ility Contact (If different from Responsible Off	īcial)		
	Name and Title of Facility Contact (For example,		-W-,	
10.	Facility Contact Address;			
				•
	Street Address: City: County:	ř		Zip Code:
	City. County:			zip code.
11.	Facility Contact Telephone Number:			
	Telephone: () -	Fax:	() -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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1.(a) DRY-TO-DRY M		a a	
How many dry-to-dry ma	_	•	
	,,,,	e provide the following information	
Date Initially Purchased From Manufacturer	Status (circle one)		Date Control Device Installed (if already included at time of purchase, write "SAME")
08-DEC-85	Existing	ew RC/CA/None required	State of Action
	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
(b) Transfer Mac	CHINES ONLY		
How many washers do ye	ou have on-site?	[_0_]	•
How many dryer Areclain	ners do you have	on-site? [0]	•
f the transfer machine winit. If the transfer mach 993, it is a NEW unit (1 permit). For each transf	as purchased from ine was purchased no units purchased	n the manufacturer prior to or on E I from the manufacturer between E Lafter September 22, 1993 are allo e, please provide the following inf	
f the transfer machine want. If the transfer mach 1993, it is a NEW unit (1 permit). For each transforte Initially Purchased	as purchased from ine was purchased no units purchased er machine on-site	n the manufacturer prior to or on I I from the manufacturer between I Lafter September 22, 1993 are allo	December 9, 1991 and September 22, owed to operate under this general
f the transfer machine want. If the transfer mach 1993, it is a NEW unit (1 permit). For each transforte Initially Purchased	as purchased from ine was purchased no units purchased er machine on-site	n the manufacturer prior to or on I I from the manufacturer between I Lafter September 22, 1993 are allowing information of the following information of the control Device Required*	December 9, 1991 and September 22, owed to operate under this general ormation: Date Control Device Installed (if already included at time of
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Small Area Source		•
Dry-to-dry mac Transfer only o Both machine t		(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	نـــــن	*
Dry-to-dry mac Transfer only o Both machine t		(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 req (Indicate with an "X".)	uired on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at small (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser []
Existing machines at large Carbon adsorber Refrigerated condenser	ee area source	New machines at large area source Refrigerated condenser []
	that all steam and h on-site (see attache	units shall not be eligible to use the general permit pursuant not water generating units on-site meet the following exempled memo for the criteria). OR
Rule 62-213.300, F.A.C. Verify is criteria or that no such units exist All steam and hot water generating	that all steam and h on-site (see attache g units exempt	not water generating units on-site meet the following exemped memo for the criteria).
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Rule 62-213.300, F.A.C. Verify of criteria or that no such units exist. All steam and hot water generation. No such units on-site. How many boilers do you have or	that all steam and hon-site (see attaches gunits exempt	iot water generating units on-site meet the following exempled memo for the criteria). [] OR [] [] natural gas] No. 4 fuel oil
Rule 62-213.300, F.A.C. Verify of criteria or that no such units exist. All steam and hot water generation. No such units on-site. How many boilers do you have or For each boiler, indicate its horse.	that all steam and hon-site (see attaches units exempt a-site? [] power (HP) rating: [] propane [] No. 2 fue [] No. 6 fue	Loil [] No 4 fuel oil [X] Other (please list) DH HIGH
Rule 62-213.300, F.A.C. Verify of criteria or that no such units exist. All steam and hot water generation. No such units on-site. How many boilers do you have or For each boiler, indicate its horse. What type of fuel do you use? 6. Equipment Monitoring and Recommendation.	that all steam and hon-site (see attaches gunits exempt a-site? [] propane [] No. 2 fue [] No. 6 fue	Loil [] No 4 fuel oil [X] Other (please list) DH HIGH
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Rule 62-213.300, F.A.C. Verify of criteria or that no such units exist. All steam and hot water generation. No such units on-site. How many boilers do you have on For each boiler, indicate its horse. What type of fuel do you use? 6. Equipment Monitoring and Rec. Check all logs which are required.	that all steam and hon-site (see attached units exempt and he site? [] propane [] No. 2 fue [] No. 6 fue cordkeeping Informato be kept on-site; purchases/solvent and repair	Loil [] Other (please list) DH HIGH accordance with the requirements of this general permit:
Rule 62-213.300, F.A.C. Verify of criteria or that no such units exist. All steam and hot water generation. No such units on-site. How many boilers do you have on For each boiler, indicate its horse. What type of fuel do you use? 6. Equipment Monitoring and Rec. Check all logs which are required. (a) Purchase receipts and solvent. (b) Leak detection inspection and	that all steam and hon-site (see attached units exempt and hon-site? [] propane [] No. 2 fue [] No. 6 fue cordkeeping Inform to be kept on-site; purchases/solvent arepair reture monitoring	into water generating units on-site meet the following exempled memo for the criteria). [] OR [] natural gas aloil

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

ADEMARIES DRY CLEANERS 1886 S.W. 57 AVENUE MIAMI, FL. 33155

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GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND
MOBILE SOURCES, MS_551.0.
DEPARTMENT OF ENVIROMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL. 32399-2400

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