

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

May 2, 2008

Ms. Pauline Davis Incentive Cleaners 18400 Northwest 2nd Avenue, Suite B-3 Miami, Florida 33169

Re: Facility No.: 0250941-003

Dear Ms. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 31, 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

KUHAN

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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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):
Fairline Dans
2. Site Name (For example, plant name or number):
Incentire Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 18400 NW Street Address: City: 2500 B-3 County: D. Zip Code: 22110
Street Address: City: Zip Code: Zip
City: 2402 18-3 County: DO Be Zip Code: 33 169
1125190
Responsible Official UP JUI
6. Name and Title of Responsible Official: Name: \ Title:
Hamilie Davis Hesidens
7. Responsible Official Mailing Address:
Organization/Firm: 18400 W How
Street Address: B3 mccmi
8. Responsible Official Telephone Number:
303 65(-351)
The 1914 of Control of
2. Ivanic and The of Pacinty Contact (For example, plant manager).
Pauline Doins
10. Facility Contact Address:
B-3 M. Dede Zipcode 33169
11. Facility Contact Telephone Number:
Telephone: (305 651-357) Fax: () -
8. Responsible Official Telephone Number: Telephone: (305) 6 \$ 1 - 3 \$ 5

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

Facility Information				
1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site?				
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")	
1998	Existing/Ne	w RC/CA/None required	1998	
	Existing/Ne	w RC/CA/None required		
	Existing/Ne	W RC/CA/None required		
*CONTROL DEVICE KI	EY: RC = re	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	u have on-site?	i None		
How many dryers/reclaim	ers do you have o	n-site? [WA		
unit. If the transfer machin 1993, it is a NEW unit (m	e was purchased units purchased			
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		
4-	Existing/New	RC/CA/None required		
	Existing/New	RC/CA/None required		
*CONTROL DEVICE KE		Efrigerated condenser $CA = 0$ have you used within the last 12 mo	carbon adsorber	
1	s (You must fill t		•	
(b) If less than 12 mont	hs, how many? [_] months		
Check why it is less than 12 months: New owner: [] Did not keep records: []			records: []	
		New store: [] New machine		
		Unopened store [] (date of ex	xpected opening)	

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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 Source []				
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)				
Large Area Source []				
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)				
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)				
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser [X]				
Existing machines at large area source Carbon adsorber [] Refrigerated condenser [] 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				
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating: [15][]				
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)				
6. Equipment Monitoring and Recordkeeping Information				
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 monitoring				
(e) Startup, shutdown, malfunction plan				

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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
<u></u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible	Official Certification
this notij statemen maintain comply v	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 us 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.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
1 14	Auline Di
Print nar	ne of responsible official
(a) ou 3/10/08_
Signatur	Date

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General Permits
Section
Bureau of Air Monitoring andres
Mobile Sources ms SSID
Dept of Environmental Fratection
2600 Blair Stone Ed.

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