

# Department of Environmental Protection

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

Colleen M. Castille Secretary

December 21, 2005

Mr. Lourdes Aragon The One & Only DryCleaners, Incorporated 11506 Southwest 6<sup>th</sup> Street Miami, Florida 33157

Re: Facility No.: 0250951-003

Dear Mr. Aragon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 10, 2005.

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,

Joseph Kahn, Chief

Bureau of Air Monitoring

and Mobile Sources

JK/iw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

## BECEIVED

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

NOV 1 0 2005

Air Quality

### Part III. Notification of Intent to Use General Permit Management Division

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):
The One & Only Developer Inc.  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 9558 SW 14045-17884
City: Wiam County: DADE Zip Code: 33137
City Millim
Sim-Encling Identification Number of EPPU CONTY so another in):
Responsible Official
13.00
Name: Larves Arason  Name: Name and Title of Responsible Official:  Name: Name and Title of Responsible Official:  Title:
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 11506 SW 65+
City: Mani County: Dabe Zip Code: 33/74
8. Responsible Official Telephone Number:
Telephone: (786) 356-0674 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Margarita Modríguez
10. Facility Contact Address:
Street Address: 9518 SW 160th St
City: Hicm County: DANC Zip Code: 83117
11. Facility Contact Telephone Number:
Telephone: (305) 969 - 5254 Fax: ()

#### Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y /			
How many dry-to-dry ma	ichines do you hav	ve on-site?			
For each dry-to-dry mach	nine on-site, please	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")		
1994	Existing/Ne	ew RC/CA/None required	97		
	Existing/Ne	ew RC/CA/None required			
	Existing/Ne	ew RC/CA/None required			
*CONTROL DEVICE K	EY: RC=r	efrigerated condenser CA =	= carbon adsorber		
1.(b) TRANSFER MAC	CHINES ONLY				
How many washers do ye	ou have on-site?	[_2_]			
How many dryers/reclair	ners do you have	on-site?			
1993, it is a NEW unit (	no units purchased		December 9, 1991 and September 22, owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")		
1997 7.	Existing/New	RC/CA/None required	SAME		
	Existing/New	RC/CA/None required			
	Existing/New	RC/CA/None required	· ·		
*CONTROL DEVICE K		· · · · · · · · · · · · · · · · · · ·			
2 (a) How much perchle	٠.		= carbon adsorber		
	٠.	have you used within the last 12			
	oroethylene (perc)	have you used within the last 12 this in)			
[ 30 ] gallo	proethylene (perc) ons (You must fill onths, how many?	have you used within the last 12 this in)	months?		
[ 30 ] gallo	proethylene (perc) ons (You must fill onths, how many?	have you used within the last 12 in this in)  [] months	months?  ep records: []		

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

	at is the facility's source cl dicate with an "X". Selec			initions found in	n section (3) of Part	n?
	Small Area Source					-
	Dry-to-dry ma Transfer only o Both machine		(used le	ss than 200 gall	ions of perc per year lons of perc per year lons of perc per year	<del>.</del> )
	Large Area Source	[]				
	Dry-to-dry ma Transfer only o Both machine		(used 20	00 - 1,800 gallo	ns of perc per year) ns of perc per year) ns of perc per year)	
	at control technology is redicate with an "X".)	quired on machines	pursuant	to section (5) o	of Part II of this notic	fication form?
	Existing machines at sr (NONE REQUIRED)	nall area source		New machines Refrigerated c	s at small area source	<u>e</u> .
	Existing machines at la Carbon adsorber Refrigerated condenser	rge area source		New machines Refrigerated c	s at large area source ondenser []	<u> </u>
Rule 6 exemp	acility which contains nor 2-213.300, F.A.C. Verify tion criteria or that no suc	that all steam and h units exist on-site	hot water	generating unit	s on-site meet the fo	
No suc	ch units on-site		[]			
How n	nany boilers do you have o	on-site?				
For eac	ch boiler, indicate its hors	epower (HP) rating	: [] [			
What t	ype of fuel do you use?	propane No. 2 fue		[] natural [] No. 4 f [] Other (	<b>.</b>	
6. Egu	ipment Monitoring and R	ecordkeeping Infor	mation			
5.	all logs which are require		•	lance with the r	equirements of this	general permit:
	chase receipts and solven					B
	ak detection inspection an	•				
	frigerated condenser temp	-			[]	•
	rbon adsorber exhaust per	. 8	nitoring	4	[ ]	
	artup, shutdown, malfunct					

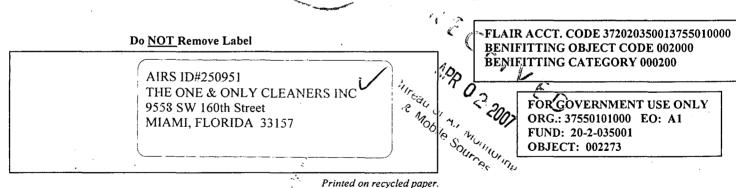
DEP Form No. 62-213.900(2) Effective: 2/24/99

. Surrender of			and the second second						
Please indicate	with an "X" the	appropriate s	election:					•	
	I hereby surrend this notification	ier all existing form; the per	g DEP air mit numb	permits a per(s) are	authorizi	ng opera	tion of the	facility	indicated
· []	No DEP air peri	mits currently	exist for	the opera	 tion of th	ne facility	/ indicated	d in this	notificatio
	form.						2.5		
		*							
esponsible O	fficial Certificat	tion							•
				<del></del>		<del></del>			
						•			
this notific	rsigned, am the ration. I hereby c made in this not	certify, based ification are t	on inform true, accu	nation and rate and	d belief f complete	ormed af c. Furthe	ter reasor er, I agree	iable inq to opera	quiry, that ate and
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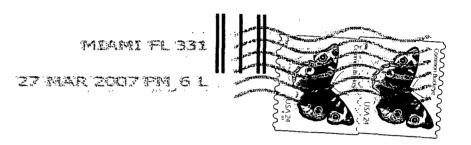
## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 471792 MAR29 2007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.





The One & Only Deycleaners, Inc. 9668 Sw 160 Street
Miumi, FC 33157



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

3231E#3070



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label 2016

#### **TOTAL AMOUNT DUE: \$50.00**

