

# 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 21, 2008

Mr. Amin Lalani, President Crown Cleaners 8253 South Dixie Highway Miami, Florida 33143

Re: Facility No.: 0250954-003

Dear Mr. Lalani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 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

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 198 2005
VER REPORTS

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# To Whom It May Concern:

CROWN CLEANERS	has
just received, on <u>Sept. 9th</u> 2008, no	tice of
the need to file the attached form. Since we w	vere
not aware of the ruling fequiring this informa	tion
prior to the date above, please accept this	
information as our attempt to remain complia	nt
with Local, State and federal statutes.	

Signature
AMIN LACANI

Print
RESIDENT

Crown cleans 8253 S Dixie By MIA PR 33143

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Florida Delt of Ehrmonmental Parketon General Permits Section Bureau of Air Mon. tong & Mobile Jources 2600 Blair Stone Road, MS # 5510

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## PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

FLDEP Facility ID Number: 3 0250954		he Perc dry cleaning machine located in a building with a residence(s), in if the residence is vacant at the time of this notification?
The name and address of the owner or operator;	J : 1000	
DEANS CHARANIA.	, ) ) 	eck one: No Yes
Name of the owner or operator of the dry cleaning facility	Is th	he Perc dry cleaning machine located in a building with no other repants, 77
AMINI CALANI	leas	sed space, or owner occupants?
Mailing address of the owner or operator of the dry cleaning facility	Che	eck one: Yes
8253 S. SIXIS HI-WAY	Is-il	he Perc dry cleaning operation a major or area source?
Mailing address line 2  MIAMI  FL 33043		Major Source: Perc consumption is greater than 2100 gallons/year
City State Zip Code		Area Source: Perc consumption is 2100 gallons/year or below
The address (that is, physical location) of the dry cleaning facility;	The	e yearly Perc solvent consumption: $20/120$ gallons
		(How much Perc did you buy over the last 12 months?)
CLOWN CLEANERS	2. 1	1200 milen 2 ere uid you ouy over the tust 12 months:)
Name of the dry cleaning facility	Îŝ ti	he Perc dry cleaning operation in compliance with each applicable
8253 5 DIXIE MY-WAY.	requ	Tirement of the Federal Standard of 40 CFR §63.322?
Address of the dry cleaning facility (physical location)	Che	eck one: Yes
	All	information contained in this statement is accurate and true.
Address line 2		
MIAMI. FL 33142		gleun Lolan
City. State Zip Code	Sigi	nature of the Responsible Official for the dry cleaning facility
By Registered Mail Send to: USEPA Region 4 And Air Toxics and Monitoring Branch 61 Forsyth Street SW	G	Florida Department of Environmental Protection General Permits Section Bureau of Air Monitoring and Mobile Sources
Atlanta, Georgia 30303-8960		2600 Blair Stone Road, MS #5510 fallahassee, Florida 32399-2400

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 for your file. completed form to the address listed in the instructions and keep a copy of the form for your files?

Fa	cility Name and Location	¥
1.		
	CROWN CLEHNER	
2.	Site-Name (For example, plant name or number):	
	CROWN CLEANFERS	
3.	Hazardous Waste Generator Identification Number:	
	SAFETY (CLEEN (301) 884-0123	
4.	Hazardous Waste Generator Identification Number:  SAFETY RLEEN (301) 884-0123  Facility Location: Street Address: 8253 S Dirie Bry	
	City: MIMI County: DADE Zip Code: 33 143	
5: 11:	Facility/Identification/Number (DEP Use ONLY) - do not fill in): 025035440	
	sponsible Official	
	Name and Title of Responsible Official:	
Na	me: AMIN LALANI, Title: RESIDENT	
7.	Responsible Official Mailing Address:	
	Organization/Firm: Street Address: STAME AS ABOVE	
	Olicot Address.	ļ
	City: Zip Code:	
8.	Responsible Official Telephone Number:	$\dashv$
	Telephone: (305) 66 L 1878 Fax: (305) 259 3044	
Fac	cility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	$\neg$
	SADRYDDIN CHARIANIA Facility Contact Address: SAME AS Above	
10.	Facility Contact Address:	ヿ
	SAME AT Above	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	$\dashv$
	Telephone: (20() 66 2 (872) Fax: ()	

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? 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") 2000 RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES 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 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: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? ] gallons (You must fill this in) (b) If less than 12 months, how many? [\_\_\_\_] months

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [\_\_\_\_] New machine [\_\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_\_

Check why it is less than 12 months: New owner: [\_\_\_] Did not keep records: [\_\_\_]

3. What is the facility's source classification based on Indicate with an "X". Select one classification or	
Small Area Source [X]	•
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 []	
Transfer only 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 portion (Indicate with an "X".)	ursuant 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 []
	its shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemption 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:	
What type of fuel do you use? [] propane [] No. 2 fuel of [] No. 6 fuel of []	
6. Equipment Monitoring and Recordkeeping Informat	ion
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 add	lition log
(b) Leak detection inspection and repair	. 🖳
(c) Refrigerated condenser temperature monitoring	. ( <u>~</u> )
(d) Carbon adsorber exhaust perc concentration monito	ring
(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 notification form; the permit number(s)	permits authorizing operation of the facility indicated in this are
[]	No DEP air permits currently exist for t	the operation of the facility indicated in this notification for
Responsible (	Official Certification	
statement maintain comply w I will prot	s made in this notification are true, accur the air pollutant emissions units and air p ith all terms and conditions of this genera	ation and belief formed after reasonable inquiry, that the rate and complete. Further, I agree to operate and collution control equipment described above so as to all permit as set forth in Part II of this notification form.  The est to the information contained in this notification.
Che	un fla	9/10/or
Signature		Date

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Dept of environmental Interior

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Tallahassee, FL 32399-2400

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