

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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DEC 18 2008  
Bureau of Air, Water,  
& 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.

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Mr. Guaroa Asencio / One Low Price Cleaners
2. Site Name (For example, plant name or number): One Low Price Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 970 West 49 <sup>th</sup> . Street City: Hialeah    County: Miami Dade    Zip Code: 33012
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0250980-003</b>

**Responsible Official**

6. Name and Title of Responsible Official: Name: Mr. Guaroa Asencio    Title: Owner
7. Responsible Official Mailing Address: Organization/Firm: One Low Price Cleaners Street Address: 970 West 49 <sup>th</sup> . Street City: Hialeah    County: Miami Dade    Zip Code: 33012
8. Responsible Official Telephone Number: Telephone: (305) 231-7171 -    Fax/E-Mail: <a href="mailto:ambar@gate.net">ambar@gate.net</a>

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager): Mr. Guaroa Asencio, Owner / One Low Price Cleaners
10. Facility Contact Address:  Street Address: 970 West 49 <sup>th</sup> . Street City: Hialeah    County: Miami Dade    Zip Code: 33012
11. Facility Contact Telephone Number: Telephone: (305) 231-7171 -    Fax/E-Mail: <a href="mailto:ambar@gate.net">ambar@gate.net</a>

1/15/09  
PER TELECON  
← w/ MR. ASENCIO  
[Signature]

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JAN 15 2009

Bureau of Air Monitoring  
Mobile Sources

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [ 1 ]

For each dry-to-dry 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")
2/96	Existing <u>New</u>	RC/CA/None required	02/04
_____	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 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	_____
_____	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

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

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

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

G.A.

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

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For each dry-to-dry machine on-site, please provide the following information:

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**1.(b) TRANSFER MACHINES ONLY**

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(b) If less than 12 months, how many?

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

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".)

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input type="checkbox"/> |

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  **OR**  
 No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

20 H.P.

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 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

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**

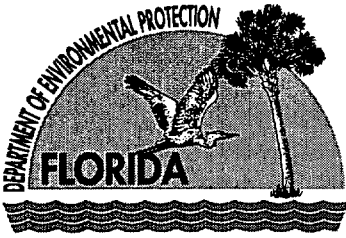
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.*

GUANAA ASENCIO  
Print name of responsible official

Yuanza Encino  
Signature

12/16/08  
Date



# 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

## F A X T R A N S M I T T A L S H E E T

DATE: 01/15/09

TO: GUAROA AGENCIO - ONE LOW PRICE CLEANERS

PHONE: 305-231-7171

FAX: SAME

FROM: DICK DIBBLE

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: \_\_\_\_\_

CC: \_\_\_\_\_

Total number of pages including cover sheet: TWO

### Message

PLEASE COMPLETE QUESTIONS # 3 & 4 AND

RETURN

THANK YOU,

Dick Dibble

**If there are any problems with this fax transmittal, please call the above phone number.**

*"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"*

*Printed on recycled paper*

ATTN: Dick Dike / From G. Agnew

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Bureau of Air Monitoring & Mobile Sources

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)
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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

Existing machines at large area source

Carbon adsorber   
Refrigerated condenser

New machines at large area source Refrigerated condenser

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 No. 6 fuel oil  Other (please list) \_\_\_\_\_

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- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

G.A 2/15

One low price CLEARERS ~~REPA~~  
~~RA~~ 970 WEST 49<sup>th</sup> STREET  
HIALEAH, FL 33012  
MS # 5510 MC ACCT # 5531



DEPT. OF ENVIRONMENTAL PROTECTION  
2600 Blain Stone Rd.  
TALAHASSEE, FL 32399-2400

32399+6342

