

Department of Environmental Protection

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

Colleen M. Castille Secretary

November 15, 2004

Mr. Anthony Kiblisky Cool & Clean 19015 Biscayne Boulevard, Suite B Aventura, Florida 33180

Re: Facility No.: 0250989-003

Dear Mr. Kiblisky:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 27, 2004.

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/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

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RECEIVED

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Facility Name and Location



Bureau of Air Mobile Sources Per III. Notification of Intent to Use General Permit Management Division

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Air Quanty

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

The instructions provided at the end of the form. Send

Miami Dadp

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
SAAK Corporation DBA Cool & Clean				
2. Site Name (For example, plant name or number):				
Cool & clean				
3. Hazardous Waste Generator Identification Number:				
FLD 982148918				
4. Facility Location: Collins Avenue Suite 101 Street Address: 16100 Summing Silver				
City: Sunny Isles Beach County: Dade Zip Code: 33160				
5. Facility Identification Number (DBUse NLS on of ill 989-003)				
Responsible Official				
6. Name and Title of Responsible Official:				
Name: Anthony Kiblisky Title: President Journe				
7. Responsible Official Mailing Address:				
Organization/Firm: SAAL Cosposation Street Address: 19015 - B Bis Cayne Blvd. City: Aventusa County: Dade Zip Code: 33180				
City: Aventu(a County: Dade Zip Code: 33180				
8. Responsible Official Telephone Number:				
Telephone: (305) 305-0049 Fax: (305) 932-5890				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
10. Facility Contact Address:				
Street Address:				
City: County: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: () - 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 ma	chines do you ha	ve on-site?					
For each dry-to-dry mach	ine on-site, pleas	se provide the following information	n:				
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")				
06/08	Existing/N	ew (RC/CA/None required	Same				
	Existing/N	ew RC/CA/None required					
	Existing/N	ew RC/CA/None required					
*CONTROL DEVICE K	EY: $RC = I$	refrigerated condenser CA =	carbon adsorber				
1.(b) TRANSFER MAC	HINES ONLY						
How many washers do yo	ou have on-site?						
How many dryers/reclaim	ners 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 Status From Manufacturer (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 K	EY: $RC = r$	refrigerated condenser CA =	carbon adsorber				
•	• 12 /	have you used within the last 12 n I this in) 0 し ひいんぐ	nonths?				
(b) If less than 12 mor	nths, how many?	[] months					
Check why it is less than 12 months: New owner: [X] Did not keep records: []							
		New store: New machine	e []				
		Unopened store [] (date of e	expected opening)				

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3. V	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	[X]				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site		(used le	ess than 140 gallons of perc per year ess than 200 gallons of perc per year ess than 140 gallons of perc per year)		
	Large Area Source					
	Dry-to-dry machin Transfer only on- Both machine typ	site	(used 2	40 - 2,100 gallons of perc per year) 00 - 1,800 gallons of perc per year) 40 - 1,800 gallons of perc per year)		
	What control technology is requi (Indicate with an "X".)	red on machines	pursuant	t to section (5) of Part II of this notif	ication form?	
	Existing machines at smal (NONE REQUIRED)	area source		New machines at small area source Refrigerated condenser	2	
	Existing machines at large Carbon adsorber Refrigerated condenser	area source		New machines at large area source Refrigerated condenser []		
Ru		at all steam and l	hot water	all not be eligible to use the general progressing units on-site meet the foundation of the criteria.		
	steam and hot water generating such units on-site	units exempt		OR		
Ho	w many boilers do you have on-s	ite?				
For	each boiler, indicate its horsepo	wer (HP) rating:	:[40][
Wh	at type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue		natural gas No. 4 fuel oil Other (please list)		
6. E	Equipment Monitoring and Reco	rdkeeping Inforr	mation			
Cho	eck all logs which are required to	be kept on-site	in accord	dance with the requirements of this g	general permit:	
(a)	Purchase receipts and solvent pu	rchases/solvent	addition ?	log		
(b)	(b) Leak detection inspection and repair					
(c)	(c) Refrigerated condenser temperature monitoring					
(d)	(d) Carbon adsorber exhaust perc concentration monitoring					
(e)	(e) Startup, shutdown, malfunction plan					

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7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w I will pro	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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. Imputly notify the Department of any changes to the information contained in this notification. THOALY KIBLISKY THOALY KIBLISKY THOALY KIBLISKY
Signature	09-27-04 Date

Effective: 2/24/99