



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 1, 2002

Mr. Miguel A. Garcia
L & M Quality Cleaners, Inc.
5374 West 16 Avenue
Hialeah, Florida 33012

Re: Facility No.: 0251116-001

Dear Mr. Garcia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 1, 2002.

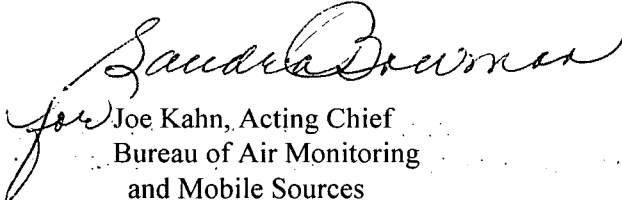
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,

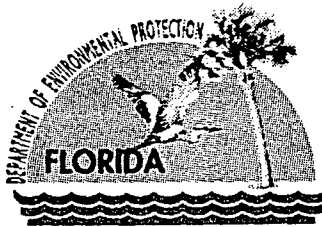

Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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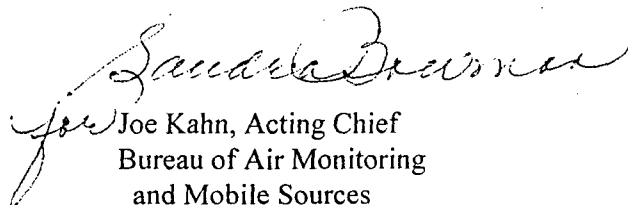
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RECEIVED

FEB 26 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

ASGP
RECEIVED
FEB 26 2002

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

When 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):	L+M QUALITY CLEANERS INC. / MIGUEL A. GARCIA. PRESIDENT.		
2. Site Name (For example, plant name or number):	L+M QUALITY CLEANERS INC.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	5374 W. 16 AVE.	County: DADE	Zip Code: 33012
5. Facility Identification Number (DEP Use ONLY - do not fill in):			
0251116-001			

RECEIVED
MAR 1 2002
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	Name: MIGUEL A. GARCIA.	Title: PRESIDENT.
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 5374 W. 16 AVE. City: HIALEAH.	County: DADE Zip Code: 33012
8. Responsible Official Telephone Number:	Telephone: (305) 252-8572	Fax: (305) 252-6855

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LOURDES de LA VEGA. VICE PRESIDENT	
10. Facility Contact Address:	Street Address: 5374 W. 16 AVE. City: HIALEAH	County: DADE Zip Code: 33012
11. Facility Contact Telephone Number:	Telephone: () SAME.	Fax: () SAME.

TB006060

8. Stills.
9. Exhaust dampers.
10. Diverter valves.
11. Cartridge filter housings.

(d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.

1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.

2. Repair parts shall be installed within five working days of receipt.

(e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.

(f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

(8) Local Program Requirements. All facilities located within the borders of Duval County shall comply with the following additional requirements:

(a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and

(b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

Facility Information

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

How many dry-to-dry machines do you have on-site? ONE

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")
<u>2000/JAN.</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [0] 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 APRIL/2007)

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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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 ~~YES~~ OR
 No such units on-site

How many boilers do you have on-site?

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

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.

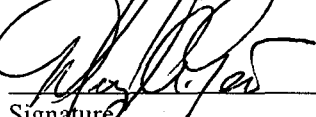
Responsible Official Certification

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.

RIGUEL A. GARCIA

Print name of responsible official



Signature

2/26/02

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

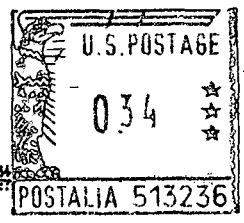
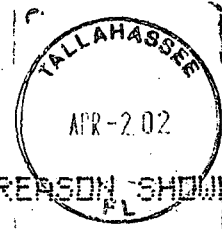
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

MS# 5510 MC Acct # 5529

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



###RETURN TO SENDER/RETURN FOR REASON SHOWN###

VA copy

MR MIGUEL A GARCIA
L & M QUALITY CLEANERS INC
5374 WEST 16 AVENUE
HIALEAH FLORIDA 33012

RECEIVED

APR 9 2002

Bureau of Air Monitoring
& Mobile Sources

32399-2400 5124

