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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual	iual owner):		
	MIRTHA MORALES (BOD'S clean	ers)		. {
2.	Site Name (For example, plant name or number):	<del></del>		
	ROD'S CLEANERS			
3.	Hazardous Waste Generator Identification Number:			
	TWS-10972-2003-DCSO Facility Location: 9463 HARDING AVENUE	•		
4.				
1	Street Address: City: SUNRISE County: DADE	Zin Code:	22154	
		Zip Code.	10100	
151	Hacility dentification Number (DEPUSE (ONL) : do no fill in):			
Rec	ponsible Official			,
	Name and Title of Responsible Official:	,		
	ne: MIRTHA MORALES Title: PRES	SIDENT		
7.	Responsible Official Mailing Address:		·	
	Organization/Firm: Street Address: 9463 HARdong Avenue			ļ
	City: SURFSIDE County: DAPE	Zip Code:	33154	
8.	Responsible Official Telephone Number:			
	Telephone: (305') 867-0580 Fax: (-	) -		<b>भूती</b> क्रि
<u> </u>	ility Contact (If different from Decomplish Off top)		·····	
9.	Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):			<del></del> }
	SAME AS ABOVE			i
10	Facility Contact Address:	. <u></u>		
10.	Paemty Contact Address.			į
	Street Address:			
1				
	City: County:	Zip Code:		
11.		Zip Code:		

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

# 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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
MAY 27, 1996	Existing New	RC/CA/None required	MAY 27, 1996 same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	<del></del>

TOURTRUL DEVICE KET.	*CONTROL	<b>DEVICE</b>	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

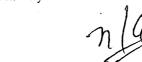
CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[80] 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 \_\_\_\_\_)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification Indicate with an "X". Select one classif	based on the definitions found in section (3) of Part II?
Small Area Source [	$\times_1$
Dry-to-dry machines only Transfer only on-site Both machine types on-site	(used less than 200 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only Transfer only on-site Both machine types on-site	(used 200 - 1,800 gallons of perc per year)
4. What control technology is required on m (Indicate with an "X".)	nachines pursuant to section (5) of Part II of this notification form?
Existing machines at small area son (NONE REQUIRED)	New machines at small area source  Refrigerated condenser []
Existing machines at large area sou Carbon adsorber [] Refrigerated condenser []	Refrigerated condenser []
Rule 62-213.300, F.A.C. Verify that all stea	nissions units shall not be eligible to use the general permit pursuant to am and hot water generating units on-site meet the following at on-site (see attached memo for the criteria).
All steam and hot water generating units ex No such units on-site	empt [A] OR [A]
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HF	") rating: [] []
[]	oropane [\sum ] natural gas  No. 2 fuel oil [] No. 4 fuel oil  No. 6 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping	ng Information
Check all logs which are required to be kep	t on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/	solvent addition log [ <u>·</u> ]
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature mor	/solvent addition log  []  nitoring  []  Lion monitoring
(d) Carbon adsorber exhaust perc concentra	tion monitoring []
(e) Startup, shutdown, malfunction plan	

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

# 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 DEP air permits currently exist for the operation of the facility indicated in this notification form. Tw5\_010972\_2003\_Z004 Pyy-'De50 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. I will promptly notify the Department of any changes to the information contained in this notification. Min The Manales Print name of responsible official Signature Deb 135 Joy Date

DEP Form No. 62-213.900(2)

EMISSION FEE DATES 199-2003 SOC REPORTS 5 (3) COMPLIANCE STATUS IA 3/29/2004

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

467358 JAN18207

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

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

Do NOT Remove Label

AIRS ID# 251000 RODS CLEANERS 9463 Harding Ave SURFSIDE, FLORIDA 33154 The Samonie Scrience

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Pos's cleaners 9463 HardingAve Surfside FL. 33154 MIAMI FL 33.

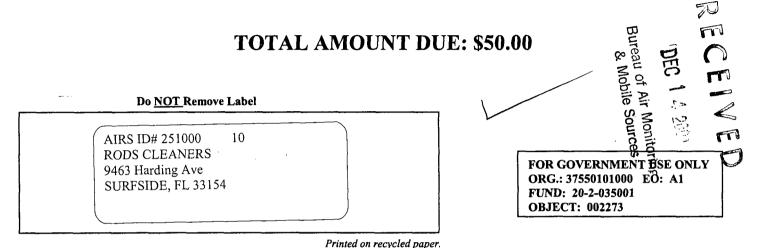
16 JAN 2007 PM 2 L

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

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

443246 DEC13 2004

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



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

456914 DEC162895

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

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

