

Department of Environmental Protection

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

Colleen M. Castille Secretary

November 22, 2006

Ms. Angel Sanchez Kristal Cleaner 8192 Northwest 103rd Street Hialeah Garden, Florida 33016

Re: Facility No.: 0251023-003

Dear Ms. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 18, 2006.

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,

Errin Pichard, Acting Chief Bureau of Air Monitoring and Mobile Sources

Burner

EP/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

COMP. STATUS - SNC

INS 2- Compliance Inspection
walt-through
INSP-Miami-Dade Co-MMuthiali

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OCT 1 8 2006

DEP Form No. 62-213.900(2)

Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



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

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.

			a votin for Join files.
Facility Name and Location			
1. Facility Owner/Company Name (Nam	ne of corporation, age	ncy, or individual owner):	
ANELL SANCHEL ARBS	LLC		•
2. Site Name (For example, plant name of			•
KRISTAL CLEANING			
3. Hazardous Waste Generator Identifica	tion Number:	,	
	i•		
d English Lagation 5 2 6 7) (7	
4. Facility Location: 8/92/1/6 Street Address:	0 1033		
City: HIPLEAN GARden	County: DA	Zin Code	33016
+15. MARKET GARAZIA	500mg. (7.72.)	222	J3016
risa (olegaria) (olega	issolyju i <mark>e</mark> gista l i	ll in): Asset and a second	
	07	51023	5- <i>/</i> // 2
Responsible Official 6. Name and Title of Responsible Official		1106	7-003
		Title: OWNET	2/11/2010
Name: AIVEEL SHICHE	フ .	11116. (10/92)	والمستري هم ۱۷ استرازار الر
7 Responsible Official Mailing Address			,
Organization/Firm: 8/62 N	w 10331		
Street Address: City: HIALEAN (GARDE	E(O)		
City: HIALEAN GAPTCO	ound: Dradz	Zip Code	33016
8. Responsible Official Telephone Numb	200		
Telephone: (30)) 434- D	6) <u>2-</u> /	Fax: (305) \$27-	E-71/17
		50 1521	3/7/
Facility Contact (If different from Resp			
9. Name and Title of Facility Contact (F	or example, plant ma	nager):	
10 77 374 67 4 - 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
10. Facility Contact Address:			
Street Address:			
	ounty:	Zip Code	•
Chy.	ownig.	չոր cone	-
11. Facility Contact Telephone Number:			
Telephone: () -;	į	Fax: () -	

Best Available Copy

Facility Information					•	•
1.(a) DRY-TO-DRY Ma	ACHINES ONLY	•	!	``		<i>}</i>
How many dry-to-dry ma	chines do you have	on-site?		1		
For each dry-to-dry mach	ine on-site, please	provide h	e following	information:		
Date Initially Purchased From Manufacturer	Status (circle one)		l Device Re one)	equired*	Date Control Device (if already included : purchase, write "SAJ	at time of
3/1996	Existing Nev	w RC/C/	None requ	ired		·
	Existing/Nev	w RC/C/	VNone req	iired -		
	Existing/Nev	w RC/C/	VNone req	iired		
*CONTROL DEVICE K	EY: RC = re	frigerated	condenser	CA = c	arbon adsorber	•,
1.(b) TRANSFER MAC			<u>a</u>			
How many dryers/reclaim	iers do you have o	n-site? [
If the transfer machine w unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased From Manufacturer	ine was purchased no units purchased er machine on-site	from the rafter Septe , please pr	nanufacture ember 22, 1 ovide the fo Device Requ	r between De 993 are allow bllowing info	cember 9, 1991 and S yed to operate under the mation: Date Control Device (if already included)	September 22, his general E Installed at time of
,			·	****	purchase, write "SA	ME")
	Existing/New Existing/New		Ione requir			
	Existing/New	RC/CA/r	one requir	ed		•
*CONTROL DEVICE K	EY: RC = r	efrigerated	condenser	CA = 0	arbon adsorber	
2.(a) How much perchlo	roethylene (perc)	have you u	sed within	the last 12 m	onths?	
[] gallo	ons (You must fill	this in)	. :			
(b) If less than 12 mo	nths, how many?		nths 👍			
•	ess than 12 months	1	2	Did not keep	records: []	
		New stor	re: []	New machine	[]	
		Unopene	ed store [_] (date of e	xpected opening	
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 What is the facility's source classification based Indicate with an "X". Select one classification 	
Small Area Source	
Dry-to-dry machines only on-site 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	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 machine (Indicate with an "X".)	s pursuant 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 []
	is units shall not be eligible to use the general permit pursuant to the hot water generating units on-site meet the following te (see attached 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?	3
For each boiler, indicate its horsepower (HP) ratin	E 1/27[1[]
What type of fuel do you use? [] propand [] No. 2 fi	uel oil [] No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be kept on-si	te in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solver	nt addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitorin	g (±)
(d) Carbon adsorber exhaust perc concentration m	nonitoring
(e) Startup, shutdown, malfunction plan	<u></u>

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		1		i		
7. Surrender o	of Existing DEP Air I	ermit(s)	!			
Please indicat	e with an "X" the app	ropriate selection	n:			. <i>F</i>
	I hereby surrender a this notification for	all existing DEP m; the permit nu	air pormits mber(s) are	authorizing op	peration of the fa	cility indicated in
凶	No DEP air permits form.	currently exist	for the opera	ation of the fac	cility indicated in	this notification
Responsible (Official Certification	; ;				
this notifi statement maintain comply w I will pro	ersigned, am the responding to the cast on. I hereby cert is made in this notificathe air pollutant emision and constitute the pollutant motify the Department of the Departme	ify, based on info tion are true, a sions units and litions of this ge rtment of any ch	ormation and scurate and sir pollution neral permi	d belief forme complete. Fu control equip as set forth i	d after reasonab orther, I agree to oment described on Part II of this r	le inquiry, that the operate and above so as to otification form.
	of responsible offic		_ (Date	~/3~0	6

ENVIRONMENTAL RESOURCES MANAGEMENT

AIR QUALITY MANAGEMENT DIVISION 33 SW 2nd AVENUE SUITE 900 MIAMI FLORIDA 33130-1540

161.01-44 4/02

BEST AVAILABLE COPY

Attn: Sandy Bowman FDEP, DARM MS 55 0 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 RECEIVED

AIR GENERAL PERMIT NOTIFICATION FORM



OCT 19 2006

Air Quality

Air Quality

Bureau of Air Notification of Intent to Use General Permitanagement Division 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):
ANGEL SANCHET. AFBS, LLC
2. Site Name (For example, plant name or number):
KRISTAL CLEANER.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 8192 NW 10337 Street Address:
City: HIALETAN GARLET County: DALLE Zip Code: 33016
is Facility (dentification Number (DEPLUSE (ONLY); donochill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: ANGOL SANCHET. Title: Quener/MANAGER.
7. Responsible Official Mailing Address: Organization/Firm: 8/92 NW 103 57
1 Others Address.
City: HIALIAH GARTEN DAGE Zip Code: 33016
8. Responsible Official Telephone Number:
Telephone: (305) 484-708/ Fax: (305) 827 5742
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 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) c(circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers to you have an tite? 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 Control Device Required* Date Control Device Installed 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 RC = refrigerated condenser CA = carbon adsorber *CONTROL DEVICE KEY: 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 [___]

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Unopened store [____] (date of expected opening _____

3. What is the faci		sification based or one classification of		nitions found in	section (3) o	of Part II?	,
Small Ar	ea Source			<i>*</i>			
•	Dry-to-dry mach Transfer only on Both machine ty	-site	(used le	ss than 140 gall ss than 200 gall ss than 140 gall	ons of perc pe	er year)	
Large Ar	ea Sourcé						
•	Dry-to-dry mach Transfer only on Both machine ty	-site	(used 20	0 - 2,100 gallo 0 - 1,800 gallo 0 - 1,800 gallo	ns of perc per	year)	
4. What control te		ired on machines	pursuant	to section (5) o	f Part II of th	is notificati	on form?
	machines at sma REQUIRED)	Il area source		New machines Refrigerated co		source	•
Carbon a	machines at larg dsorber ated condenser	e area source		New machines Refrigerated co		source	
5. A facility which Rule 62-213.300, exemption criteria	F.A.C. Verify the	hat all steam and l	hot water	generating unit	s on-site mee		
All steam and hot No such units on-		g units exempt		OR			
How many boilers	s do you have on	-site? []					
For each boiler, in	ndicate its horsep	ower (HP) rating	151				
What type of fuel	do you use?	[] propane [] No. 2 fue [] No. 6 fue	•	[] natural [] No. 4 f			
6. Equipment Mo	nitoring and Rec	ordkeeping Infor	mation				
Check all logs wh	nich are required	to be kept on-site	in accord	lance with the r	equirements	of this gene	ral permit:
(a) Purchase recei	ipts and solvent p	purchases/solvent	addition	log	[<u>X</u>]		
(b) Leak detection	n inspection and	repair			<u>[X</u>]		4
(c) Refrigerated c	ondenser temper	ature monitoring		· •	<u> [X]</u>		2
(d) Carbon adsort	per exhaust perc	concentration mo	nitoring		[]	•	•
(e) Startup, shute	lown, malfunctio	on plan					

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7. Surrender	of Existing DEP All Fermit(s)		,
Please indica	te with an "X" the appropriate se	election:	
[]	I hereby surrender all existing this notification form; the per		peration of the facility indicated in
[X]	No DEP air permits currently form.	exist for the operation of the fac	cility indicated in this notification
Resnonsible	Official Certification		
maintair	nts made in this notification are t n the air pollutant emissions unit with all terms and conditions of t	s and air pollution control equi	·
I will pro	omptly notify the Department of	any changes to the information	contained in this notification.
ANG Print na	me of responsible official		7-13-06
Chic	alada.	10	2/19/06
Signatur		Date	



Environmental Resources Management Air Quality Management Division 33 SW 2nd Avenue • 9th Floor

Miami Florida 33130-1540

DE248955 161_01-44 12/04

Attn: Sandy Bowman FDEP, DARM MS 554.0 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 & Mobile Sources AIRS ID# 251023 5 A & BS LLC 8192 NW 103rd Street HIALEAH GARDEN, FLORIDA U) 33016 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