

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

February 6, 2009

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Margarita Chaimowicz Executive Cleaners Kendall, Corporarion 12031 Southwest 117 Avenue Miami, Florida 33186

Re: Facility No: 0251035-004

Dear Ms. Chaimowicz:

The Department has received the Air General Permit Registration Form for the dry cleaning facility that you submitted on January 5, 2009.

Pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty (30) days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions

For your information, authority to operate pursuant to Rule 62-213.300 expires after five (5) years. Therefore, a new registration form must be received no later than five (5) years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect any administrative changes in your mailing address, location address, responsible official, or telephone number, please notify the Department at the following address:

Air 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 operation parameters or equipment, or if you have any questions regarding the Air General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Sandra F. Veazey, Chief Bureau of Air Monitoring

And Mobile Sources

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring & 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.

Fac	Facility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Executive cleaners Keudoll, coep.				
2.	Site Name (For example, plant name or number):				
	Executive cleaners Kendall				
3.	Hazardous Waste Generator Identification Number:				
	FLD 984171694				
4.	Facility Location: Street Address: 12031 SW 117 AUE				
	City: Wice County: Dade Zip Code: 33186				
5.	Facility Identification Number (DEP Use ONLY - do not fill in): 025/035-00				
	0231035-00				
Res	ponsible Official				
	Name and Title of Responsible Official:				
Nar	ne: Marcarita Charmowicz Title: OWNER				
7.	Responsible Official Mailing Address:				
	Organization/Firm: Street Address: Same as all of the control of t				
	Street Address: Same as about Zip Code:				
8.					
	Telephone: (305) 233-3839 Fax: (305) 233-2112				
Facility Contact (If different from Responsible Official)					
	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 M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
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")
6-1996	Existing/No	RC/CA/None required	<u>same</u>
	Existing/No	ew RC/CA/None required	~
	Existing/No	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: $RC = 1$	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer mach	ine was purchased no units purchased	d from the manufacturer between l	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: 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	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
~ -		have you used within the last 12 r	nonths?
	ns (You must fil	•	
(b) If less than 12 mor			
Check why it is les	ss than 12 months	s: New owner: [] Did not kee	-
		New store: [] New machin	
		Unopened store [] (date of	expected opening

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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 - 2,100 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 [] Refrigerated condenser []				
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 No such units on-site OR				
How many boilers do you have on-site? [2]				
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 [] Other (please list) E\EC+RIC				
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				
(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				
(e) Startup, shutdown, malfunction plan				

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7. Surrender	of Existing DEP Air Permit(s)					
Please indica	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						
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.						
Margarita Chaimowicz						
Printina	ne of responsible official Color Color Color Color Color					

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

Executive cleaners. 30A 711 WZ 18051 reiceei, Fl 33186

> RETURN RECEIPT REQUESTED



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Bureau of air Monitorung & mobil
Sources, 455510 DEpartment of Environmental Protection 2600 Blair Stone Road tallaha SSEE F1 32399-2400

3239946542

Wise, Jane

From:

Wise, Jane

Sent:

Thursday, January 15, 2009 10:52 AM

To:

'gordor@miamidade.gov'; 'Muthiah P.E., Mallika'; 'garcima@miamidade.gov'

Cc:

Veazey, Sandra; Bowman, Sandy

Subject:

Recently Received AG Registrations

Attachments: 0251035-004.pdf

The attached documents represent recently received air general permit registration forms for your area. As requested, each form has been scanned and attached for your office use. These registrations are currently in the 30-day review cycle. We request that any updates to EU information be made after the 30-day review cycle ends. The actual receipt date and other facility information may be obtained in GPCI.

The complete scanned file for each facility will be available in ADH Search after the 30-day review cycle.

If yoù have any questions or comments, please contact Dick Dibble at 850/921-9586 or by e-mail at dickson.dibble@dep.state.fl.us or Sandy Bowman at 850/921-9583 or by e-mail at sandy.bowman@dep.state.fl.us