

Florida Department of **Environmental Protection**

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

June 15, 2007

Mr. Biagio Mazzeo Tysunn Dry Cleaners 1545 Sunset Drive Coral Gables, Florida 33143

Re: Facility No.: 0251039-002

Dear Mr. Mazzeo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 21, 2007.

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,

✓Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

Facility Name and Location

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality, DiPart III. Notification of Intent to Use General Permit

Management DiPart III. Notification of Intent to Use General Permit

Perior 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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Biagio Marzeo = Tysunn Enterprises, Fuc.
2. Site Name (For example, plant name or number):
Tysunn Dry Cleaners
3. Hazardous Waste Generator Identification Number:
FLD072255318
4. Facility Location:
Street Address: 1545 Sunset Drive City: Coval Gables County: FL Zip Code: 33143
City. (oval Gable) county. 10 Zip code. 55173
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0251039-002
Responsible Official
6. Name and Title of Responsible Official:
Name: Bingio MAZZEO Title: President
7 Perparsible Official Mailing Address:
Organization/Firm: Tysun Enterprises Street Address: 1545 Sunset Drive City: Coval Lables County: FC Zip Code: 33143
Street Address: 1545 Sin 584 Dilve
City: Coval Eables County: FC Zip Code: 37143
8. Responsible Official Telephone Number:
Telephone: (305) 342 - 4675 Fax: (305) 668 - 7679
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Contact Address:
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
DEP Form No. 62-213.900(2) 14
Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONLY	Y		
How many dry-to-dry ma	chines do you hav	ve on-site?		
For each dry-to-dry mach	ine on-site, please	e provide the following informati	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")	
9/1994	Existing/Ne	w ROCA/None required	SAMO	
	Existing/Ne	w RC/CA/None required		
	Existing/Ne	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC = re	efrigerated 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 o	n-site? []		
unit. If the transfer maching 1993, it is a NEW unit (r	ne was purchased to units purchased	from the manufacturer between after September 22, 1993 are all e, please provide the following in		
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 K	EY: $RC = re$	efrigerated condenser CA =	= carbon adsorber	
	roethylene (perc)	have you used within the last 12 this in)	months?	
(b) If less than 12 mor	nths, how many? [months		
Check why it is le	ss than 12 months	: New owner: [] Did not ke	ep records: []	
		New store: [] New machin	ne []	
		Unopened store [] (date of	expected opening)	

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

3. What is the facility Indicate with an	y's source classif "X". Select one			initions found in s	section (3) of	Part II?
Small Area	Source	\mathcal{L}				
Tra	y-to-dry machine ansfer only on-si th machine types	te	(used le	ss than 140 gallor ss than 200 gallor ss than 140 gallor	ns of perc per	year)
Large Area	Source					
Tra	y-to-dry machine ansfer only on-si th machine types	te	(used 20	40 - 2,100 gallons 00 - 1,800 gallons 40 - 1,800 gallons	of perc per y	ear)
4. What control technology (Indicate with an		ed on machines	pursuant	to section (5) of I	Part II of this	notification form?
Existing ma (NONE RE	achines at small a QUIRED) [area source		New machines a Refrigerated con		ource
Existing ma Carbon adso Refrigerated	·	rea source	,	New machines a Refrigerated con		ource
5. A facility which of Rule 62-213.300, F./ exemption criteria or	A.C. Verify that	all steam and h	not water	generating units of	on-site meet t	
All steam and hot we No such units on-site		nits exempt		OR		
How many boilers do	o you have on-sit	e? []				
For each boiler, indi-	cate its horsepow	ver (HP) rating:		45		
What type of fuel do	you use? [] propane] No. 2 fue] No. 6 fue		natural galling No. 4 fue	l oil	liese)
6. Equipment Monite	oring and Record	keeping Inform	nation			
Check all logs which	n are required to	be kept on-site	in accord	lance with the req	uirements of	this general permit:
(a) Purchase receipts	and solvent pur	chases/solvent	addition l	log	(X)	
(b) Leak detection in	spection and rep	air			(χ)	
(c) Refrigerated cond	denser temperatu	re monitoring			\mathcal{L}	
(d) Carbon adsorber	exhaust perc cor	ncentration mor	nitoring			
(e) Startup, shutdow	vn, malfunction p	olan				

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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
\mathcal{X}	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Resnansible	Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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.
1	omptly notify the Department of any changes to the information contained in this notification. Pingo Mgzzeo ne of responsible official
Signatur	Date 5/14/9007

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

RECEIVED

MAY 1 5 2007

Bureau of Air Wonitoring & Mobile Sources
PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality DiPart III. Notification of Intent to Use General Permit

Nanagement DiPart 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 for your files

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):
Biagio Mazzeo = Tysunn Enterprises, Inc. 2. Site Name (For example, plant name or number):
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3 Hazardous Waste Generator Identification Number:
FLD072255318
4. Facility Location:
Street Address: 1545 Sunset Drive City: (pan Lobles County: BADE Zip Code: 33/47
City: Coral Gables County: BADE Zip Code: 33/43
52. a Facility Identification: Number (DEPLUSE ONLY - do not fill in):
5) Pacility Identification Number (DEPPUse ONLY addinoted lin):
Responsible Official
6 Name and Title of Responsible Official:
Name: Bi4gio MAZZEO Title: President
7. Responsible Official Mailing Address:
Organization/Firm: Tysunn Enterprises
Street Address: 1545 Sunset Drive City: (own Lubber County: DADE Zip Code: 37143
City: Coral Gubles County: BADE Zip Code: 37143
8. Responsible Official Telephone Number:
Telephone: (305) 342-4675 Fax: (305) 668-7673
Facility Contact (If different from Responsible Official)
9 Name and Litle of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
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DEP Form No. 62-213.900(2) 14
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Facility Information			
l (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	ine on-site, pleas	e 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")
9/1994	existing/Ne		SAME
	Existing/Ne	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/Ne	ew RC/CA/None required	,
*CONTROL DEVICE K	EY: RC=r	efrigerated 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?	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased		
Trong Manufactures	(chele one)	(circle one)	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	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last 12 m	onths?
(b) If less than 12 mor	iths, how many?] months	
• •		: New owner: [] Did not kee	p records: []
•		New store: [] New machine	· · · · · · · · · · · · · · · · · · ·
•			xpected opening)

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

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 [X]			
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 for (Indicate with an "X".)	m?		
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 []			
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit purs 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).	uant		
All steam and hot water generating units exempt No such units on-site OR			
How many boilers do you have on-site?			
For each boiler, indicate its horsepower (HP) rating: [2] [1] [5]			
What type of fuel do you use? [] propane			
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 pen	mit:		
(a) Purchase receipts and solvent purchases/solvent addition log			
(b) Leak detection inspection and repair			
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration monitoring			
(e) Startup, shutdown, malfunction plan			

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7. Surrender	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
(X)	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	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 in the Department of any changes to the information contained in this notification. BIHID MATTER Date



Delivering Excellence Every Day

Environmental Resources Management DE233387 Air Quality Management Division 701 NW 1 Court, Suite 400 Miami, Florida 33136



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

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Dibble, Dickson

From:

Gordon, Ray (DERM) [GordoR@miamidade.gov]

Sent:

Tuesday, May 15, 2007 3:41 PM

To:

Dibble, Dickson

Cc:

Muthiah, Mallika (DERM)

Subject:

Notification Tysun Cleaners

Attachments: Tysun5.15.pdf

This was received in our office today. The hard copy is in the mail

<<Tysun5.15.pdf>>

Ray A. Gordon

Air Compliance Project Manager

Office:305-372-6925

gordor@miamidade.gov

"Delivering Excellence Every Day"