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PERCHLOROETHYLENE DRY CLEANER

Quality

Eureau of Air Monitorins AIR GENERAL PERMIT NOTIFICATION FORM Management Division A 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.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or	individual owner):
RSS Cleaners INC	
2. Site Name (For example, plant name or number):	
125 Cleaners	
3. Hazardous Waste Generator Identification Number:	
47 810  4. Facility Location: 79 74 Sw 8th St Street Address:	23.80823114498
City: Miami County: Dade	Zip Code: 33/44
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251072-
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Santiago LeaL Title:	Dir-Manager
7. Responsible Official Mailing Address: Organization/Firm: 7974 Sw 8th 5th Street Address:	
City: Miam i County: Dade	Zip Code: 33 144
8. Responsible Official Telephone Number:	
Telephone: (305 ) 261-1333 Fax: (	( ) -
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street 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

-per e-maila from Ray Gordon (Miani-Dade), date is 07/01/1997; new;

## **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONLY	Y	purce 12 1 1
How many dry-to-dry ma	achines do you hav	e on-site?	RC MB
For each dry-to-dry macl	hine on-site, please	provide the following informati	ion:
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")
UNKnown	Existing Ne	w RC/CA/None required	SAME
	Existing/Ne	w RC/CA/None required	
<u> </u>	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		- 00 v
How many washers do yo	ou have on-site?	[2]	$-/n\alpha$
How many dryers/reclain	ners do you have o	ņ-site?	M
		control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
Unknown	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	· .
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	= carbon adsorber
•	roethylene (perc) h	nave you used within the last 12 this in)	months?
(b) If less than 12 mor	•		
•		New owner: [] Did not kee	en records: [
2		New store: [ ] New machin	
1.		Unopened store [] (date of	
		- · r · · · · · · · · · · · · · · · · ·	1

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	ility's source classification an "X". Select one cl			ions found in	section (3)	of Part II?		
Small A	rea Source							
	Dry-to-dry machines Transfer only on-site Both machine types o	•	(used less	than 140 gallo than 200 gallo than 140 gallo	ns of perc	per year)		
Large Ar	rea Source	. []						
	Dry-to-dry machines of Transfer only on-site Both machine types o		(used 200	- 2,100 gallons - 1,800 gallons - 1,800 gallons	s of perc pe	er year)		
4. What control to (Indicate with	echnology is required an "X".)	on machines	pursuant to	section (5) of	Part II of t	his notification	form?	
	machines at small are REQUIRED)	a source		ew machines a efrigerated cor				
Carbon a	machines at large areadsorber [ated condenser [_ated condenser [_	a source		ew machines a efrigerated cor		a source	-perifo new/ p PC	TW Mi
Rule 62-213.300,	ch contains non-exempt F.A.C. Verify that also or that no such units	l steam and h	hot water ge	nerating units	on-site me	general permit et the followin	pursuant to	
All steam and hot No such units on-	water generating unit	s exempt	O	R				
How many boilers	s do you have on-site?							
For each boiler, in	ndicate its horsepower	(HP) rating:		رکال				
What type of fuel	do you use? [	_] propane _] No. 2 fue _] No. 6 fue		natural g No. 4 fue Other (pl	el oil	·····		
6. Equipment Mor	nitoring and Recordke	eping Inforn	nation .					
Check all logs wh	ich are required to be	kept on-site	in accordance	ce with the req	uirements	of this general	permit:	
(a) Purchase recei	pts and solvent purcha	ses/solvent	addition log					
(b) Leak detection	inspection and repair						1.)	
(c) Refrigerated co	ondenser temperature	monitoring					-(e)	
(d) Carbon adsorb	er exhaust perc conce	ntration mon	nitoring					
(e) Startun shutde	own malfunction plan	n			f 1			

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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	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.  San hogo Lea    Print name of responsible official  G. 7-10  Date						

Brynes, Marnie			
Sent: To:	Brynes, Marnie Tuesday, Septe 'Gordon, Ray (D RE: 0251072 R		
Thank you.			
-Marnie			
From: Gordon, Ray (DERM) Sent: Tuesday, September 2 To: Brynes, Marnie Subject: RE: 0251072 R & 9	21, 2010 2:48 P		
This is from the original noti	fication (025107	72-001) submitted 8/21/2000	
t.(a) DRY-TO-DRY MACE. How many dry-to-dry machine For each dry-to-dry machine of	es do you have or	n-site? []  ovide 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")
7/01/1997	Existing (New)	RCCA/None required	SAME -
The state of the s	Existing/New	RC/CA/None required	Annual region of the last field of the contract of the contrac
	Existing/New	RC/CA/None required	and the second s
*CONTROL DEVICE KEY:	RC = refrig	cerated condenser CA = ca	tpou sijeotpet
Ray A. Gordon			
Special Projects Admi	nistrator		
Office:305-372-6925			
<del>gordor@miamidade.go</del>	<u> </u>		
"Delivering Excellence	Ейегу Дау	fi	

The Miamì-Dade Department of Environmental Resources Management (DERM) values your feedback as a customer. DERM is committed to its mission "to balance today's needs through responsible governance, education, and conservation, to protect our environment for tomorrow." And as part of our mission, we continuously assess and improve the quality of services



Delivering Excellence Every Day

Environmental Resources Management Air Quality Management Division 701 N.W. 1<sup>st</sup> Court, 2<sup>nd</sup> Floor Miami, Florida 33136-3912 DE233387

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GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES, MS5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

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