

## 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-Designee

March 7, 2007

Ms. Danielle Koping Liberty Cleaners/Laundry 2147 Northwest 62<sup>nd</sup> Street Miami, Florida 33147

Re: Facility No.: 0251073-002

Dear Ms. Koping:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 29, 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 Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

, dra Duernas

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY
EMSSION FEE DATES 2000-2006
SOC REPORTS. T.
COMP. STATUS - SNC MNC/IN
TNSP-FUI - Followulf Inspection
IN - 1/25/2007

INSP-Misoni-Pade Co-Minuthiah

### 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. 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):				
2145.47 N.W. LLE DBA Liberty (JEANTES /LAWSEL)				
2. Site Name (For example, plant name or number):				
LiBERTY (JEONERS   LANDEL				
3. Hazardous Waste Generator Identification Number:				
FLCESQG!				
4. Facility Location: 2145 & 2147 N.W. 62ND Street				
Street Address:				
City: MIAMI, PL County: DADE Zip Code: 33147				
5 Facility Identification Number (DEP/Use/ONLY) do not fill in				
Responsible Official				
6. Name and Title of Responsible Official:				
Name: DANIEUE ROPINS Title: DWAR ,				
7. Responsible Official Mailing Address: 2147 N.W. 62ND State				
Street Address:				
City: MIAMI, County: DAKE Zip Code: 33147				
8. Responsible Official Telephone Number:				
Telephone: (786) 285 0072 Fax: (35)389 - 3202				
180 003 0072 139 3202				
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: County: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: ( ) - Fax: ( ) -				

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONLY	7 -	
How many dry-to-dry ma	chines do you have	e on-site?	
For each dry-to-dry mach	nine on-site, please	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")
1998	Existing/Nev	RC/CA/None required	Somo
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated 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 or	n-site?	and the second of the second o
unit. If the transfer machi 1993, it is a <b>NEW unit (</b> r	ine was purchased no units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:  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	<del></del> .
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
		ave you used within the last 12 n	nonths?
gallo	ns (You must fill t	nis in)	·
(b) If less than 12 mor	-	<u>.</u>	
Check why it is les	ss than 12 months;	New owner: [ \( \sum \) Did not kee	p records: []
		New store: New machine	e
		Unopened store [] (date of e	expected opening

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

3. What is the facility Indicate with a	-	sification based o ne classification (		tions found in	section (3) of	Part II?	
Small Area	a Source	$\mathcal{L}_{\mathcal{L}}$				•	
T	ry-to-dry machi ransfer only on- oth machine typ		(used less	than 140 gallo than 200 gallo than 140 gallo	ns of perc per	year)	
Large Area	a Source						
T	ry-to-dry machi ransfer only on- oth machine typ		(used 200	- 2,100 gallon - 1,800 gallon - 1,800 gallon	s of perc per y	rear)	
4. What control ted (Indicate with a		ired on machines	pursuant to	section (5) of	Part II of this	notificatio	n form?
	nachines at smal EQUIRED)	l area source		ew machines efrigerated co		<u>ource</u>	
Carbon ad	nachines at large sorber ed condenser	arca source		ew machines efrigerated con		ource	
5. A facility which Rule 62-213.300, F exemption criteria	A.C. Verify th	at all steam and l	not water ge	merating units	on-site meet t		
All steam and hot v No such units on-si	-	units exempt		PR		e.	
How many boilers of	do you have on-	site?					
For each boiler, ind	licate its horsep	ower (HP) rating:		0	<del>de</del>		
What type of fuel d	o you use?	propane No. 2 fue No. 6 fue		No. 4 fu   Other (p	•	· · · · · ·	
6. Equipment Moni	itoring and Reco	ordkeeping Inform	nation				
Check all logs which	ch are required t	o be kept on-site	in accordar	ice with the re	quirements of	this genera	ıl permit:
(a) Purchase receip	ts and solvent p	urchases/solvent	addition log	;	[X]	•	•
(b) Leak detection	inspection and r	epair			$(X_{-})$	<b>:</b> ,	
(c) Refrigerated condenser temperature monitoring							
(d) Carbon adsorbe	r exhaust perc o	oncentration mor	nitoring		£		
(e) Startup, shutdo	wn, malfunction	n plan			[ <del>\</del> 1		

DEP Form No. 62-213.900(2)

# 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 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. Notification Notification form. Full promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

2145 N.W 62ND Street

MIANI PL 33147

Sepheral Permits Section

Bureau of Air Monitoling & Mobile Sources, MS 5510

Department of Environmental Protection

2600 Blair Stone Road

TALLAhussee, H 32399-2400

### Dibble, Dickson

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

**Sent:** Tuesday, June 26, 2007 3:46 PM

To: Dibble, Dickson

Cc: Bowman, Sandy; Muthiah, Mallika (DERM)

Subject: RE: New Notification AIRS ID# 0251073-002

I just spoke with Danielle Koping and she informed me that the form was sent in error. It was sent along with an application for the Industrial waste Section and they in turn forwarded it to the Air Division. You can therefore discard that notification

### Ray A. Gordon

Air Compliance Project Manager

Office:305-372-6925

gordor@miamidade.gov

"Delivering Excellence Every Day"

----Original Message-----

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]

**Sent:** June 26, 2007 9:11 AM **To:** Gordon, Ray (DERM)

Cc: Bowman, Sandy; Muthiah, Mallika (DERM)

Subject: FW: New Notification AIRS ID# 0251073-002

Ray,

Can you tell me the reason this facility/owner has submitted the above registration form?

I was in receipt of the Title V AGP operation fee from this facility on 1/8/07 and I noticed at that time that the remitter (payer) company name was different than the company of record in our ARMS data base. I called the facility and Danielle Koping (new owner) relayed to me that there was a change of ownership. I informed her that she needed to submit a new registration form at that time so that her facility could be registered and entitled to operate under the new owner name. Subsequently, we received the new form on 01/29/07and her entitlement became effective 03/01/07, so I am curious as to the reason she has submitted a new form?

Thank you for any insight that you can provide other than the new ownership reason, so I know whether or not to process this one.

Dick.

### Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345

Dickson.Dibble@dep.state.fl.us

**Please note**: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

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

Sent: Monday, June 25, 2007 7:51 AM

**To:** Dibble, Dickson **Subject:** New Notification

Received 6/22

<<li><<li>pdf>>

### Ray A. Gordon

Air Compliance Project Manager

Office: 305-372-6925

gordor@miamidade.gov

"Delivering Excellence Every Day"

RECEIVED

JUN 27.2007

Bureau of Air Mantonia

R Mobile Source

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DECEIVED

JUN 2 2 2007

Part III. Notification of Intent to Use General Permitir 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.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2145-47 N.W. UC DBA LiBerty ( Jeaners fairle
2. Site Name (For example, plant name or number):
LiBerty Cleaners / Laundell
3. Hazardous Waste Generator Identification Number:
FLCES OG
4. Facility Location: 2145 \$ 2147 N.W. 62N Street.
City: Minani, FL County: DADS Zip Code: 33147
5. Facility Identification Number (DEP Use ONLY - do not fill-in):
Responsible Official
6. Name and Title of Responsible Official:  Name: Title:
LANGLIE KEVING LUNPR.
7. Responsible Official Mailing Address: 2147 N.W. 62ND Street
Organization initi.
Street Address: City:   County:   Zip Code:  Zip Code:
City: MIAMI PL County: DADE Zip Code: 33147
8. Responsible Official Telephone Number:
Telephone: (786) 365 0072 Fax: (305) 359 3202
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)

### **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	se provide the following informati	on:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Insta (if already included at tim purchase, write "SAME")	e of
1998	Existing/N	ew RC/CA/None required	Same	
	Existing/N	ew RC/CA/None required		
	Existing/N	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 machi 1993, it is a <b>NEW</b> unit (r	ne was purchase to units purchase	n the manufacturer prior to or on d'from the manufacturer between d after September 22, 1993 are al e, please provide the following in	December 9, 1991 and Septen owed to operate under this ge	nber 22,
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Insta (if already included at tim purchase, write "SAME")	e of
	Existing/New	RC/CA/None required		
<del></del>	Existing/New	RC/CA/None required		
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required		
*CONTROL DEVICE K		refrigerated condenser CA have you used within the last 12	= carbon adsorber	
<i>i</i> -	ns (You must fil		·	
(b) If less than 12 mor	nths, how many?	[] months /		
Check why it is les	ss than 12 month	s: New owner: [1] 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's source classification based on the definitions f Indicate with an "X". Select one classification only.)	ound in section (3) of Part II?				
Small Area Source [\(\sum_{\text{\tin}}\ext{\tinte\text{\tinte\text{\tince{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\texi{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti}}\tint{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tii}}\\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi					
Transfer only on-site (used less than 2	40 gallons of perc per year) 00 gallons of perc per year) 40 gallons of perc per year)				
Large Area Source []					
Transfer only on-site (used 200 - 1,800	O gallons of perc per year) O gallons of perc per year) O gallons of perc per year)				
4. What control technology is required on machines pursuant to section (Indicate with an "X".)	n (5) of Part II of this notification form?				
	rated condenser []				
	achines at large area source rated condenser []				
5. A facility which contains non-exempt emissions units shall not be Rule 62-213.300, F.A.C. Verify that all steam and hot water generative exemption criteria or that no such units exist on-site (see attached men	ng units on-site meet the following				
All steam and hot water generating units exempt [] OR  No such units on-site []					
How many boilers do you have on-site?					
For each boiler, indicate its horsepower (HP) rating: [] [] [					
[] No. 2 fuel oil []	natural gas No. 4 fuel oil Other (please list)				
6. Equipment Monitoring and Recordkeeping Information					
Check all logs which are required to be kept on-site in accordance wit	h the requirements of this general permit:				
(a) Purchase receipts and solvent purchases/solvent addition log	[X]				
(b) Leak detection inspection and repair	( <del>`X</del> )				
(c) Refrigerated condenser temperature monitoring	ريخ_ا				
(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					

DEP Form No. 62-213.900(2)

## 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 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. Print name of responsible official

MIAMI-DADE COUNTY

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