

Department of Environmental Protection

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

David B. Struhs Secretary

October 24, 2000

Mr. Francisco Carlin One Price Dry Cleaning 18745 South Dixie Highway Miami, Florida 33157

Re: Facility No.: 0251080-001

Dear Mr. Carlin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 21, 2000.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

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DD/jw

cc: Ms. Mallika Muthiah, Dade County



Department of Environmental Protection

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

David B. Struhs Secretary

October 24, 2000

Ms. Ismaralda Serrano L'arcobaleno Dry Cleaners and Alterations 2701 Southwest 37 Avenue Miami, Florida 33133

Re: Facility No.: 0251080-001

Dear Ms. Serrano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 21, 2000.

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.

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER DECEMBER AIR GENERAL PERMIT NOTIFICATION FOR DECEMBER OF THE PERCHLOROETHYLENE DRY CLEANER DECEMBER DECEMBER

Part III. Notification of Intent to Use General Permit 1 4 2000

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 listes.

Fac	cility Name and Location		
1.			
	L'ARCOBALENO INC.		
2.	Site Name (For example, plant name or number):		
	L'ARCOBALENO DRY CLEANERS + ALTERATION SE		
3.	Hazardous Waste Generator Identification Number:		
	FLD 98 21 3 17 9 6		
4.	Facility Location:		
	Site Name (For example, plant name or number): L'ALCOBALENO DRY CLEANERS + ALTERATION SET Hazardous Waste Generator Identification Number: FLD 989131796 Facility Location: Street Address: City: 2701 SW Miami Facility Identification Number (DEP Use (ONLY address)) Facility Identification Number (DEP Use (ONLY address))		
5.	Facility Identification Number (DEP Use ONLY = do not fill in):		
	0251080-001		
Res	sponsible Official		
6.	Name and Title of Responsible Official:		
Nai	ne: Ismaralda Serrano Title: Owner		
7.	Responsible Official Mailing Address:		
	Organization/Firm:		
! 	Organization/Firm: Street Address: City: County: Zip Code:		
	City. Zap code.		
8.	Responsible Official Telephone Number:		
	Telephone: (305)446-4832 Fax: () -		
Fac	ility 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:		
	Zip code.		
11.	Facility Contact Telephone Number:		
	Telephone: () - Fax: () -		

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

Facility Information

	ACHINES ONLY	i i	
How many dry-to-dry ma	nchines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, please	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")
1983	Existing/Ne	w RC/CA/None required	
	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
.(b) TRANSFER MAC	HINES ONLY	/	
How many washers do yo	ou have on-site?	[N/A]	
How many dryers/reclain	ners do you have o	on-site? []	
mit. If the transfer mach			ecember 9, 1991, it is an EXISTING ecember 9, 1991 and September 22,
	•	after September 22, 1993 are allow, please provide the following info	wed to operate under this general
permit). For each transf Date Initially Purchased	•	•	wed to operate under this general
	er machine on-site	e, please provide the following info	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
permit). For each transf Date Initially Purchased	er machine on-site Status (circle one)	c, please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
permit). For each transf Date Initially Purchased	Status (circle one) Existing/New	c, please provide the following info Control Device Required* (circle one) RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
permit). For each transf Date Initially Purchased From Manufacturer	Status (circle one) Existing/New Existing/New Existing/New	c, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
Permit). For each transforce of transforce of the second s	Status (circle one) Existing/New Existing/New Existing/New Existing/New	c, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME")
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required CA = chave you used within the last 12 metals.	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME")
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = chave you used within the last 12 methis in)	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME")
Permit). For each transformermit. For each transformermit. For each transformermit. From Manufacturer SCONTROL DEVICE K. C.(a) How much perchlo [_60] gallo (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New Existing/New ins (You must fill onths, how many? [Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = chave you used within the last 12 methis in)	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
Permit). For each transformermit. For each transformermit. For each transformermit. From Manufacturer SCONTROL DEVICE K. C.(a) How much perchlo [_60] gallo (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New Existing/New ins (You must fill onths, how many? [c, please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser CA = 6 have you used within the last 12 methis in)] months	wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber orecords: []

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

3. What is the facility's source classification based or Indicate with an "X". Select one classification of	
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 machines particle (Indicate with an "X".)	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 []
5. A facility which contains non-exempt emissions of Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site	
All steam and hot water generating units exempt No such units on-site	<u></u>
How many boilers do you have on-site? []	
For each boiler, indicate its horsepower (HP) rating:	0,3.6
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent as	ddition log []
(b) Leak detection inspection and repair	[<u>*</u>]
(c) Refrigerated condenser temperature monitoring	[]
(d) Carbon adsorber exhaust perc concentration monitoring	itoring []
(e) Startup, shutdown, malfunction plan	[<u>~</u>]

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

7. Surrender C	DEP Air Permit(s)
Please indicat	e 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
iX_	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 I will prod TSM	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. In a set of the Department of any changes to the information contained in this notification. In a set of the Department of any changes to the information contained in this notification. In a set of the set of the information contained in this notification. In a set of the set of the information contained in this notification.
Signature	Date!

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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PERCHLOROETHYLENE DRY CLEANER DECEMBER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit 14 2000

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):	
L'ARCOBALENO INC.	N
2. Site Name (For example, plant name or number):	0 1
L'ARCOBALENO DRY CLEANERS + ALTERATION	Sig C
3. Hazardous Waste Generator Identification Number:	·->
FLD989131796 4. Facility Location: Street Address: City: 2701 SW Migrat County: Dade Zip Code: 33133	
4. Facility Location:	
Street Address:	5
·	
S. Facility/Identification/Number (DEP/Use ONLY = do not fill in) :	
OSOPO-OA PROBLEM	
	4
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Ismaralda Serrano Title: Owner	
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: City: Zip Code:	
City. Zip code.	
8. Responsible Official Telephone Number:	
Telephone: (305)446-4832 Fax: () -	
J. 110 10 J.	
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: () -	
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Effective: 2/24/99

		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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} :	7975	Postage Certified Fee	\$		
\ 1 \ 1	0001	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		•	Postmark Here
\	AIRS ID # 0251080 AIRS ID # 0251080 Sent L'ARCOBALENO DRY CLEANERS &			080 RS &	
	7007	Streei FERNANDO DEL CAMPO or PO 2701 SW 37TH AVENUE Olivi S MIAMI FL 33133			
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A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Addressee
D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
3. Service Type Certified Mail
4. Restricted Delivery? (Extra Fee) Yes
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