



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

Mr. Paul H. Akoto
My Dry Cleaner
130 Southwest 8th Street
Miami, Florida 33130

Re: Facility No.: 0251120-002

Dear Mr. Akoto:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 1, 2007.

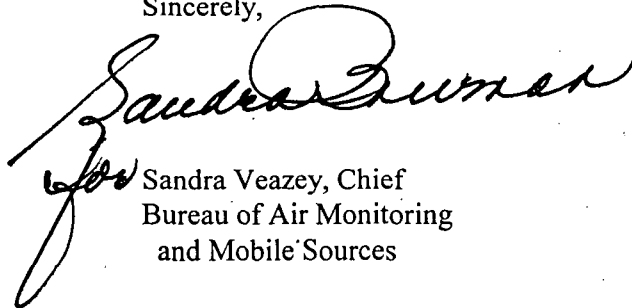
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 2002-2005
SOC REPORTS
COMP. STATUS - SNC MNC

INSP - INS 2 - Compliance Inspection
walkthrough - 8/1/2006

INSP - Miami - Dade Co - m muthiah

RECEIVED

FEB 08 2007

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

FEB 01 2007

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 your completed form to the address listed in the instructions and keep a copy of the form for your files.
Air Quality Management Division

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PAUL H. AKOTO / PHA CORP.
2. Site Name (For example, plant name or number): MY DRY cleaner
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 130 SW 8 th STREET City: MIAMI County: DADE Zip Code: 33130
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251120-002

Responsible Official

6. Name and Title of Responsible Official: Name: PAUL H. AKOTO President Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8818 SW 113 th place Circle East City: MIAMI County: DADE Zip Code: 33176
8. Responsible Official Telephone Number: Telephone: (866) 712-3741 Fax: (305) 854-4894

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME.
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide 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")
4-26-02	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
4-26-02	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	SAME
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [1]

How many dryers/reclaimers do you have on-site? [1]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide 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")
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> New <input type="radio"/>	RC <input type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[20] gallons (You must fill this in)

(b) If less than 12 months, how many? [8] months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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 - 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 form? (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site?

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
 No. 6 fuel oil Other (please list) ELECTRIC

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
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

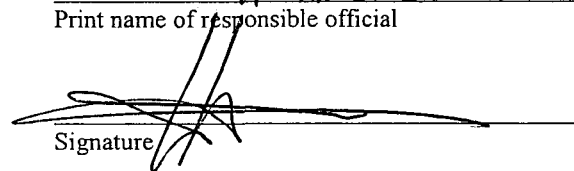
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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 form.

I will promptly notify the Department of any changes to the information contained in this notification.

PAUL H. AKOTO
Print name of responsible official


Signature

2-1-07
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

Dibble, Dickson

From: Dibble, Dickson
Sent: Friday, March 30, 2007 4:45 PM
To: 'Muthiah, Mallika (DERM)'; 'AnderT@miamidade.gov'
Cc: Bowman, Sandy; Veazey, Sandra; Kahn, Joseph
Subject: An embarrassing situation...

Tracking:	Recipient	Delivery	Read
	'Muthiah, Mallika (DERM)'		
	'AnderT@miamidade.gov'		
	Bowman, Sandy	Delivered: 3/30/2007 4:45 PM	Read: 4/2/2007 7:48 AM
	Veazey, Sandra	Delivered: 3/30/2007 4:45 PM	Read: 4/2/2007 9:39 AM
	Kahn, Joseph	Delivered: 3/30/2007 4:45 PM	Read: 3/30/2007 6:37 PM

Malika, et al.,

Ref: AIRS ID# 0251120-002, PHA CORP d.b.a. MY DRY CLEANER, 130 S W 8th ST, MIAMI, FL 33130

1) On February 01, 2007, your office (date-stamped DERM-AQM Div.) received a new owner Title V AG permit registration form for the above referenced facility from owner and R/O, Mr. Paul Akoto.

After your review, the form was subsequently forwarded to the Title V AG permitting office here in Tallahassee and received on February 8, 2007 (date-stamped BAMMS) and entered into the ARMS data base on February 9, 2007. The application was reviewed for errors and omissions through the thirty (30) day review period. **The new entitlement for this facility became effective on March 4, 2007.**

2) On March 27, 2007, your office (date-stamped DERM-AQM Div.) received yet another new owner Title V AG permit registration form for the same above referenced facility from the same owner and R/O, Mr. Paul Akoto.

After your review, the incomplete form (*incomplete- question 2.(a) was not answered and 2.(b) was incorrectly answered*) was subsequently forwarded to our Title V AG permitting office here in Tallahassee and received today March 30, 2007 (date-stamped BAMMS). I was reviewing the application for errors and omissions and discovered those cited above. I called Mr. Akoto for the missing information and clarifications which I needed in order to complete the registration process for this facility. Once into the ARMS data base, I discovered that Mr. Akoto's facility already had a valid entitlement (effective March 4, 2007) to operate as noted in #1) above.

I felt like an idiot and immediately called Mr. Akoto back to apologize. After I cleared the proverbial "egg on my face" off, I asked him, "Why did you fill out and submit another form?" His reply was that Mr. Anderson had stopped by his facility on Monday, March 26, 2007 and insisted that he did not have a permit and that he had to fill out a new registration form. According to Mr. Akoto, he told Mr. Anderson that he had already completed a form earlier and sent it in, but Mr. Anderson insisted that he did not have a valid permit, hence the second form.

When events such as these occur, our credibility as a State agency is bruised. It is not an easy task to regain the confidence lost in the eyes of our clients that we know what we are doing. It is sort of like "first impressions". If it's a bad impression, it's the hardest to overcome, and some people never get over it.

MY RECOMMENDATIONS:

1) I think a representative from DERM needs to personally visit Mr. Akoto and apologize for 1) the misunderstanding, and 2) the inconvenience that we placed upon him in having to fill out a second form, unnecessarily. Hopefully, that would help to restore some of the lost trust.

2) As you well know all of Title V Air General permits (an entitlement to operate) are, by rule, supposed to be sent by the applicant to Tallahassee for review, processing and permitting. You have insisted in the past that DERM

4/5/2007

receive all Title V Air General permit applications for the purposes of review, correctness and whatever else for your convenience, before you send them on to Tallahassee. In the past it has resulted in lost or delayed receipt of applications and in light of this current event, it doesn't appear to be working in the best interests of our clients.

My recommendation is that the practice of receiving the Title v Air General permit applications in your office (DERM) should cease. The practice should be consistent with those of the other District and Local Programs, and that is, that all Title V Air General permit applications be sent directly to Tallahassee, by the applicant(s).

Let me know your constructive thoughts and how "we" can make this process work as it was intended.

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Department of Air
Quality Management
Source

RECEIVED
MAR 30 2007

MAR 27 2007 III. Notification of Intent to Use General Permit 2007

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):	PHA CORP
2. Site Name (For example, plant name or number):	my dry cleaner
3. Hazardous Waste Generator Identification Number:	CESQG
4. Facility Location: Street Address: 130 SW 8 th STREET City: MIAMI County: DADE Zip Code: 33130	Do Not PROCESS !! SEE ATTACHED EMAIL.
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251120

Responsible Official

6. Name and Title of Responsible Official: Name: PAUL AKOTO Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 130 SW 8 th STREET City: MIAMI County: DADE Zip Code: 33130
8. Responsible Official Telephone Number: Telephone: (305) 859-4893 Fax: (305) 859-4894

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	HAS VALID PERMIT
10. Facility Contact Address: Street Address: SAME City: County: Zip Code:	APPLICATION RECEIVED - REQUESTED BY DERM
11. Facility Contact Telephone Number: Telephone: () Fax: ()	

TERRANCE
ANDERSON

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide 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")
02	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
02	Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

How many dryers/reclaimers do you have on-site? []

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide 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")
	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	
	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	
	Existing/ <input type="radio"/> New	<input type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

* [150] gallons (You must fill this in) IN MACHINE STORAGE - NOT USE
 VERIFIED w/ R/D AKOTO D. Wibble 3/30/07

(b) If less than 12 months, how many? [5*] months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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 - 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 form?
 (Indicate with an "X".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
 No such units on-site

How many boilers do you have on-site?

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
 No. 6 fuel oil Other (please list) ELECTRICAL

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
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- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

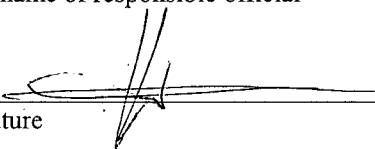
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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 form.

I will promptly notify the Department of any changes to the information contained in this notification.

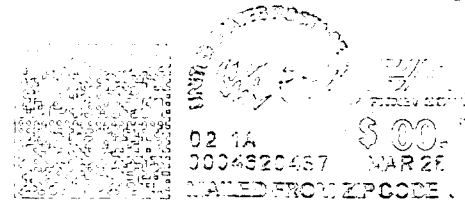
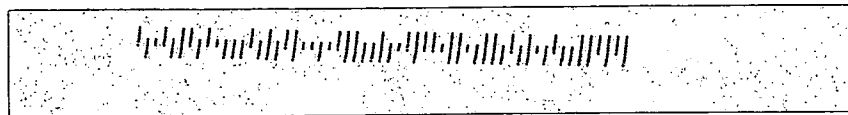
PAUL AKOTO
Print name of responsible official


Signature

3-27-07
Date

Miami Dade County
Environmental Resources Management DE33387
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



MIAMI
COUNTY

Delivering Excellence Every Day

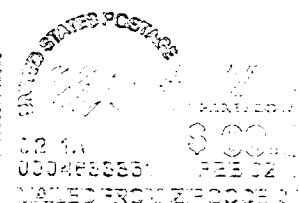
Environmental Resources Management

Air Quality Management Division

33 SW 2nd Avenue • 9th Floor

Miami Florida 33130-1540

DE248955 161_01-44 12/04



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES SECTION, MS 551D
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL, 32399-2400