

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

September 18, 2006

Ms. Martha Martinez
Fortinental LLC
1421 South Miami Avenue
Miami, Florida 33130

Re: Facility No.: 0251132-002

Dear Mr. Martinez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 18, 2006.

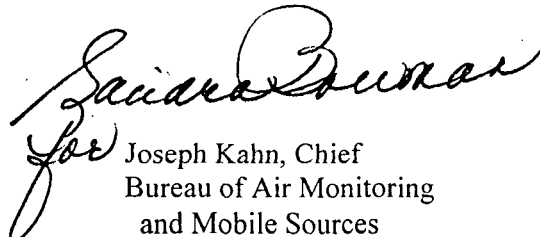
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES 2003-2005
SOC REPORTS 3
COMPLIANCE STATUS IV
EWS2-Compliance Inspection
walkthrough
Insp- M&T-Dece-mm

RECEIVED
AUG 18 2006
Bureau of Air Monitoring
& Mobile Sources

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):	Fortinental L.L.C		
2. Site Name (For example, plant name or number):	Same as above		
3. Hazardous Waste Generator Identification Number:	0251132		
4. Facility Location: Street Address: City:	#4 Miami Dade	County:	Zip Code: 33130
5. Facility Identification Number (DEP Use ONLY - do not fill in)			
0251132-002			

Responsible Official

6. Name and Title of Responsible Official: Name:	Martha Martinez	Title:	Member
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Miami Dade	County:	Zip Code: 33130
8. Responsible Official Telephone Number: Telephone:	(786) 487-6560	Fax:	(305) 372-9996

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Martha Martinez		
10. Facility Contact Address: Street Address: City:	Dade	County:	Zip Code: 33130
11. Facility Contact Telephone Number: Telephone:	(786) 487-6560	Fax:	(305) 372-9996

Facility Information

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

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

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")
2002??	Existing/ New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/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/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/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?

gallons (You must fill this in)

(b) If less than 12 months, how many? 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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |
| 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? 1

For each boiler, indicate its horsepower (HP) rating: 1 0

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) _____

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.

Martha Martinez
Print name of responsible official

Martha Martinez
Signature

Aug 11 / 06
Date

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

RECEIVED
AUG 13 2006
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 9:00 TIME OUT: 9:45 AIRS ID #: 0251132

TYPE OF FACILITY: PERC DRY CLEANING

FACILITY NAME: SECCO RAP CLEANERS DATE: 8/10/06

FACILITY LOCATION: 1421 S. MIAMI AVE

RESPONSIBLE OFFICIAL: MARTHA LOPEZ PHONE NUMBER: 786-487-6560

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:


COMPLIANCE REQUIREMENTS/PROBLEM	FOLLOW-UP ACTION REQUIRED
/	
/	
/	
/	
/	
/	
/	

COMMENTS: New R.O. Notification left to be completed no books records updated

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____ (Approximate)

INSPECTION CONDUCTED BY: TERRENCE ANDERSON (Please Print)

INSPECTOR'S SIGNATURE: 

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Secco RAP CLEANERS DATE: 8/10/06
 FACILITY LOCATION: 1421 S. MIAMI AVE

Annual Reporting Period: 8/10/05 20 TO 8/10/06 20

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

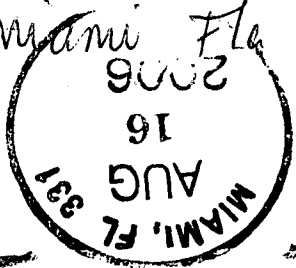
Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloreethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

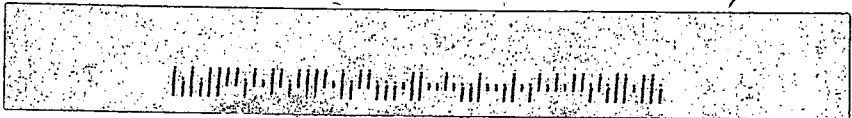
RESPONSIBLE OFFICIAL Martha Martinez Martha Martinez Aug 11/06
 Name (Please Print) Signature Date

* This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form:

Fortneutal, LLC
1421 S. Miami Ave #4
Miami Fla 33130



to: General Permit Section
Bureau of Air Monitoring
and mobile Sources, ms 5510
Dpt of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fla



- 2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

477153 OCT 4 2007

Do NOT Remove Label

AIRS ID#251132
FORTINENTAL LLC
1421 S Miami Avenue
MIAMI, FLORIDA 33133

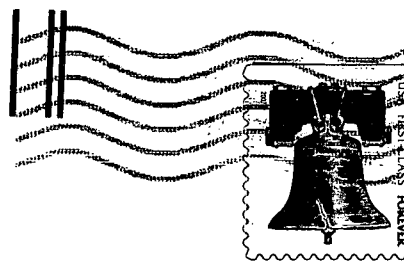
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO:
FUND: 20-2-035001
OBJECT: 002273

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MIAMI FL 331

02 OCT 2007 PM 2 T



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 BOSS

