

Department of **Environmental Protection**

Governor

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

David B. Struhs Secretary

February 18, 2003

Ms. Elida Lima **Econoluxe Cleaners** 8874 Coral Way Miami, Florida 33165

Re: Facility No.: 0251135-001

Dear Ms. Lima:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2003.

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,

A Joseph Kahn, Chief

Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

AIRS ID # 0251135-001

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6(b) Required for all Perchloroethylene dry cleaners. Should be marked.

TBD06600 P

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



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Facility Name and Location

Part III. Notification of Intent to Use General Permit

Air Quality

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
ECONOMY & DELUXE CLEANER SERVICE INC						
2. Site Name (For example, plant name or number):						
ECONOLUXE CLEANERS.						
3. Hazardous Waste Generator Identification Number:						
4. Facility Location: Street Address: 8874 CORAL WAY						
City: MIAMI County: DADE Zip Code: 33165						
Sign Tengillist Identification Number (DEP 1050 ONLY) (IC 10 10):						
Responsible Official 025/135-001						
6. Name and Title of Responsible Official:						
Name: ELIDA HIMA Title: President						
7. Responsible Official Mailing Address: ELIDA LIMA Organization/Firm: BCONOMY & DELUXE CLEANERS SERVICES IN Street Address: 0071/ 00704 (1004)						
1 Ducti Addicas. See 1 Cr 1 D10/4 C. (A/1424)						
City: MIAMI County: DADE. Zip Code: 33165						
8. Responsible Official Telephone Number:						
Telephone: (305) 993 5371 Fax: (305) 226 - 8880 ·						
Facility Contact (If different from Responsible Official)						
9. Name and Title of Facility Contact (For example, plant manager):						
MARLENE MANRIQUE.						
10. Facility Contact Address: Same						
Street Address:						
City: County: Zip Code:						
11. Facility Contact Telephone Number:						
Telephone: (305)226 - 8880. Fax: ()						

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New RC/CA/None required Existing/New 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: Control Device Required* Date Control Device Installed Date Initially Purchased Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New 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? [NOW] 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 [\(\sqrt{} \) (date of expected opening _

the store is a drop-off at this time will start operating as a dry cleaner in February/2003

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the fac Indicate with	cility's source clas an "X". Select o	ssification based o	n the defi	nitions found in	section (3) of Part II?	•
Small A	rea Source	ليخا					-
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 A	rea Source	[]		•		•	
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	10 - 2,100 gallor 10 - 1,800 gallor 10 - 1,800 gallor	is of perc p	er year)	
4. What control to (Indicate with	echnology is requant an "X".)	pired on machines	pursuant	to section (5) of	f Part II of	this notifica	tion form?
	machines at sma REQUIRED)	Il area source		New machines Refrigerated co		rea source	
Carbon a	machines at large adsorber ated condenser	e area source	٠.	New machines Refrigerated co		ea source	:
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 ho No such units on-		g units exempt		OR		`	•
How many boiler	s do you have on	-site?					
For each boiler, in	ndicate its horser	oower (HP) rating:	(15)][]		÷	
What type of fuel	do you use?	[] propane [] No. 2 fue [] No. 6 fue		[] natural [] No. 4 ft [] Other (p	iel oil		
6. Equipment Mo	onitoring and Rec	ordkeeping Inform	nation				
Check all logs wi	hich are required	to be kept on-site	in accord	lance with the re	quirement	s of this gen	eral permit:
(a) Purchase rece	ipts and solvent p	purchases/solvent	addition l	og			
(b) Leak detectio	n inspection and	repair			[]		
(c) Refrigerated of	condenser temper	rature monitoring			\bowtie		
(d) Carbon adsorber exhaust perc concentration monitoring							
(e) Startup, shutdown, malfunction plan							

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

7. Surrender o	of Existing DEP Air Permit(s)						
Please indicat	ate with an "X" the appropriate selection:						
[]	I hereby surrender all existing DEP air permits author this notification form; the permit number(s) are	rizing operation of the facility indicated in					
\bowtie	No DEP air permits currently exist for the operation of form.	of the facility indicated in this notification					
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.							
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Print nan	me of responsible official						
¥	Mile)	01/10/03					
Signature	re L	Date					