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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

NCV 0 2 2009

Bureau of Air Monitoring

A Mobile Sources

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):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Discount cleaners 2
3. Hazardous Waste Generator Identification Number:
CESQ6
4. Facility Location: Street Address: 9835 S.W. 72 Street, #101 City: Migmi County: Dade Zip Code: 33173-46
City: Migni County: Dade Zip Code: 33/73-46
5. Facility Identification Number (DEP Use ONLY - do not fill in):
5. Facility Identification Number (IDEP Use ONLY - do not fill in): 0251145-00
10. Communication of the commu
Responsible Official
6. Name and Title of Responsible Official: Name: Title:
Name: Dary Diez
7. Responsible Official Mailing Address:
Organization/Firm: biscount electress Street Address: 15072 S. W 72 Street City: County: Zip Code: 33 193
Street Address: 15072 S.W 112 Street
City: Migmi Dade Zip Code: 33193
8. Responsible Official Telephone Number:
Telephone: (784)457-4969 Fax: (305)382-45!
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):
· · · · · · · · · · · · · · · · · · ·
Dany Diaz president
10. Facility Contact Address:
Street Address: Same As above
Street Address: SGME As above City: 9835 SW 72 Sounty: Suffer 101 MIGHT FL 33173
11. Facility Contact Telephone Number:
Telephone: (30T) 271-8233 Fax: (30T) 38265 /)

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONLY	<i>.</i>	
How many dry-to-dry ma	achines do you hav	e on-site?	
For each dry-to-dry macl	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")
194	Existing/Ne	w RC/CA/None required	Same
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*C0NTROL 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 o	n-site?	4 ' '
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf	ine was purchased no units purchased er machine on-site	from the manufacturer between I after September 22, 1993 are allo, please provide the following info	
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	<u> </u>
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
	roethylene (perc) h ns (You must fill t	ave you used within the last 12 m	nonths?
(b) If less than 12 mor	nths, how many? [] months	
		New owner: [X] Did not keep	p records: []
		New store: New machine	i i
			expected opening)

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3. What is the facility's source classification based of 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 (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 used Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site				
All steam and hot water generating units exempt No such units on-site	OR			
How many boilers do you have on-site? [2]				
For each boiler, indicate its horsepower (HP) rating:	[3.5][3.5]			
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	nation			
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	ddition log			
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

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7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te 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
ĽΫ́I	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	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
Print nam	ne of responsible official // / / / / / / / / / / Date

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



AIR GENERAL PERMITTING

To:

KIMBERLY CREWS

From:

Dick Dibble

Date:

11/3/2009

Re:

RETURN CHECK #1203, dated 28-OCT-09, in the amount of \$100.00

REASON: NO FEE DUE

RETURN TO:

VIDAN LLC d.b.a. DISCOUNT CLEANERS 2

c/o DANY DIAZ

15072 SW 72ND STREET MIAMI, FL 33173-4670

Comments:

Kimberly,

Please prepare a "return check" cover letter for Becky's signature.

I have attached the subject item check to be returned.

Let me know if you have any questions.

Thank you,

Dick

RECEIVEL

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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.

2. Site Name (For example, plant name or number): DISCUNT CIRCLES 2 3. Hazardous Waste Generator Identification Number: (ESQb 4. Facility Location: Street Address: 9835 S.W. 772 St/Ret,#101 City: Mighth County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Day Di 27 7. Responsible Official Mailing Address: Organization/Firm: Discont elected City: Mighth County: Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DAN DIG2 president 10. Facility Contact Address: Street Address: Street Address: Styne As above City: 9335 Sw 72 Signey Suffer 101 Might Fu 33173 11. Facility Contact Telephone Number:	Facility Name and Location
3. Hazardous Waste Generator Identification Number: (ESQb 4. Facility Location: Street Address: GR35 S.W. 72 St/Ret.#101 County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Ony Dizz Title: Owwer 7. Responsible Official Mailing Address: Organization/Firm: Discount cleares Street Address: 15072 S.W. 72 Street City: Miam County: Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DANY DIGZ president 10. Facility Contact Address: Street Address:	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
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4. Facility Location: Street Address: GR35 S.W. T2 Street ttp1 County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Day Div Title: Owar 7. Responsible Official Mailing Address: Organization/Firm: Discount alexands Street Address: 15072 S.W. T2 Street City: Miani Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (TSV)457-U9U9 Fax: (305)382-U511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DANY DIGZ President 10. Facility Contact Address: Street Address: Street Address: Stivel As above City: 9835 Sw 72 Sounty: Suffer 101 Might Disp Code: 33173 11. Facility Contact Telephone Number:	Discount Cleaners 2
4. Facility Location: Street Address: GR35 S.W. T2 Street, #101 City: Mimi County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Day Diez Title: Owner 7. Responsible Official Mailing Address: Organization/Firm: Discount elecates Street Address: 15072 S.W. T2 3treet City: County: Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (Try) 457- Ugug Fax: (305) 382- Usus Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DGDY DIGZ president 10. Facility Contact Address: Street Address:	3. Hazardous Waste Generator Identification Number:
City: Mich County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Day Diez Title: Owar 7. Responsible Official Mailing Address: Organization/Firm: Discount exercis Street Address: 15072 S. W T22 Street City: Mich County: Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)392-4511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DADY DIAZ preside http://document.com/pressories/firms/fi	
City: Mich County: Dade Zip Code: 33173 5. Facility Identification Number (DEP Use ONLY - do not fill in): Responsible Official 6. Name and Title of Responsible Official: Name: Day Diez Title: Owar 7. Responsible Official Mailing Address: Organization/Firm: Discount exercis Street Address: 15072 S. W T22 Street City: Mich County: Dade Zip Code: 33193 8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)392-4511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): DADY DIAZ preside http://document.com/pressories/firms/fi	4. Facility Location: Street Address: 9835 S.W. 72 St/let,#101
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Responsible Official 6. Name and Title of Responsible Official: Name: Deny Digz Title: Owner 7. Responsible Official Mailing Address: Organization/Firm: Discount elecates Street Address: 15072 Sw 772 Street City: County: Dany S. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Dany Digz president 10. Facility Contact Address: Street Address: Street Address: Street Address: City: 935 Sw 72 Sounty: Swite 101 Might Fw 33173 11. Facility Contact Telephone Number:	5. Facility Identification Number (DEP Use ONLY - do not fill in):
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8. Responsible Official Telephone Number: Telephone: (184)457-4949 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Dany Diaz president 10. Facility Contact Address: Street Address: Street	7. Responsible Official Mailing Address:
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9. Name and Title of Facility Contact (For example, plant manager): DGNY DIGZ president 10. Facility Contact Address: Street Address: City: 9835 SW 72 Sounty: Suite 101 MIGMI FL 33173 11. Facility Contact Telephone Number:	Telephone: (184)457-4969 Fax: (305)382-6511
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Street Address: Street Address: City: 9835 Sw 72 Sounty: Sulfe #101 MIGHT FL 33173 11. Facility Contact Telephone Number:	
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11. Facility Contact Telephone Number:	10. Facility Contact Address:
11. Facility Contact Telephone Number:	Street Address: STIVNE AS above
11. Facility Contact Telephone Number:	City: 9835 SW 72 Scounty: Suite #101 MIGNI The 33173
Telephone: (30) 271-8733 Fax: (30) 382.61 / 1	11. Facility Contact Telephone Number:
	Telephone: (305)271 8233 Fax: (305) 382.61

DEP Form No. 62-213.900(2) Effective: 2/24/99 Dany Diaz 15072 S.W. 72nd Street Miami, Florida 33193





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