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DIVISION OF AIR  
RESOURCE MANAGEMENT

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.

0251172-005

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): The Cleaners at Hialeah, Inc.
2. Site Name (For example, plant name or number): The Cleaners at Hialeah, Inc.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3144 W 76 St City: Hialeah County: Miami Dade Zip Code: 33018
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official: Name: Rebecca Gonzalez Title: owner
7. Responsible Official Mailing Address: Organization/Firm: The Cleaners at Hialeah, Inc. Street Address: PO Box 297803 City: Pembroke Pines County: Broward Zip Code: 33029
8. Responsible Official Telephone Number: Telephone: (954) 235-7382 Fax: (954) 392-5253

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: ( ) -

**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")
7/1/11	<del>Existing</del> /New	RC/CA/ <del>None</del> required <sup>MP</sup>	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 \_\_\_\_\_)



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.*

Rebecca Ginzalez  
Print name of responsible official

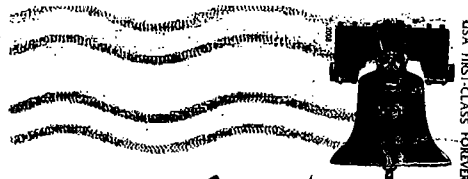
[Signature]  
Signature

9/11/11  
Date

Cleanus  
3144 W 76th  
Hialeah, FL 33018

MIAMI FL 331

10 AUG 2011 PM 1 T



actn: Special Permit program  
Dept. of Environmental Protection  
actn - Michael Facione  
2600 Blair Stone Rd.  
MS 5505  
Tallahassee, FL 32399-2400

32399-2400

