

## Department of Environmental Protection

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

Colleen M. Castille Secretary

January 5, 2006

Mr. Peter Smit
Best Care Cleaners
2750 Southwest 26<sup>th</sup> Avenue, Suite F
Miami, Florida 33133

Re: Facility No.: 0251207-001

Dear Mr. Smit:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 28, 2005.

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.

INST Compliance Inspection Walk-though

## BEST AVAILABLE COPY

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NOV 2 8 2005

TO: 3053726954

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Bureau of Air Wonttoring AIR GENERAL PER

DEP Form No. 62-213,900(2)

Effective: 2/24/99

Air Quality

& 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.

1	inty table and Location	<u> </u>
		Name of corporation, agency, or individual owner):
•	British CLEAN	ens Inc
2.	Site Name (For example, plant na	ne or number):
	Best Care Cce	
3.	Hazardous Waste Generator Ident	fication Number:
<u>.                                    </u>	FLD 980	4143190
4.	Facility Location: Street Address: 2750-5.	W 26th Avenue, Suite F.
	City: MIAMI	County: DADE Zip Code: 33133
5:1	Facility identification No beauto	EPADS ONLY CONTOURING TO SEE THE PROPERTY OF T
Res	ponsible Official	
6.	Name and Title of Responsible O	ficial:
Nar	nc: PETER SM	Title: President
7.	Responsible Official Mailing Add	rcss:
	Organization/Firm:	SW 24 MAUR, SUITEF
	Street Address: 2 150 City:	County: DADE Zip Code: 33133
	and A A A A	DA(S)
	MIAMI	
8.	Responsible Official Telephone N	umber:
8.		umber:
	Responsible Official Telephone N Telephone: (305) 358-2	umber: 081 Fax: (305)858 - 1470
Fac	Responsible Official Telephone N Telephone: (305) 358-2 Hity Contact (If different from R	umber: 2081 Fax: (305) 858 - 1470  esponsible Official)
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Fac	Responsible Official Telephone N Telephone: (305) 858-2 Hity Contact (If different from R Name and Title of Facility Contact Facility Contact Address:	umber: 2081 Fax: (305) 858 - 1470  esponsible Official)
Fac 9.	Responsible Official Telephone N Telephone: (305) 358-2 Hity Contact (If different from R Name and Title of Facility Contact Facility Contact Address: Street Address: City:	County:  Fax: (305) 058 - 1470  Responsible Official)  County:  Zip Code:
Fac 9.	Responsible Official Telephone N Telephone: (305) 358-2 Hity Contact (If different from R Name and Title of Facility Contact Facility Contact Address: Street Address:	County:  Fax: (305) 058 - 1470  Responsible Official)  County:  Zip Code:

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 Require (circle one)	d* Date Control Device Installed (if already included at time of purchase, write "SAME")
1998	Existing	ew RCCA/None required	5ame_
2002	Existing/(	cw ROCA/None required	Same
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE KE			CA = carbon adsorber
			The state of the s
1.(b) TRANSFER MACH	INES ONLY		
How many washers do you	have on-site?	LJ *	e juga manandasee
How many dryers/reclaime	rs do you have	on-site?	***
unit. If the transfer machin 1993, it is a NEW unit (no	e was purchase units purchase	d from the manufacturer betw	or on December 9, 1991, it is an EXISTING veen December 9, 1991 and September 22, re allowed to operate under this general and information:
· ·	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 KE	Y: RC =	efrigerated condenser	CA - carbon adsorber
2.(a) How much perchlore	cthylene (perc)	have you used within the last	t 12 months?
2704 gallons	s (You must ពីរ	l this in)	
(b) If less than 12 mont	hs, how many?	months	the same of the sa
Check why it is less	than 12 month	s: New owner: [ ] Did no	ot keep records: []
i	:	New store: [ ] New m	nchine []
ν. : ν. :		Unopened store [] (dat	

DEP Form No. 62-213.900(2) Effective: 2/24/99 13

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	(used less than 140 gallons of perc per year)
Transfer only on-site  Both machine types on-site	(used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source [ ]	(used less than 140 garlons of perc per year)
	2 1 100 2 100 11
Dry-to-dry machines only on-site Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (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 (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source	New maghines at small area source
(NONE REQUIRED)	Refrigerated condenser
Existing machines at large area source	New machines at large area source
Carbon adsorber	Refrigerated condenser
Refrigerated condenser	
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 I	not water generating units on-site meet the following
exemption criteria or that no such units exist on-site	(see attached memio 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?	
E TIN	ት ነገር ነው
For each boiler, indicate its horsepower (HP) rating	
What type of fuel do you use?] propane	[ V] natural gas
[ ] No. 2 fue [ ] No. 6 fue	
	The state of the s
6. Equipment Monitoring and Recordkeeping Inform	nation
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 mot	nitoring []
(e) Startup, shutdown, malfunction plan	
DEP Form No. 62-213.900(2)	16
Effective: 2/24/99	

7.	Surrender	of Existing	DEP A	ir Peri	nit(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.

Print name of responsible official

Signature

PLEASE SIGN & DATE

Bruck 140mas 850-921-7744

# RECEIVED

NOV 0 4 2005

PERCHLOROETHYLENE DRY CLEANER



Bureau of Air Monitoring AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality Managemen Division

& 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):
British Cleaners Inc
2. Site Name (For example, plant name of number)
Best Care Cleaners
3. Hazardous Waste Generator Identification Number:
FUD 982143190
4. Facility Location:
Street Address: 2150 5 W 20 Avenue, 3016 7
4. Facility Location: Street Address: 2750 5 W 2674 Avenue, Suite F City: MIAMI County: DADE Zip Code: 33133
SAME Racility and interaction and their (DEPAUSE ONLY Edochotti) sin) and the same
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official: Name: PETER SMIT
7. Responsible Official Mailing Address:
Street Address 7750 S W 200 AVE , JULE T
City: MIAMI County DADE Zip Code: 33133
8 Responsible Official Telephone Number:
Telephone: (305) 858-2081 Fax: (305) 858 - 1470
The state of the s
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
3. Ivaine and Time of Facility Contact (For example, plant manager).
10. Facility Contact Address:
Street Address:
City; County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( )

DEP Form No. 62-213,900(2)

Facility	Inform	na	tior
_		:	1

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

	j ; !	1 1 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1	
How many dry-to-dry mac	hines do you hav	ve on-site?	
For each dry-to-dry machi	ne on-site, pleas	provide the following informat	tion:
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed
From Manufacturer	(circle one)		(if already included at time of
	1		purchase, write "SAME")
1998		NALL I	5-7-100-63
1 10	ExistingANo	(ROCA/None required	Same
2002	Existing/No	W RCCA/None required	Same
	Existing/No	w RC/CA/None required	<del>                                     </del>
*CONTROL DEVICE KE	.V. PC	efrigerated condenser CA	= carbon adsorber
CONTROD DISVICES KI		singerated compenser CX	Carton adsorber
1.(b) TRANSFER MACE	HINES ONLY		
1			
How many washers do you			
How many dryers/reclaims	ers do you have d	on-site?	
If the tenefor making we			December 9, 1991, it is an EXISTING
			December 9, 1991, it is an Existing in December 9, 1991 and September 22,
		after September 22, 1993 are al	
		, please provide the following in	
permit). For each transfer		, please provide the following in	
	r machine on-sit		Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status	please provide the following in Control Device Required*	nformation:  Date Control Device Installed
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one)	e, please provide the following in Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status	please provide the following in Control Device Required*	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one) Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one) Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one) Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one) Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of
permit). For each transfer Date Initially Purchased From Manufacturer	r machine on-site Status (circle one) Existing/New Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
permit). For each transfer  Date Initially Purchased	r machine on-site Status (circle one) Existing/New Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of
permit). For each transfer  Date Initially Purchased From Manufacturer  *CONTROL DEVICE KE	r machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA	Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE KE	r machine on-site Status (circle one)  Existing/New Existing/New Existing/New Existing/New	e, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE KE	r machine on-site Status (circle one) Existing/New Existing/New Existing/New Existing/New	e, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE KE 2.(a) How much perchlore  2.102 gallon	r machine on-site Status (circle one)  Existing/New Existing/New Existing/New Existing/New (Y: RC = resorthylene (perc) s (You must fill	c, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA/CA/None required  cfrigerated condenser  CA  have you used within the last 12  this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE KE  2.(a) How much perchlore  [2702] gallon  (b) If less than 12 months	r machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  (You must fill ths, how many?	c, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfi igerated condenser CA  have you used within the last 12  this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  months?
*CONTROL DEVICE KE 2.(a) How much perchlore  2.102 gallon	r machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  (You must fill ths, how many?	c, please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  months?
*CONTROL DEVICE KE  2.(a) How much perchlore  [2702] gallon  (b) If less than 12 months	r machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  (You must fill ths, how many?	c, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfi igerated condenser CA  have you used within the last 12  this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  months?
*CONTROL DEVICE KE  2.(a) How much perchlore  [2702] gallon  (b) If less than 12 months	r machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  (You must fill ths, how many?	c, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfirigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  months?
*CONTROL DEVICE KE  2.(a) How much perchlore  [2702] gallon  (b) If less than 12 months	r machine on-site  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  (You must fill ths, how many?	c, please provide the following in  Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  cfirigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")  - carbon adsorber  months?

DEP Form No. 62-213.900(2)

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

3. What is the facility's source classification based or	n the definitions found in section (3) of Part II?
Indicate with an "X". Select one classification of	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)
	pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)	
Existing machines at small area source	New machines at small area source
(NONE REQUIRED)	Refrigerated condenser []
Existing machines at large area source Carbon adsorber	New machines at large area source Refrigerated condenser [ ]
Refrigerated condenser	Reingerated condenser
Acont got atou condenses	
	units shall not be eligible to use the general permit pursuant to
exemption criteria or that no such units exist on-site	of water generating units on-site meet the following
eventions entering on most 110 socie many exist out-size	(see madical incline to: the circula).
All steam and hot water generating units exempt	L / ] OR
All steam and hot water generating units exempt No such units on-site	
All steam and hot water generating units exempt	
All steam and hot water generating units exempt No such units on-site	[ ] OR
All steam and hot water generating units exempt No such units on-site  How many boilers do you have on-site?  For each boiler, indicate its horsepower (HP) rating:	[30]
All steam and hot water generating units exempt 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?	[3C]   ]   ]   natural gas
All steam and hot water generating units exempt No such units on-site  How many boilers do you have on-site?  For each boiler, indicate its horsepower (HP) rating:	OR    OR    One   One
All steam and hot water generating units exempt 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   ] No. 2 fue	OR    OR    One   One
All steam and hot water generating units exempt 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?  Dropane No. 2 fue No. 6 fue	OR    30
All steam and hot water generating units exempt 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?  Dropane No. 2 fue No. 6 fue	OR    OR    One   One
All steam and hot water generating units exempt 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   ] No. 2 fue   ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site  (a) Purchase receipts and solvent purchases/solvent	OR
All steam and hot water generating units exempt 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 [ ] No. 2 fue [ ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site	OR
All steam and hot water generating units exempt 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 [ ] No. 2 fue [ ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases/solvent (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	OR    OR
All steam and hot water generating units exempt 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   ] No. 2 fue   ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site  (a) Purchase receipts and solvent purchases/solvent (b) Leak detection inspection and repair	OR    OR
All steam and hot water generating units exempt 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 [ ] No. 2 fue [ ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases/solvent (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	OR    OR
All steam and hot water generating units exempt 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   ] No. 2 fue   ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases/solvent (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration more	OR    OR
All steam and hot water generating units exempt 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   ] No. 2 fue   ] No. 6 fue  6. Equipment Monitoring and Recordkeeping Inform Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases/solvent (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration more	OR    OR

7. Surrender of Exist	ing DEP Air Perinit(s
-----------------------	-----------------------

Please indicate with an "X" the appropriate selection

l 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 dir 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.

PETER SMIT

Print name of responsible official

Signature

10.31.05

Date

DEP Form No. 62-213.900(2)

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NOV 1 8 2005

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

Bailich C

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Part III. Notification of Intent to Use General Permit

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Manage Quality
Prior to filling out this form, please read the instructions provided at the end of the toen; Send completed form to the address listed in the instructions and keep a copy of the form for your files ion

	1211 11 SII CLEANE	102 TUC			
2.	Site Name (For example, plant name	•			
	Best Care Clea	ners			
3.	Hazardous Waste Generator Identifica				
	FLD 9821	43190			
4.	Facility Location:	•		` C	
	Street Address: 2750 5.W	County:	we, 30	Zin Code:	
	City: MIAMI	County: DADI	=	Zip Code: 331	33
5.	Facility Identification Number (DEP			00/	
Res	ponsible Official			<del></del>	
6. Nai	Name and Title of Responsible Officiane: PETER SMIT		Title: O	esident	
7.	Responsible Official Mailing Address Organization/Firm: Street Address: 2750 S.	W. 24 M A	je., Suit	E F	
	MIAMI	DADE		Zip Code: 3313	3
8.	Responsible Official Telephone Numb Telephone: (305) 858 - 208		Fax: (30°	5 )858 - 1470	
For	ility Contact (If different from Resp	ansible Official)			· <del></del>
	Name and Title of Facility Contact (F		anager):		
10.	Facility Contact Address:				
	Street Address:				
	City: Co	ounty:		Zip Code:	
11.	Facility Contact Telephone Number:				
	Telephone: ( ) -		Fax: (	) -	
L			· ·		

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONL	$^{X}$	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e 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")
1998	Existing	ew RC/CA/None required	<u>Same</u>
2002	Existing/V	ew RCCA/None required	Same
	Existing/N	ew RC/CA/None required	· 
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ers do you have	on-site? []	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchase o units purchase		
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	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) ns (You must fil	have you used within the last 12 m this in)	nonths?
(b) If less than 12 mor	iths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: [] Did not kee	p records: []
		New store: New machine	e [
		Unopened store [] (date of e	expected opening)

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

3. What is the facility's source classification based Indicate with an "X". Select one classification	
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 machine (Indicate with an "X".)	s 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
	s units shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following te (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site	□ OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating	;: <u>30</u>
What type of fuel do you use? propane No. 2 fu	el oil No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solven	t addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration me	onitoring []
(e) Startup, shutdown, malfunction plan	

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

7. Surrender	of Existing DEP Air Permit(s)
Please indica	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
[]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
Pé	omptly notify the Department of any changes to the information contained in this notification.  TER SMIT  ne of responsible official
Gianatan	Du 7. 10.31.05
Signature	e 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**

- 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.
- Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### **Facility Contact**

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.

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456964 DEC192005

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

## TOTAL AMOUNT DEE: \$50.00

Printed on recycled paper.

Do NOT Remove Label

251207 10
BEST CARE CLEANERS
2750 SW 26th Ave Ste F
MIAMI, FL 33133

FOR GOVERNMENT USE ONLY

■ ■ AIR ACCT. CODE 372020350013755010000
■ BENIFITTING OBJECT CODE 002000

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

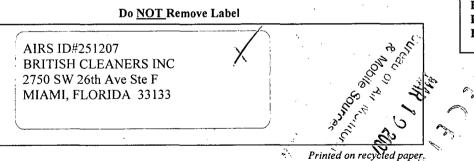
OBJECT: 002273

BENIFITTING CATEGORY 000200

## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 470985 MAR14207

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

### **TOTAL AMOUNT DUE: \$75.00**



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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273