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APR 01 2011

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):	ACQUALINA RESORT & SPA ON THE BEACH
2. Site Name (For example, plant name or number):	ACQUALINA, LLC
3. Hazardous Waste Generator Identification Number:	0003-0478-86
4. Facility Location: Street Address:	17875 COLLINS AVENUE
City:	SUNNY ISLES County: MIAMI-DADE Zip Code: 33160
5. Facility Identification Number: (DEP Use ONLY - do not fill in):	0251211-002

Responsible Official

6. Name and Title of Responsible Official: Name:	MARION LANG	Title:	HOUSEKEEPING DIRECTOR
7. Responsible Official Mailing Address: Organization/Firm:	ACQUALINA	Street Address:	17875 COLLINS AVENUE
City:	SUNNY ISLES	County:	MIAMI-DADE Zip Code: 33160
8. Responsible Official Telephone Number: Telephone:	(305) 918 6820	Fax:	(305) 918 8100

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARION LANG / HOUSEKEEPING DIRECTOR		
10. Facility Contact Address: Street Address:	SAME AS ABOVE		
City:	County: Zip Code:		
11. Facility Contact Telephone Number: Telephone:	(305) 918 6820	Fax:	(305) 918 8100

**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")
3-20-03	Existing/New	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*new*

\*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)

*3.6 x 10 = 36 gal/yr  
gals times*

(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 \_\_\_\_\_)

*- new/small,  
x4/40 gal/yr  
per 03/29/11  
inspection*

*- 4/7/11 - spoke  
with Marion Lang  
for updates - MBS*

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".)

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

*new small RC*

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?

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

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) \_\_\_\_\_

*-4/7/11 - spoke with Lilyanna, (1); BTUs 2,700; + nat. gas - MB*

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

*-(e)*

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**

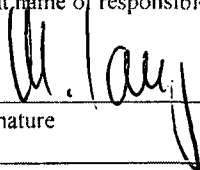
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.*

MARION LANG

Print name of responsible official

Signature



Date

11/05/10



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi A. Drew  
Secretary

November 3, 2010

VIA ELECTRONIC MAIL  
marion.lang@acqualina.com

Ms. Karen Schneider  
Acqualina A Rosewood Resort  
17875 Collins Ave  
Sunny Isles Beach, FL 33160

Re: Facility No. 251211

Dear Ms. Karen Schneider:

Our records indicate your Perchloroethylene Dry Cleaning Facility Air General Permit (AGP) entitlement is set to expire on March 23, 2011.

Pursuant to the Florida Department of Environmental Protection (FDEP) Rule 62-210.310 or 62-213-300, Florida Administrative Code, your facility is entitled to operate under the AGP Program for no more than five (5) years.

To continue your entitlement, the Owner/Authorized Representative shall submit a new registration form containing all current information regarding the facility no later than thirty (30) days prior to the expiration of your facility's current AGP entitlement.

We have enclosed an AGP registration form checklist to assist you with the continuation of your five (5) year entitlement. Also, you may obtain a copy of the appropriate registration form from the FDEP Division of Air Resource Management webpage at [http://www.dep.state.fl.us/air/emission/air\\_gp.htm](http://www.dep.state.fl.us/air/emission/air_gp.htm).

If you need additional information, please contact Stephen McKeough at 850/921-9539 or by email at [Stephen.McKeough@dep.state.fl.us](mailto:Stephen.McKeough@dep.state.fl.us).

Enclosure

**RECEIVED**

APR 01 2011

**Bureau of Air Monitoring  
& Mobile Sources**

THIS ONE NOT TO SURE!



# IMPORTANT

## NOTIFICATION OF EXPIRING AIR GENERAL PERMIT REGISTRATION

If you wish to continue your Air General Permit (AGP) entitlement to operate, please submit a new, completed registration form to the following address:

Air General Permit Program -  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection →  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

I am a new OWNER or AUTHORIZED REPRESENTATIVE for this facility.

My business has moved to a new location.

Note: If you have checked any of the above boxes, please include this form with your new AGP registration form.



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## SURRENDERING YOUR AIR GENERAL PERMIT REGISTRATION

By checking this box, I wish to surrender my AGP entitlement to operate and I am notifying the Department of the pending action by signing and dating this form below and returning it to the mail address above.

My ARMS ID number is: \_\_\_\_\_ - \_\_\_\_\_ - AG \_\_\_\_\_  
(9999999-999-AG) (PRINT YOUR NAME HERE)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/dd/yyyy) (SIGN YOUR NAME HERE)

From: (305) 918-6871  
Denis Rovinskiy  
Acqualina Resort and Spa  
17875 Collins Ave

Origin ID: TMBA



J11151102250225

Sunny Isles Beach, FL 33160

Ship Date: 31MAR11  
ActWgt: 1.0 LB  
CAD: 100117432/NET3130

Delivery Address Bar Code



SHIP TO: (305) 918-6871

BILL SENDER

**Air Genral Permit Program  
Bureau of Air Monitoring and Mobile  
2600 BLAIRSTONE RD  
DEPARTMENT OF ENVIRONMENTAL PROTECT  
TALLAHASSEE, FL 32399**

Ref # Marion Lang/ Engineering  
Invoice #  
PO #  
Dept #

FRI - 01 APR A2  
STANDARD OVERNIGHT

TRK# 7946 0007 9860

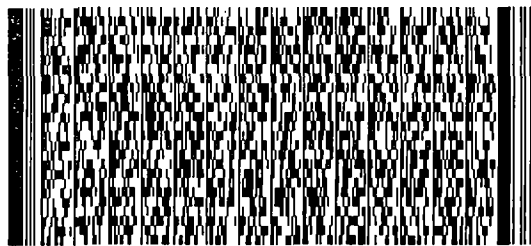
0201

32399

FL-US

TLH

**XH TLHA**



50DG3126A8/7EFB

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.