

Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

July 20, 2007

Mrs. Ileana Lemes Lemes Dry Cleaners 14967 Southwest 60th Street Miami, Florida 33193

Re: Facility No.: 0251259-001

Dear Mrs. Lemes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 2007.

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.

Sandra Dauma

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

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 conv of the form for voting tiles. 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 corp	•
Lemes inc	Lenes Dry Cheaner's
2. Site Name (For example, plant name or number	r):
Leues Dry	Cheaners
3. Hazardous Waste Generator Identification Nun	iber:
	· ·
4. Facility Location: 10760-66 Street Address:	2 Corah wax
City; County	
5. Facility Identification Number (DEP Use ONL)	Y - do not fill in):
	25/259-00
Responsible Official	
6. Name and Title of Responsible Official:	32
Name: ILeana Loyos 7. Repropsible Official Mailing Address:	Title: PeesidenT
7. Iccapolatore controlar structural Practicals.	and the first section with the control of the section of the secti
Organization/Firm: 14967 S.	
City: County:	Zip Code: 38193
8. Responsible Official Telephone Number:	53193
Telophone: (305)222 - 22/4	Fax: (305)222-9002
305,222 22.7	
Facility Contact (If different from Responsible O	tffaial)
9. Name and Title of Facility Contact (For example	
Jose a clari	
14 - 11 - 41	
14967 S	w 60st
Street Address:	
City: County:	PL Zip Code: 33193
11. Facility Contact Telephone Number:	
Telephone: (305) 401-4853	Pax: () -
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The property of the second of the second	Section (1984) and the first of the control of the
	AF T
DEP Form No. 62-213,900(2)	13 A Company of the Company of th

Facility Information			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	•
For each dry-to-dry mach	nine 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")
	Existing	ew RC/CA/None required	Same
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC=1	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[_2]	
How many dryers/reclaim	ers do you have o	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, awed to operate under this general cornation: Date Control Device Installed
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	No. of the last of
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	-
*CONTROL DEVICE K	EY: RC=1	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) l	have you used within the last 12 m this in)	conths?
(b) If less than 12 mor	nhs, how many? [/] months	
Check why it is les	s than 12 months:	New owner: [Did not kee	ep records: []
		New store: [] New machin	c []
		Unopened store [] (date of	expected opening)

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

3. What is the facility Indicate with a		ification based on as classification o		ns found in se	ection (3) of Par	: II?
Small Are	a Source	(X)				
T	Pry-to-dry machi ransfer only on- loth machine typ	site	(used less t)	an 200 gallor	ns of perc per ye ns of perc per ye ns of perc per ye	ar)
Large Are	a Source	[]				
T	ory-to-dry machi- ransfer only on- oth machine typ	site	(used 200 -	1,800 gallons	of perc per year of perc per year of perc per year)
4. What control tech (Indicate with a		red on machines p	oursuant to se	ection (5) of Pa	art II of this noti	fication form?
	echines at small EQUIRED)	area source		w machines at frigerated con	t small area sour denser [] C <u>e</u>
Carbon ad	achines at large sorber ad condenser	area source		w machines at frigerated con	t large area sourdenser	<u>co</u>]
5. A facility which Rule 62-213.300, F criteria or that no st	A.C. Verify tha	it all steam and be	ot water gene	rating units or		
All steam and hot w No such units on-si		units exempt	[] OI	L .		
How many boilers of	lo you have on-s	ite? []				
For each boiler, ind	icate its horsepo	wer (HP) rating: [
What type of fuel do	o you use?	[] propane [] No. 2 fuel [] No. 6 fuel	oil [natural ga No. 4 fue Other (ple	l oil	
6. Equipment Moni	toring and Recor	dkeeping Informs	ation			
Check all logs which	h are required to	bs kept on-site in	n accordance	with the requi	irements of this	general permit:
(a) Purchase receipt	s and solvent pu	rchases/solvent ad	ddition log			
(b) Leak detection i	nspection and re	pair			(X)	
(c) Refrigerated cor	idenser temperat	ure monitoring			1×1	
(d) Carbon adsorber	r exhaust perc oc	ncentration monit	toring		 大 大	
(e) Startup, shutdov	wn, malfunction	plan				

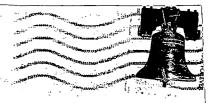
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7. Surrender	of Existing DEP Air Permit(s))		
Please indicar	te with an "X" the appropriate	e selection:	,	
(<u>X</u>)	I hereby surrender all exists notification form; the permits $\frac{1}{2}$	ning DEP air pormits aut ait number(s) are 0 33 8 2	athorizing operation of the facility indicated in (dhia
[]			ion of the facility indicated in this notification f	orr
Responsible	Official Certification			
this notif statemen maintain comply w	ication. I hereby certify, base is made in this notification are the air pollutant emissions ur rith all terms and conditions o	ed on information and b re true, accurate and co nits and air poliution co of this general permit as	Part II of this form, of the facility addressed in belief formed after reasonable inquiry, that the complete. Further, I agree to operate and control equipment described above so as to as set forth in Part II of this notification form. information contained in this notification.	
	EANA LEMES ne of responsible official		/_ /_	
Signature	lanak.		5/3//0'>	

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10760 Coral Way
Miaili FC 33165

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General Pernits Section

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Source, MS 5510

Department of Evironmental Protetion

2600 Blair Stone Road

Talla hassee, FL 32399-2400