

Florida Department of Environmental Protection

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

July 14, 2008

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Ms. Filomena Carreiro Cardina Cleaners 11068 Spring Hill Drive Spring Hill, Florida 34608

Re: Facility No.: 0530360-003

Dear Ms. Carreiro:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 10, 2008.

Pursuant to Florida Statutes section 403.814, the authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have or expect to have any changes in your mailing address, location address, responsible official, or telephone 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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

audo a

and Mobile Sources

SFV/pg

cc: Ms. Danielle Henry, Southwest District

D. Henry - Horrando - SWD

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 199-2006
VER REPORTS SX - 2

COMP. STATUS - SNC MNC (IN

RPT-SOCK - Statement of Compliance
Report - Received STCR 5/6/2008 - IN

INSp-Hernandold SWD - D Henry

JUN 1 0 2008

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Mointoning & 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. Facility Owner/Company Name (Name of corporation, agency, or individual)	lual owner):
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
Cardina cleaners	
3. Hazardous Waste Generator Identification Number:	
	•
4 F 11 1 2	
4. Facility Location: Street Address: 1/068 Spring Hill DR City: Spring Hill DR County: Hernando	
	Zip Code: 34608
5. Facility Identification Number (DEP Use ONLY 4 do not fill in):	
	YOYAD SYAADSI
Responsible Official	
6. Name and Title of Responsible Official:	
Name: Title:	
Filomena (Ulreiro Pre	sident lowner
7. Responsible Official Mailing Address:	
	•
Organization/Firm: Street Address: //068 Spring Hill Dr	Zin Codo: 2/1/ne
Organization/Firm: Street Address: 1/068 Spring Hill DR City: Spring Hill Spring Hernando	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Holl County: Responsible Official Telephone Number:	Zip Code: 346 <i>08</i>
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Holl County: Responsible Official Telephone Number:	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Holl County: Responsible Official Telephone Number:	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Hill Dr County: Hernando 8. Responsible Official Telephone Number: Telephone: (352) 686 8888 Fax: (Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Holl County: Responsible Official Telephone Number:	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Hill Dr County: Hernando 8. Responsible Official Telephone Number: Telephone: (352) 686-8888 Fax: (Facility Contact (If different from Responsible Official)	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Will Dr. City: Spring Will Brando 8. Responsible Official Telephone Number: Telephone: (352) 686 888 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Hill Dr City: Spring Hill Dr County: Hernando 8. Responsible Official Telephone Number: Telephone: (352) 686-8888 Fax: (Facility Contact (If different from Responsible Official)	Zip Code: 34608
Organization/Firm: Street Address: //068 Spring Will Spring County: City: Spring Will Spring County: Responsible Official Telephone Number: Telephone: (352) (886-8888 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address:	Zip Code: 34608
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information			On: 6/12/08 - 1:44	
1.(a) DRY-TO-DRY M	ACHINES ONLY	Y	CONFIDENCE CONFIDENCE	
How many dry-to-dry ma	chines do you hav	re on-site?	TELEPHO PICE CHI	
For each dry-to-dry mach	ine 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")	
Dec 2006	Existing/Ne	w RC/CA/None required	SAME D.D.	
	Existing/Ne	w RC/CA/None required		
	Existing/Ne	w RC/CA/None required		
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?	[]		
1993, it is a NEW unit (n	o units purchased	the manufacturer prior to or on I from the manufacturer between I after September 22, 1993 are allo, please provide the following inf Control Device Required* (circle one)	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of	
170m Manufacturer	(energone)	(circle one)	purchase, write "SAME")	
	Existing/New	RC/CA/None required	·	
	Existing/New	RC/CA/None required	·	
	Existing/New	RC/CA/None required		
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA	= carbon adsorber	
/ -		nave you used within the last 12 r	nonths?	
•	ns (You must fill			
(b) If less than 12 months, how many? [] months				
Check why it is les	s than 12 months:	New owner: [] Did not ke		
		New store: [] New machin	ne []	

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [____] (date of expected opening _____)

3. What is the facility's source classification based on Indicate with an "X". Select one classification of				
Small Area Source [X]				
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 p (Indicate with an "X".)	oursuant 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 []	(used 140 - 1,800 gallons of perc per year) oursuant to section (5) of Part II of this notification form? New machines at small area source Refrigerated condenser New machines at large area source Refrigerated condenser New machines at large area source Refrigerated condenser			
	nits shall not be eligible to use the general permit pursuant to by water generating units on-site meet the following exemption			
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:	· · · · · · · · · · · · · · · · · · ·			
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Information	ation			
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	ddition log $ [\underline{\hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm} }] $			
(b) Leak detection inspection and repair	[]			
(c) Refrigerated condenser temperature monitoring []				
(d) Carbon adsorber exhaust perc concentration monitoring []				
(e) Startup, shutdown, malfunction plan				

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

7. Surrender	of Existing DEF All Fernings)	
Please indica	ate with an "X" the appropriate selection:	
<u>×</u>	I hereby surrender all existing DEP air permits notification form; the permit number(s) are	s authorizing operation of the facility indicated in this
[]	No DEP air permits currently exist for the ope	ration of the facility indicated in this notification form
Responsible	e Official Certification	
G		
this notij statemen maintain comply v	ification. I hereby certify, based on information a nts made in this notification are true, accurate an n the air pollutant emissions units and air pollutio with all terms and conditions of this general pern	on control equipment described above so as to iit as set forth in Part II of this notification form.
I will pro	comptly notify the Department of any changes to t	ie information contained in this notification.
Filo	omena Carreiro	
Print nar	me of responsible official	٠.
Signatur	emina Chris	<u>5-3/-08</u>

Cardinal Cleaners

1/068 Spring Hill DR

Spring Hill PC
34608

REFIVED FDEP Reciepts

THIN 102008

P.O. BOX 3070

THIN 102008

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Reciepts

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