### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

### Part III. Notification of Intent to Use General Permit

RCK A COURCES & .. 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 5 114 0 /0 27 0   |                    |                    |
|---|--------------------|--------------------|
| 1. Facility Owner/Company Name (Name of corporation,  | agency, or individ | lual owner):       |
| LAS AMERICA DRY   | CLEAR              | VER                |
|   |                    | /                  |
| Las america In a  | lank               |                    |
| 3. Hazardous Waste Generator Identification Number:   |                    | ·                  |
| FLD070434253  | <u>.</u>           |                    |
| 4. Facility Location: Street Address: 1228 Holden   | are.               |                    |
| 4. Facility Location: Street Address: 1228 Holden City: Ollando County: Ol  | ange               | Zip Code: 32839    |
| 5. Facility Identification Number (DEP Use ONLY - do no   | ot fill in):       | CARONE AAL         |
|   | 生物の人               | 20672 007          |
| Pagnangible Official  |                    |                    |
| Responsible Official  6. Name and Title of Responsible Official:  |                    |                    |
| Name: Name:   | Title:             | · <u> </u>         |
| Muniora taula   | - th               | budent             |
| 7 Degravable Official Mailing Address   |                    |                    |
| 7. Responsible Official Mailing Address:  |                    |                    |
| Organization/Firm:  |                    |                    |
| Organization/Firm: Street Address: 8849 al Prodo  |                    | 7: 0 1 2 2 Cc 2 C- |
| Organization/Firm: Street Address: GF49 The Prodo City: Ollowd County: Olow   | . El               | Zip Code: 32825-   |
| Organization/Firm: Street Address: SEYG The Prodo City: Olando County: Oran  8. Responsible Official Telephone Number:  |                    | Zip Code: 32 P25-  |
| Organization/Firm: Street Address: SEYG The Prodo City: Olando County: Oran  8. Responsible Official Telephone Number:  | Fax: (             | Zip Code: 32825-   |
| Organization/Firm: Street Address: 8849 & Prado City: Olando County: Oran   |                    |                    |
| Organization/Firm: Street Address: SEYG The Prodo City: Olando County: Oran  8. Responsible Official Telephone Number:  |                    |                    |
| Organization/Firm: Street Address: G849 al Prodo City: Olando County: Oran  8. Responsible Official Telephone Number: Telephone: (407)486-7373  | Fax: (             |                    |
| Organization/Firm: Street Address: S& 49 & Prodo City: Organization/Firm: Street Address: S& 49 & Prodo County: Organization  8. Responsible Official Telephone Number: Telephone: (407)486-7373  Facility Contact (If different from Responsible Official)   | Fax: (             |                    |
| Organization/Firm: Street Address: S& 49 & Prodo City: Organization/Firm: Street Address: S& 49 & Prodo County: Organization  8. Responsible Official Telephone Number: Telephone: (407)486-7373  Facility Contact (If different from Responsible Official)   | Fax: (             |                    |
| Organization/Firm: Street Address: GE49 El Prodo City: Orland County: Oran  8. Responsible Official Telephone Number: Telephone: (407)486-7373  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant)  10. Facility Contact Address:                                      | Fax: (             |                    |
| Organization/Firm: Street Address: GE49 El Prodo City: Orland County: Oran  8. Responsible Official Telephone Number: Telephone: (407)486-7373  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant)  10. Facility Contact Address: Street Address:                      | Fax: (             | ) -                |
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| Organization/Firm: Street Address: GE49 El Prodo City: Orland County: Oran  8. Responsible Official Telephone Number: Telephone: (407)486-7373  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant)  10. Facility Contact Address: Street Address:                      | Fax: (             | ) -                |
| Organization/Firm: Street Address: QS 49 El Prodo City: Ollow County: Oconty:  8. Responsible Official Telephone Number: Telephone: (407) 486-73 > 3  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant :  10. Facility Contact Address: Street Address: City: County: | Fax: (             | Zip Code:          |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

|   |  |  | MED   |
|---|--|--|---|
|   |  | A SEE ANAL                                   | en 6/18/09-Telecon Paula  |
|   |  | A SEE DEDU                                   | un teleco   |
| Facility Information  |  | AODE   | , 118 09  |
| 1.(a) DRY-TO-DRY M.   |  | / /  | Paula   |
| How many dry-to-dry ma  |  |  |   |
|   |  | e provide the following information          | <del></del>   |
| Date Initially Purchased<br>From Manufacturer                     | Status<br>(circle one)                 | Control Device Required* (circle one)        | Date Control Device Installed (if already included at time of purchase, write "SAME")   |
| EXISTING  | Existing/No                            | ew RC/CA/None required                       | ·   |
|   | Existing/Ne                            | ew RC/CA/None required                       |   |
|   | Existing/No                            | ew RC/CA/None required                       |   |
|   | -                                      |  |   |
| *CONTROL DEVICE K   | EY: RC = r                             | efrigerated condenser CA                     | = carbon adsorber   |
|   |  | J  |   |
| 1.(b) TRANSFER MAC  | HINES ONLY                             |  | ~   |
| How many washers do yo  | u have on-site?                        | [02] N/                                      | A   |
| How many dryers/reclaim   | ers do you have o                      | on-site? [10]                                | ,   |
| unit. If the transfer machin<br>1993, it is a <b>NEW</b> unit (no | ne was purchased<br>o units purchased  | from the manufacturer between I              | 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 purchase, write "SAME") |
| EXISTING  | Existing/New                           | RC/CA/None required                          |   |
|   | Existing/New                           | RC/CA/None required                          |   |
|   | Existing/New                           | RC/CA/None required                          | ·   |
|   |  |  |   |
| *CONTROL DEVICE KI  | EV· PC-                                | efrigerated condenser CA                     | = carbon adsorber   |
| CONTROL DEVICE KI   | E1. KC-1                               | enigerated condenser — CA                    | - carbon adsorber   |
|   | roethylene (perc)<br>ns (You must fill | have you used within the last 12 r. this in) | nonths?   |
| (b) If less than 12 mon   | ths, how many? [                       | ] months                                     |   |
| Check why it is les   | s than 12 months                       | New owner: [] Did not ke                     | ep records: []  |
|   |  | New store: New machin                        | ne []   |
|   |  | Unopened store [ ] (date of                  | expected opening )  |

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| 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  [] 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 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 No such units on-site  OR  |
| How many boilers do you have on-site? [2/_]  |
| For each boiler, indicate its horsepower (HP) rating: [50] []  |
| What type of fuel do you use?  [] propane  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)  |
| 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  |

DEP Form No. 62-213.900(2) Effective: 2/24/99 \* SEE ANACHED ADDENOUM.

# 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. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official Signature Date

ADDENOUM TO ORIGINAL APPLICATION Dibble, Dickson RECENED ON 06/18/2009

From:

Ilka.Bundy@ocfl.net

Sent:

Tuesday, June 23, 2009 2:23 PM

To:

Wise, Jane; Dibble, Dickson

Cc:

Jodi.Dittell@ocfl.net; John.Kasper@ocfl.net

Subject:

Corrected Notification Form for 0950295-004-AG

Attachments:

Las Americas Dry Cleaner GP.pdf

### Jane Wise and Dick Dibble:

I had one of our inspectors go to the facility to correct the notification form and sign for the changes. Attached is the corrected notification form. You do not need to send us a PDF of this form back via e-mail! We have the original. If you have any questions, feel free to contact me! Thank you!

Ilka Bundy Environmental Team Leader Orange County EPD 800 Mercy Drive, Suite 4 Orlando, FL 32808 Phone 407-836-1476 Fax 407-836-1498

mailto: ilka,bundy@ocfl.net

PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.

# 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):   |
| LAS AMERICA DRY CLEANER PAGE   |
| 2. Site Name (For example, plant name or number):  |
| 2. Site Name (For example, plant name or number):  - Common Standard Common Com |
| 3. Hazardous Waste Generator Identification Namber:  |
| FLD070-13-4253   |
| 4. Facility Location: Street Address: 1228 Holden Out  |
| 4. Facility Location: Street Address: 1228 Holden Our City: Orlando County: Prange Zip Code: 32839   |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):   |
| 100 CT3 073 073 073 007  |
| Propagatible Official  |
| Responsible Official  6. Name and Title of Responsible Official:   |
| Name: ( )  |
| Name: Kamona Paula Tille: fresident  |
| 7. Responsible Official Mailing Address:   |
| Organization/Firm: Street Address: 9849 El Prado City: Orlando County: Oran El Zip Code: 32 FDJ  |
| Street Address: 68 44 22 Trouve  |
| City: Orlando County: Oran El Zip Code: 32 PD5   |
| 8. Responsible Official Telephone Number:  |
| Tolephone: (407) 1486-73>3 Fax: ()   |
|  |
| 77. 117. P. C. P. P. C. P. C. P. C. P. C. P. P.  |
| Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):   |
| 7. Panic and The Of Factory Condct (For example, plant minager).   |
|  |
| 10. Facility Contact Address:  |
|  |
| Street Address: City: County: Zip Code:  |
| City. Sciency. And Codic.  |
| 11. Facility Contact Telephone Number:   |
| Telephone: ( ) - Fax: ( ) -  |
|  |

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6/18/09-Telecon W/RO
Paula 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 Status Control Device Required 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 Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber L(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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 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? [30] gallons (You must fill this in) (b) If less than 12 months, how many? [\_\_\_\_] months

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New store: New machine |

Unopened store [\_\_\_] (date of expected opening

Check why it is less than 12 months: New owner: [ ] Did not keep records: [ ]

| 3. What is the facility's source cla<br>Indicate with an "X". Select  |                               | n the definitions found in section (3) of Pari II only.)  | ,            |
|---|-------------------------------|---|--------------|
| Small Area Source   | (X)                           |   | ,            |
| Dry-to-dry mad<br>Transfer only e<br>Both machine t                   |                               | (used less than 140 gallons of perc per year)<br>(used less than 200 gallons of perc per year)<br>(used less than 140 gallons of perc per year) |              |
| Large Area Source   | Ĺ                             |   |              |
| Dry-to-dry mac<br>Transfer only o<br>Both machine t                   |                               | (used 140 - 2,100 gallons of perc per year)<br>(used 200 - 1,800 gallons of perc per year)<br>(used 140 - 1,800 gallons of perc per year)       |              |
| 4. What control technology is req<br>(Indicate with an "X".)          | uired on machines p           | pursuant to section (5) of Part II of this notific  | ation form?  |
| Existing machines at sm<br>(NONE REQUIRED)                            | all area source               | New machines at small area source<br>Refrigerated condenser   |              |
| Existing machines at lan<br>Carbon adsorber<br>Refrigerated condenser | ,                             | New machines at large area source Refrigerated condenser []   |              |
|   | that all steam and bo         | nits shall not be eligible to use the general per<br>of water generating units on-site meet the follo<br>d memo for the criteria).              |              |
| All steam and hot water generatin<br>No such units on-site            | g units exempt                | OR  |              |
| How many boilers do you have or                                       | r-site? <u>EL</u> J           |   |              |
| For each boiler, indicate its horse                                   | power (FIP) rating: [         |   |              |
| What type of fuel do you use?   | propane No. 2 fuel No. 6 fuel |   | •            |
| 6. Equipment Monitoring and Rec                                       | ordkeeping Informa            | ation   |              |
| Check all logs which are required                                     | to be kept on-site in         | accordance with the requirements of this gen  | eral permit: |
| (a) Purchase receipts and solvent p                                   | purchases/solvent ad          | ddition log   |              |
| (b) Leak detection inspection and                                     | repair                        | LXI   |              |
| (e) Refrigerated condenser temper                                     | rature monitoring             | <b>L</b> ×⊥I  |              |
| (d) Carbon adsorber exhaust perc                                      | concentration monit           | toring  | •            |
| (e) Startup, shutdown, malfunctio                                     | n plan                        |   |              |

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| 7. Surrender o   | of Existing DEP Air Permit(s)   |
|--|---|
| Please indicat   | e with an "X" the appropriate selection:  |
| i Xi   | 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 notifi<br>statement<br>maintain<br>comply w<br>I will pro | lersigned, am the responsible official, as defined in Pari II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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.  Imply notify the Department of any changes to the information contained in this notification.  INDIA I Communication form the information contained in this notification.  Distance of the part of the part of the information contained in this notification. |
| X/   | Jumma Tulla y 4/23/09   |

DATE OF MFD CEPWOODSIE

U/15/04 - CALLED FOR JUFE

E/O RAMICON FORE

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DÒCUMENT# P04000048494

Entity Name: LAS AMERICA DRY CLEANER CORP

FILED Jun 16, 2009 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1228 HOLDEN AVE

ORLANDO, FL 32839 US

**Current Mailing Address:** 

New Mailing Address:

1228 HOLDEN AVE ORLANDO, FL 32839

FEI Number: 20-0889049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DECAMPS, RAMONA 10172 RIDGE BLOOM AVE ORLANDO, FL 32829

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** 

Title: Name:

Address:

City-St-Zip:

( ) Delete

DECAMPS, RAMONA

10172 RIDGE BLOOM AVE ORLANDO, FL 32829 US

Name:

() Change () Addition

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA DECAMPS

Ρ

06/16/2009

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# Florida Profit Corporation

LAS AMERICA DRY CLEANER CORP

# Filing Information

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### **Principal Address**

1228 HOLDEN AVE ORLANDO FL 32839 US

# **Mailing Address**

1228 HOLDEN AVE ORLANDO FL 32839

# Registered Agent Name & Address

DECAMPS, RAMONA 10172 RIDGE BLOOM AVE ORLANDO FL 32829 US

Name Changed: 05/01/2007 Address Changed: 05/01/2007

# Officer/Director Detail

### Name & Address

Title P

DECAMPS, RAMONA 10172 RIDGE BLOOM AVE ORLANDO FL 32829 US

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