

Department of Environmental Protection

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

Colleen M. Castille Secretary

August 21, 2006

Mr. Ruben Ruiz EL Dorado \$1.75 Cleaners, Incorporated 4473 South Semoran Boulevard, Suite 4 Orlando, Florida 32822

Re: Facility No.: 0951161-003

Dear Mr. Ruiz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 10, 2006.

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/iw

cc: Mr. Hamp Pridgen, Orange County

"More Protection, Less Process"

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COMP. STATUS- SINC MINC (11)

10/10/2005 - IN Insp Orange Co - Hamp Pridgen INSQ-complian de Inspection Walkthrough

JUL 1 0 2006

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring & 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				
Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
El Dovado \$1.75 Cleaners, Inc.				
2. Site Name (For example, plant name or number):				
Same as above				
3. Hazardous Waste Generator Identification Number:				
NIA				
4. Facility Location: 4473 S. Senoran Blud. #4				
Street Address: 1913 3. Screen Street Street Address: City: Orlando, FL County: Orange Zip Code: 32822				
5. Facility Identification Number (DEP Use ONLY do not fill in):				
0951161 - 003				
Responsible Official Converse and Title of Responsible Official				
6. Name and Title of Responsible Official: Name: D. 1				
Kuben Kuiz VIC Misiatin				
7. Responsible Official Mailing Address:				
Organization/Firm: EL avado \$1.75 Cleaners, Inc. Street Address:				
City: Orlando, Fl County: Orange Zip Code: 32822				
8. Responsible Official Telephone Number:				
Telephone: (407) 282-8666 Fax: (407) 282-7286				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
10. Facility Contact Address:				
To Tuesting Contact Housess.				
Street Address:				
City: County: Zip Code:				
City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: () - Fax: () -				

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

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 mach 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")	
11/96	Existing/No	RO/CA/None required	Same	
11/96	Existing/Ne	ew RCCA/None required	Sane	
	Existing/Ne	ew RC/CA/None required		
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?			
How many dryers/reclain	ners do you have o	on-site? []		
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased			
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		
[<u>O</u>] gallor (b) If less than 12 mon	roethylene (perc) lens (You must fill this, how many?	nave you used within the last 12 methis in)		
·		New store: New machine		
		Unopened store [] (date of	expected opening	

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3. What is the facility's source classification based on the Indicate with an "X". Select one classification only					
Small Area Source					
Transfer only on-site (u	(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					
Transfer only on-site (u	(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 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 []				
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?					
For each boiler, indicate its horsepower (HP) rating:					
What type of fuel do you use? [] propane [] No. 2 fuel of [] No. 6 fuel of					
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					

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FLORIDA DEPARTMENT DE ROHMENTAL PROTEC

2006 JUL 12 PM 4: 06
FINANCE & ACCOUNTING

For sand Ingolo

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 951161 1st \$1.50 CLEANERS 4473 S Semoran Blvd #4 ORLANDO, FL 32822 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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 951161 EL DORADO \$1.75 CLEANERS 4473 S Semoran Blvd #4 ORLANDO, FLORIDA 32822 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

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El Dorado Cleaners. 4473 S. Semoran Arenne Svite 4 Orlando, FL 32822

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070