

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-Designee

March 14, 2007

Mr. Ronald Tremblay Black Tie Cleaners 14050 US Highway 1, Suite G Juno Beach, Florida 33008

Re: Facility No.: 0990586-002

Dear Mr. Tremblay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 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.

Sincerely,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Mr. Ajaya Satyal, Palm Beach County

"More Protection, Less Process"
www.dep.state.fl.us

EMISSION FEE DATES 2000
NO ACTIVITY FOR FACILITY......
SOC REPORTS

COMP. STATUS - SNC MNC (D)

TRPT - SOCK - Statement of
Compliance Report - IN-1/16/2007

INST - Palm Beh Co - A Satyal

MAIL NO DEP TAILAHASSOD

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 individ-	lual owner):			
	TROX-TRON INC.				
2.	Site Name (For example, plant name or number):				
	BLACK THE CILEBURES				
3.	Hazardous Waste Generator Identification Number:				
	CiVANOUN				
4.	Facility Location: 14050 US HIGAWAY 1(1)SUITE	E G			
	City: JUNO BRISCA County: PELM BRICA	Zip Code: 33008			
5	Facility Identification Number (DEP, Use ONLY - do not fill in):	OCA ZOZ A			
	$oldsymbol{\mathcal{U}}_{7}$	10200 UL			
_					
	sponsible Official				
	Name and Title of Responsible Official: me: ROUGLO TRIBUSUS Title: PRIS	ZC'IND II			
1 1441	me: ROUGLO TREMBLAY Title: PRA	23/1/12/21			
7.	Responsible Official Mailing Address:				
	Organization/Firm: Street Address: 50ME	,			
	City: County:	Zip Code:			
8	Responsible Official Telephone Number:				
0.	Telephone: (207)576 - 9592 Fax: () -			
	001018 8372	· .			
Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):				
	SAME				
10.	Facility Contact Address:				
	Street Address:				
	City: County:	Zip Code:			
2.4					
113	Facility Contact Telephone Number: Telephone: () - Fax: () -			
	1 da. (·			

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

AFTER 1991 APPROX	Existing/New	RC/CA/None required	cs. 1			
4-5415			56No2			
	Existing/New	RC/CA/None required				
	Existing/New	RC/CA/None required				
*CONTROL DEVICE KE	Y: RC = refi	rigerated condenser CA =	carbon adsorber			
1.(b) TRANSFER MACH	INES ONLY					
How many washers do you have on-site?						
How many dryers/reclaime	rs do you have on	-site?	· (;			
Date Initially Purchased	Status	please provide the following inf Control Device Required* (circle one)	Date Control Device Installe (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				
	Y: RC = refi	rigerated condenser CA =	carbon adsorber			
*CONTROL DEVICE KE						
2.(a) How much perchloro		ive you used within the last 12 n his in) $584G/M_{\odot}$	A			

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3. What is the facility's source classification based or Indicate with an "X". Select one classification of				
Small Area Source				
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 (Indicate with an "X".)	pursuant 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 []	New machines at large area source Refrigerated condenser []			
5. A facility which contains non-exempt emissions used to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site				
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 Inform	nation			
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	addition log			
(b) Leak detection inspection and repair	[V			
(c) Refrigerated condenser temperature monitoring				
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring				
(e) Startup, shutdown, malfunction plan				

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- , 7.	. Surrender e	of Existing DEP Air Permit(s)					
P. WP.	lease indicat	ase indicate with an "X" the appropriate selection:					
nkno		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.					
R	esponsible (Official Certification					
	this notifi statement maintain	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and n 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.					
	Row	mptly notify the Department of any changes to the information contained in this notification. SLD TREMBUS ne of responsible official					
	Signature	let Tremy 2-1-07 Date					

110x-11201 BLACK TIE CLEANERS 14050 US HWY 1 JUND BEACH, F1.



GENERAL PERMITS SECTION BUILEAU OF AIR MONITORING AND MOSTE, MSSSID DEPARTMENT OF ENVIRONMENTAL PROTECTION 2600 BLAIR STONE Rd.

TAllahAGSEE, Fl.

31399-2400