

# Department of Environmental Protection

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

David B. Struhs Secretary

May 6, 2002

Mr. Tony Marrero Richard's Cleaners 13607 Coral Way Miami, Florida 33175

Re: Facility No.: 0251059-002

Dear Mr. Marrero:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 2002.

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,

Joe Kahn, Acting Chief Bureau of Air Monitoring

and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County



#### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

FEB 2 5 2002

Air Quality

Management Division Part III. Notification of Intent to Use General Permit

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. Sends 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):
Martech Industries Inc.
2. Site Name (For example, plant name or number):
Kichard's Cleaners
3. Hazardous Waste Generator Identification Number:
FLD981023955
4. Facility Location:
Street Address:  City: 13/07 Carol 11/24 County: MiAmi 1/2 do Zip Code: 33175
1200 / CHICARY
5. Facility Identification Number (DEP Use ONLY .: do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: TONY MACCESO Title: PCES.
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 13607 (OCA) (DAY)
City: \ Zip Code:
MAM, ()Add 33()5
8. Responsible Official Telephone Number: Telephone: (305)223 - 8676 Fax: (305)225 - 7039
200 80 10 200 100 1
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SARRE
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
I 1. Facility Contact Telephone Number:
Telephone: ( ) { \ Fax: ( ) -7 \

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 ma	chines do you hav	re on-site?	
For each dry-to-dry mach	nine on-site, please	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")
395	A STATE OF THE STA	ROCA/None required	SAML
	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?	. []	
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer maching 1993, it is a <b>NEW</b> unit (r	ine was purchased no 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 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	3.5°
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = re$	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) l ns (You must fill	nave you used within the last 12 n	nonths?
(b) If less than 12 mor	nths, how many? [	1 months	
Check why it is les	ss than 12 months:	New owner: [] Did not kee	p records: []
		New store: [] New machine	e []
		Unopened store [ _] (date of e	expected opening

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

3. What is the facility's source classification based of Indicate with an "X". Select one classification				
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 (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 []			
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following (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? [1]	2-HP			
For each boiler, indicate its horsepower (HP) rating				
What type of fuel do you use?  [] propane  [] No. 2 fue  [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	nation			
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 [X]			
(b) Leak detection inspection and repair	· *[×]			
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration more	nitoring []			
(e) Startup, shutdown, malfunction plan	. ( <del>**</del> .)			

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

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notification statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilition. 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.  Impuly notify the Department of any changes to the information contained in this notification.  Date  Date

Effective: 2/24/99

333

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
120	A DESCRIPTION OF THE PROPERTY		
72	OFFICIALXUSE.		
35	Postage \$		
7976	Certified Fee		
7.7	Return Receipt Fee (Endorsement Required)		
1000	Restricted Delivery Fee (Endorsement Required)		
2	Total Postage AIRS ID#0251059		
E 0	Sent To RICHARD'S CLEANERS TONY MARRERO		
170	Street, Apt. No., 13607 CORAL WAY or PO Box No. MIAMI FL		
70.07	City, State, ZIP. 33175		
4	PS Form 3800 1		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiecé, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  F. D. 2003.  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID#0251059	<sup>51</sup>
RICHARD'S CLEANERS	
TONY- MARRERO 13607 CORAL WAY	3. Service Type
MIAMI FL	☑ Certified Mail ☐ Express Mail
33175	Registered Return Receipt for Merchandise
lander La Maria Lagrando de Carlos de	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320	0001 7976 7024
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE

01



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCESS DIP SOURCES DIP SOURCE DIP SO

Indicated a Maintain de la lateratain de lateratain de la lateratain de la lateratain de lat



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

D.G.A RICHARD'S CLEANERS -TONY MARRERO 13607 CORAL WAY AIRS ID#0251059 MIAMI FL

FOR GOVERNMENT USE ONLY Org.: 37550101000 GEO: A1 Fund: 20-2-035001

Obj.: 002273