

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

May 16, 2007

Mr. Ralph Concepcion Miller Cleaners 6725 Southwest 56th Street Miami, Florida 33155

Re: Facility No.: 0250702-004

Dear Mr. Concepcion:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 10, 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 F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

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SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 1.16.2005.
SOC REPORTS. 6.
COMP. STATUS-SNC MNC (IN
TRPT-SOCR-State ment of Compliance
Report 4/10/2007

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FO



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 constant by some form by slow

Fac	cility Name and Location			
1.		ion, agency, or ind	ividual owner):	
	R.P.C. CORPOR	ATION		
2.	Site Name (For example, plant name or number):	,		
	MillER CLEANERS			
3.	Hazardous Waste Generator Identification Number	:		
	FLCESQF			
4.	Street Address:	56 ST		·
	City: MIAMI County:	PADE	Zip Code:	33155
5.	Facility Identification Number (DEP Use ONLY - o	lo not fill in):	7KM	107-0
	10 mg (10 mg)	U U	63U	VU U
		and the second s		
	sponsible Official			
6.	Name and Title of Responsible Official:	Title		•
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7.	Responsible Official Mailing Address: 6725	JW 5	6 STreet	
7.	Responsible Official Mailing Address: 6725 Organization/Firm:	JW 5	6 Street	
7.	Organization/Firm: Street Address:			
7.	Organization/Firm: Street Address: City: Mia-Mi			33155
7.	Organization/Firm: Street Address: City: M'A-M' Responsible Official Telephone Number:	D &	Zip Code:	33155
	Organization/Firm: Street Address: City: Mia-Mi		Zip Code:	33155
	Organization/Firm: Street Address: City: M'A-M' Responsible Official Telephone Number:	D &	Zip Code:	33155
8.	Organization/Firm: Street Address: City: M'AM' Responsible Official Telephone Number: Telephone: (305) 661 1770 cility Contact (If different from Responsible Official Contact)	Fax: (Zip Code:	33155
8.	Organization/Firm: Street Address: City: M/4M/ Responsible Official Telephone Number: Telephone: (305) 661 1770	Fax: (Zip Code:	33155
8.	Organization/Firm: Street Address: City: M'AM' Responsible Official Telephone Number: Telephone: (305) 661 1770 cility Contact (If different from Responsible Official Contact)	Fax: (Zip Code:	33155
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Fac 9.	Organization/Firm: Street Address: City: M'AM' County: DA Responsible Official Telephone Number: Telephone: (305) 661-1770 cility Contact (If different from Responsible Offic Name and Title of Facility Contact (For example, p Facility Contact Address: SAMS Street Address:	Fax: (Zip Code:	33155
Fac 9.	Organization/Firm: Street Address: City: M'AM' Responsible Official Telephone Number: Telephone: (305) 661-1770 cility Contact (If different from Responsible Office Name and Title of Facility Contact (For example, p) Facility Contact Address: Street Address: City: County:	Fax: (Zip Code:	33155

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following informatio	n:
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")
1998	Existing/No	RC/CA/None required	SAME
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo		[]	
How many dryers/reclain		on-site? []	
unit. If the transfer maching 1993, it is a NEW unit (r.	ne was purchased to units purchased		
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	·
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	refrigerated condenser CA =	= carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last 12 m	nonths?
(b) If less than 12 mor	nths, how many? [[3] months	
			ep records: []
		New store: New machin	e []
		Unonened store [] (date of	expected opening

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

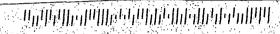
3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)					
Small Area Source					
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less 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 - 2,100 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 Carbon adsorber 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: [] [2] [0]					
What type of fuel do you use? [
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					

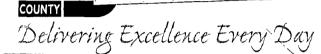
DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of	f Existing DEP Air Permit(s)	
Please indicate	e with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated notification form; the permit number(s) are	
	No DEP air permits currently exist for the operation of the facility indicated in this notification	on forn
Responsible O	Official Certification	
this notific statements maintain ti comply wit I will prom	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed cation. I hereby certify, based on information and belief formed after reasonable inquiry, that 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 ith all terms and conditions of this general permit as set forth in Part II of this notification for mptly notify the Department of any changes to the information contained in this notification.	it the
Au Aar Signature	1 Coyan. 4/10/07	
comply wit I will prom RAFA	ith all terms and conditions of this general permit as set forth in Part II of this notification fo) [

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ORIGINAL FOR
MILLER DOWN Dry Cleaner
AIRS ID
0250702.





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Environmental Resources Management DE233387 Air Quality Management Division 701 NW 1 Court, Suite 400 Miami, Florida 33136

> General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

