

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 5, 2000

Mr. Rolando Castineyra
General Manager
Perfect Cleaners
8751 Southwest 131 Street
Miami, Florida 33176

Re: Facility No.: 0250687-002

Dear Mr. Castineyra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 1, 2000.


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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAR 01 2000

MAR - 6 2000

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

Bureau of Air Monitoring
& Mobile Siting

Fill 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):	Professional Service Advertising Inc D/B/A PERFECT CLEANERS	
2. Site Name (For example, plant name or number):	PERFECT CLEANERS	
3. Hazardous Waste Generator Identification Number:	FLD - pending	
4. Facility Location:		
Street Address:	8751 SW 131 ST	
City:	MIAMI	County: Dade
		Zip Code: 33156 33176
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250687-002	

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Rolando Castineyra	Title: General Manager
7. Responsible Official Mailing Address:	13831 SW 10 Terr Miami FL 33184	
Organization/Firm:		
Street Address:	same	
City:		County: Zip Code:
8. Responsible Official Telephone Number:		
Telephone:	(305) 223-6555	Fax: (305) 223-3148

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):		
10. Facility Contact Address:		
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone:	() -	Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

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")
8/21/96	Existing/New	RC/CA/None required	same
11/6/89	Existing/New	RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(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 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	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [_____] months

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

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MAR 01 2000

Air Quality Management Division

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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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 OR
No such units on-site

How many boilers do you have on-site? 1 2 3 4 5

For each boiler, indicate its horsepower (HP) rating: 1 2 5

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 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

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 form.

I will promptly notify the Department of any changes to the information contained in this notification.

Rolando Castineyra

Print name of responsible official

Rolando Castineyra

Signature

3-1-00

Date

RECEIVED

Instructions for Completing Part III of Notification Form

MAR 01 2000

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Application
to file

ID EMBERY APPL DATE 3/01/2000 PROCESS NO. U2000006276 REN CODE
TYPE U LAND IF ALCOHOL: LIQUOR BEER WINE

RECEIVED

MAR 01 2000

VALID THRU IF TEMPORARY...DAYS
BUSINESS USE 2035 SERVICES-(DRY CLEANER, LAUNDRY, ETC) PERMIT NO. 3833 MTR
USE SPECIFICS DRY CLEANING PLANT SQ FT 3833 MTR
BUS OWNER NAME PROFESSIONAL SRVC. ADVRTSNG., INC. ZONE IU1 Air Quality Agency
D/B/A PERFECT CLEANERS FOLIO 3050160190210 Division
APPLICANT NAME ALDO BELAUNDE SEC 16 TWN 55 RNG 40
OFFICERS NAME SAME PURGE PREVIOUS(Y/N) N

***** BUSINESS ADDRESS *****
8751 SW 131 ST #
MIAMI FL 33156
PHONE 305 2236555

***** CONTACT NAME/ADDRESS *****
PERFECT CLEANERS
8751 SW 131 ST
MIAMI FL 33156

CONDITIONS TRANSFER

LEGAL SOUTH KENDALL INDUSTRIAL NO 3

PB 86-43

NEXT SCREEN NEXT KEY
INQUIRE COMPLETED. ENTER NEXT PROCESS NUMBER AND DEPRESS ENTER
SysAv1 Appl

previously
Vanity Cleaners
0250689

Transfer

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT
PLAN REVIEW SECTION

PLAN PROCESSING No. _____

REVIEW TYPE	APPROVED	DATE	DISAPPROVED	DATE
ENV. CORE				
FLOOD PLAIN				
INDUSTRIAL FAC.				
ASBESTOS				
PAVING / DRAINAGE				
STORAGE TANK				
INDUST. WASTE				
WATER SUPPLY				
WATER QUALITY				
AIR	D. Green	3/1/00		
AGRICULTURAL				
AIRPORT				
UPLAND & FW. R.				
OTHER				

PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL
IS ISSUED BY PLAN REVIEW SECTION.

most bill out
145-10894 DCSO 7

33 SW 2 Ave
9 Floor
Marcelo Barros

Adrain 3/1/00

March-April 2000 73.00
\$513.00

FREQUE

MIAMI-DADE COUNTY, FLORIDA



ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd Avenue
MIAMI, FLORIDA 33130-1540
(305) 372-6600

**APPLICATION FOR PERMIT TO OPERATE
POLLUTION CONTROL FACILITIES**

RECEIVED

MAR 01 2000

Applicant's Name and Title: _____

Home

Applicant's Address: _____

Telephone No. _____

Air Quality

Management Division

March/00 - April 30 2000

Please attach a check in the amount of \$ 513.00 made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of _____

Service Advertising Coe Professional

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Miami-Dade County Code, and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department will be non-transferable and he promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

ATTACH LETTER OF AUTHORIZATION

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed Name and Title

Subscribed and sworn to before me this _____ day of _____ 19____

By _____

Personally known _____ or Produced Identification _____

(Please check one)

Type of Identification Produced: _____

Notary Public

PERCHLOROETHYLENE DRY CLEANERS
 TITLE V GENERAL PERMIT
 COMPLIANCE INSPECTION CHECKLIST

RECEIVED
 DEC 13 2009
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
 RE-INSPECTION

AIRS ID#: 0250687-02 DATE: 9/12/00 TIME IN: 9:20am TIME OUT: 9:25am
 FACILITY NAME: Perfect Cleaners
 FACILITY LOCATION: 8751 SW 131 St
Miami, FL 33156
 RESPONSIBLE OFFICIAL: Rolando Castineyra PHONE: (305) 223-6555
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was: unknown gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
2. Examining the containers for leakage? Y N N/A
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes.)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Debra Griner
Inspector's Name (Please Print)

9/12/2000
Date of Inspection

Debra Griner
Inspector's Signature

9/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility not open. Drove by again at
~ 11 am, not open.

11/20/00 Called facility, no answer

Facility may be out of business. Will
continue to try to contact.



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 6, 2000

Mr. Rolando Castineyra
General Manager
Perfect Cleaners
8751 Southwest 131 Street
Miami, Florida 33186
33176

Re: Facility No.: 0250687-002

Dear Mr. Castineyra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 1, 2000.

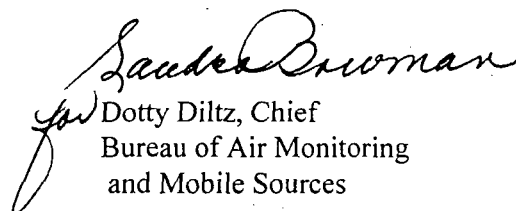
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421346 JAN 6 2003

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

AIRS ID#0250687
PERFECT CLEANERS ROLANDO CASTINEYRA 13831 SW 10TH TERRACE MIAMI FL 33184

✓ RECEIVED
JAN 08 2003
Bureau of Air Monitoring
& Mobile Spills

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 3-9-02
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0250687 PERFECT CLEANERS ROLANDO CASTINEYRA 13831 SW 10TH TERRACE MIAMI FL 33184</p>	C. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7001 0320 0001 7976 1664	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
OFFICIAL USE		
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	 	Postmark Here
Total Postage & Fees: AIRS ID # 0250687		
Sent to: PERFECT CLEANERS Street or PO Box: ROLANDO CASTINEYRA City: 13831 SW 10TH TERRACE State: MIAMI FL ZIP: 33184	 	
PS Form	Instructions	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405655 FEB20 2001

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

PERFECT CLEANERS
ROLANDO CASTINEYRA
13831 SW 10TH TERRACE
MIAMI FL 33184

AIRS ID # 0250687

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

BEST AVAILABLE COPY

SENDER: C		ACTION ON DELIVERY	
<ul style="list-style-type: none">Complete items. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) <i>Rolando Castineyra</i>		B. Date of Delivery <i>2/13/01</i>
	C. Signature <i>X Rolando Castineyra</i>		<input type="checkbox"/> Agent
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
AIRS ID # 0250687		If YES, enter delivery address below: <input type="checkbox"/> No	
PERFECT CLEANERS ROLANDO CASTINEYRA 13831 SW 10TH TERRACE MIAMI FL 33184		3. Service Type	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) <i>7000 0600 0026 4126 6558</i>			
PS Form 3811, July 1999		Domestic Return Receipt	102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7000 0600 0026 4126 6558		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0250687		
PERFECT CLEANERS ROLANDO CASTINEYRA 13831 SW 10TH TERRACE MIAMI FL 33184		
PS Form 3811, July 1999		Use for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 9373 0558

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID # 0250687

1 PERFECT CLEANERS
R ROLANDO CASTINEYRA
 13831 SW 10TH TERRACE
SI MIAMI FL
 33184
C

<i>y mailer)</i>



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414994 MAR 6 2002

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

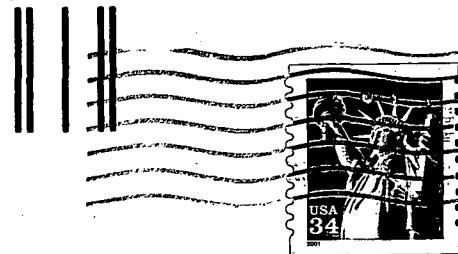
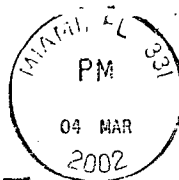
Do **NOT** Remove Label

AIRS ID # 0250687

PERFECT CLEANERS
ROLANDO CASTINEYRA
13831 SW 10TH TERRACE
MIAMI FL
33184

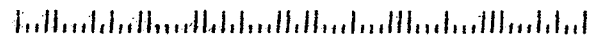
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A
Fund: 20-2-035001
Obj.: 002273

X
RECEIVED
MAR 8 2002
Bureau of Air Monitoring
& Mobile Sources



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

32315+3070 99



Perfect Cleaners
8751 SW 131 St
Miami FL 33176