



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 3, 2003

Mr. Angel J. Perez
Wash Mart
12100 Biscayne Boulevard
Miami, Florida 33181

Re: Facility No.: 0250731-003

Dear Mr. Perez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 30, 2003.


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/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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JAN 30 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality

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

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 individual owner):	S&P Group of Miami - WASH MART		
2. Site Name (For example, plant name or number):	WASH MART		
3. Hazardous Waste Generator Identification Number:	FLD 984177287		
4. Facility Location:	Street Address: 12100 BISCAYNE BLVD		
	City: Miami	County: Dade	Zip Code: 33181
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250731-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: ANGEL J. PEREZ		Title: President
7. Responsible Official Mailing Address:	Organization/Firm: SAME		
	Street Address:	City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone: (305) 893-3040		
	Fax: ()		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	GINA Prieto / MANAGER		
10. Facility Contact Address:	SAME / MANAGER		
	Street Address:	City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone: (305) 893-3040		
	Fax: ()		

Bureau of Air Monitoring
& Mobile Sources

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Facility Information

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

How many dry-to-dry machines do you have on-site? 1

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")
<u>6/90</u>	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	RC/CA/ <input checked="" type="radio"/> None required	<u>SAME</u>
_____	Existing/ New	RC/CA/None required	_____
_____	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?

20 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: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

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 checked="" type="checkbox"/> <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/> <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> <input type="checkbox"/> |
| Refrigerated condenser <input type="checkbox"/> <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?

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

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.

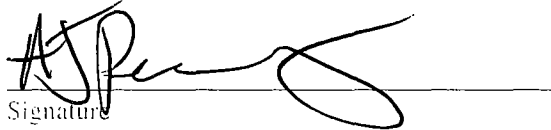
Responsible Official Certification

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.

ANGEL J. PEREZ

Print name of responsible official


Signature

1/30/03
Date

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.

470559 MAR 5 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#250731 ✓
S & P GROUP OF MIAMI
12100 Biscayne Blvd
NORTH MIAMI, FLORIDA 33181

MAR 09 2007

Bureau of Economic Analysis
a Mobile Source

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

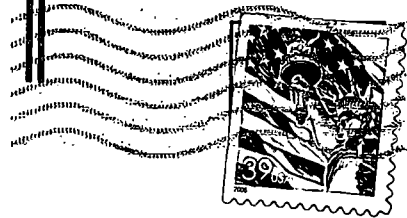
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

Angel J. Perez
10825 S.W. 29th Terrace
Miami, FL 33165

MIAMI FL 33

01 MAR 2007 PM 6 T



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459468 MAR 1 2006

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# 250731 1st
WASH MART
12100 Biscayne Blvd
NORTH MIAMI, FL 33181

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447451 FEB 24 2005

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# 250731 1stC
WASH MART
12100 Biscayne Blvd
NORTH MIAMI, FL 33181

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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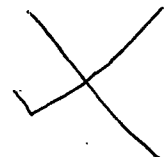


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437445 MAR 8 2004

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



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 MAR 12 2004
 AIRS Monitoring
 & Mobile Sources
 ID# 250731

Do NOT Remove Label

ANGEE PEREZ
 WASH MART
 12100 BISCAYNE BLVD
 MIAMI, FL 33181

FOR GOVERNMENT USE ONLY
 Org.: 3755010100 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

Bureau of Air Monitoring & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

424339 MAR 3 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#0250731

THE WASH PLACE

12100 BISCAYNE BLVD
MIAMI FL
33181

ANGEL J. PEREZ

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

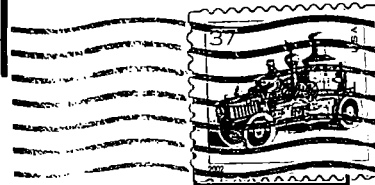
Fund: 20-2-035001

Obj.: 002273

LOOK

PLEASE
CHANGE NAME!

Angel J. Perez Pharm.D.
10825 SW 29 Terrace
Miami, FL 33165



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

32315+3070 99



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2nd Ct
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2003

AIRS ID # 250731

Total Postage

ANGEL PEREZ
WASH MART
12100 BISCAYNE BLVD
MIAMI, FL 33181

Sent To

Street, Apt. 1
or PO Box A
City, State, A

7003 0500 0004 0144 7788

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID # 250731

ANGEL PEREZ
 WASH MART
 12100 BISCAYNE BLVD
 MIAMI, FL 33181

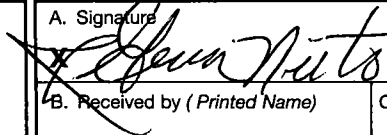
2. Article Number

(Trans

7003 0500 0004 0144 7788

COMPLETE THIS SECTION ON DELIVERY.

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/6/01

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Director of Air Quality
Environmental Services

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ID# 250731

ANGEL PEREZ

WASH MART

12100 BISCAYNE BLVD

MIAMI, FL 33181

5947 1595 0000 0920 0003 2260 0003 5657 2465

UNITED STATES POSTAL SERVICE



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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
and Mobile Sources

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 250731
 ANGEL PEREZ
 WASH MART
 12100 BISCAYNE BLVD
 MIAMI, FL 33181

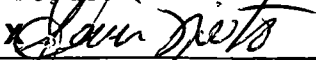
2. Article Number
 (Transfer from service label)

7003 2260 0003 5651 1465

PS:Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-154

U.S. Postal Service

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Postage

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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total

AIRS ID#0250731

Sent To

THE WASH PLACE
CARMEN DURAN
12100 BISCAYNE BLVD
MIAMI FL
33181

Street, /
or PO B.

City, Sta

4054 9262 1000 0220 1007

PLACE STICKER AT TOP OF ENVELOPE OR TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0250731

THE WASH PLACE
 CARMEN DURAN
 12100 BISCAYNE BLVD
 MIAMI FL
 33181

2. Article Number

(Transfe 7001 0320 0001 7976 4504)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X *Anna M. L. A.* 3-8-03

C. Signature

X *Anna M. L. A.*

- Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
 No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

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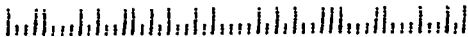
BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2003

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

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

AIRS ID# 250731 1stC
WASH MART
12100 Biscayne Blvd
NORTH MIAMI, FL 33181

7003 0500 0004 0144 6859

UNITED STATES POSTAL SERVICE



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USPS
Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 250731 1stC
 WASH MART
 12100 Biscayne Blvd
 NORTH MIAMI, FL 33181

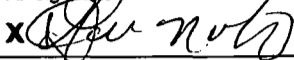
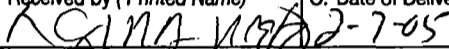
2. Article Number

(Transfer from service label)

7003 0500 0004 0144 6859

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent AddresseeB. Received by (*Printed Name*)


C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes