



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 11, 2003

Mr. Jacob Strelzik
Eagle Cleaner
3520 West 18 Avenue
Hialeah, Florida 33012

Re: Facility No.: 0250801-002

Dear Mr. Strelzik:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 21, 2003.

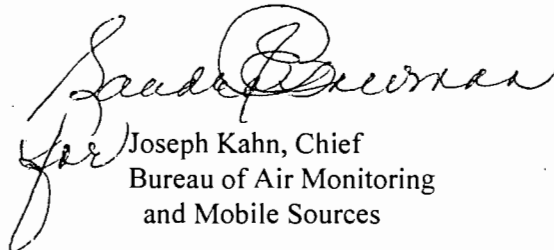
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

Grant, Patricia

From: Bowman, Sandy
Sent: Tuesday, February 28, 2006 8:23 AM
To: Grant, Patricia
Cc: Thomas, Bruce X.
Subject: FW: Eagle Cleaners (ARMS 0250801)

Pat,

I have inactivated the facility in the ARMS database. I am forwarding this to you so that you may make the changes to your files.

Thank you.

Sandy

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: Barros, Marcelo (DERM) [<mailto:BarroM@miamidade.gov>]
Sent: Monday, February 27, 2006 4:06 PM
To: Bowman, Sandy
Subject: Re.: Eagle Cleaners (ARMS 0250801)

Hi Sandy:

Please be informed that on 2/24/2006 Terrence inspected Eagle Cleaners (ARMS # 0250801) and found that this site is operating as a drop-off only. The dry-to-dry equipment has been removed from this site.

Please inactivate this facility from the ARMS, ASGP and GPCI databases.

Thanks.

Marcelo.

2/28/2006

BEST AVAILABLE COPY

RECEIVED

RECEIVED

FEB 21 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM JAN 22 2003

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Air Quality
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):
EAGLE CLEANER

2. Site Name (For example, plant name or number):
HIALEAH

3. Hazardous Waste Generator Identification Number:
FLO 000924811

4. Facility Location:
Street Address: 3520 W 18TH AVE.
City: HIALEAH County: DADE Zip Code: 33012

Responsible Official

0250801-002

6. Name and Title of Responsible Official:
Name: JACOB STRELZIK Title: OWNER

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 3520 W 18TH AVE
City: HIALEAH County: DADE Zip Code: 33012

8. Responsible Official Telephone Number:
Telephone: (305) 825-8079 Fax: () SAME

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: SAME
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - SAME Fax: ()

RECEIVED

JAN 22 2003

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:

Air Quality

Management Division

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")
Sept 1994	Existing/New	RC/CA/None required	SAME
_____	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?

[60] 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".)

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 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

For each boiler, indicate its horsepower (HP) rating: 1 11 18

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) Electric

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.

 Jacob Strelzik
Print name of responsible official

 Jacob Strelzik
Signature

 2/21/2003
Date

MS 5510 MC Acct# 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RECEIVED

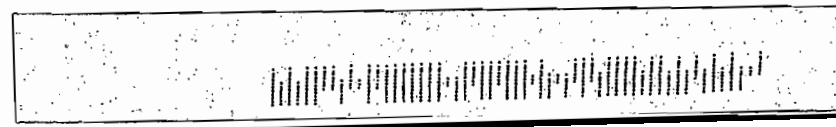
JAN 6 2000

Bureau of Air Monitoring
& Mobile Sources

RETURNED
TO
SENDER
MOVED, LEFT NO ADDRESS

MVA

AIRS ID# 250801 10
EAGLE CLEANERS
3520 W 18th Avenue #125
HALEAH, FL 33012





Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250801 10
EAGLE CLEANERS
3520 W 18th Avenue #125
HIALEAH, FL 33012

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



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Kahn".

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

ATTENTION:

The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.

BEST AVAILABLE COPY

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____

Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

1. Article Addressed to:

AIRS ID# 250801 1stC
EAGLE CLEANERS
3520 W 18th Avenue #125
HIALEAH, FL 33012

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

2. Article Number (Transfer from service label): 7003 0500 0004 0144 6903

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For detailed information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: AIRS ID# 250801 1stC
EAGLE CLEANERS
3520 W 18th Avenue #125
HIALEAH, FL 33012

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800-10

MS# 5510 MC Acct # 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7003 0500 0004 0144 6903

- Forwarding Order
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attempted, No Known Return Address
- No Such Street
- No Such Number

AIRS ID# 250801 1stC
EAGLE CLEANERS
3520 W 18th Avenue
HIALEAH, FL 33012

MSA

RECEIVED
FEB 28 2005
MAIL ROOM

SENDER MONITORING

- Forwarding Order
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attempted, Not Known
- No Such Street
- No Such Number

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#0250801.....2nd Cert 05
 EAGLE CLEANERS
 3520 W 18th Avenue #125
 HIALEAH, FL 33012

2. Article Number: 7004 2510 0002 3939 3240
 (Transfer from service label)

3. Service Type:

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

4. Restricted Delivery? (Extra Fee) Yes

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 No
 If YES, enter delivery address below: _____

3. Service Type: _____

4. Restricted Delivery? (Extra Fee) Yes No

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To: AIRS ID#0250801.....2nd Cert 05
 EAGLE CLEANERS
 3520 W 18th Avenue #125
 HIALEAH, FL 33012

PS Form 3849, February 2004 102595-02-M-1540

7004 2510 0002 3939 3240

MS# 5510 MC Acct# 5521

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 2600 Blair Stone Rd
 Tallahassee FL 32399-2400

CERTIFIED MAIL

7004 2510 0002 3939 3240

U.S. POSTAGE
 MAR 21 2005
 HIALEAH, FL 33012

RECEIVED
 Bureau of Air & Mobile Serv.

AIRS ID#0250801.....2nd Cert 05
 EAGLE CLEANERS
 3520 W 18th Avenue #125
 HIALEAH, FL 33012

Printed on recycled paper

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# 250801 3rd Cert04
EAGLE CLEANERS

#125

HIALEAH, FL 33012

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 No
If YES, enter delivery address below.

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7004 2510 0004 6986 6033

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MS# 5510 MC Acct #

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7004 2510 0004 6986 6033

AIRS ID# 250801 3rd Cert04
EAGLE CLEANERS

- Forwarding Order Expired
- Invalid Address
- Moved, Left No Address
- Undelivered
- Return Refused
- No Such Street
- No Such Number

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

For delivery information, visit our website at www.usps.com

OFFICIAL USE

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

Total Postage \$ AIRS ID# 250801 3rd Cert04
EAGLE CLEANERS,
3520 W 18th Avenue #125
HIALEAH, FL 33012

Sent To: AIRS ID# 250801 3rd Cert04
EAGLE CLEANERS,
3520 W 18th Avenue #125
HIALEAH, FL 33012

Street, Apt. No., or PO Box No.
City, State, ZIP+

PS Form 3811, June 2002

RECEIVED
APR 22 2005
Bureau of Air Monitoring & Mobile Sources



POSTAGE
REQUIRED

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