

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

February 18, 2003

Ms. Nora Sanchez Arpeco Cleaners & Laundry 2219 Northwest 28 Street Miami, Florida 33180

Re: Facility No.: 0250848-002

Dear Ms. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 17, 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.

Few 97-02 50C 4 Comp IN



## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JAN 17 2003

Air Quality

### Part III. Notification of Intent to Use General PermitManagement 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 indivi	dual owner):		
Nora Sanchez				,
2. Site Name (For example, plant name or number):			-	
Arpeco Cleaners & L	aundry			
3. Hazardous waste Generator Identification Number:	( )			
PLD 0984 171694				
4. Facility Location:	_		10.7)	
Street Address: 2219 NW 28 STREET City: County: County:		33 Zip Code: <b>63</b> 8	180	`
City: Pu'Ami County: De	NE	Zip code: 638	589P	١.
5. Facility Identification Number (DEP Use ONLY do as	84	3-00	2	
Responsible Official				
6. Name and Title of Responsible Official:				
Name: Nord Sancha	Title: (	)Wher	*	
7. Responsible Official Mailing Address: ARPECO Clea				-
Organization/Firm:	ARMIC	<b>'</b>	•	
Street Address: 2219 NW 285 Tree	NOUS	Zip Code: <i>331</i>	Ø D	
City: Miami County: DADE		Zip Code: 3 31	,	
8. Responsible Official Telephone Number:	· · · · · · · · · · · · · · · · · · ·			
Telephone: (305) 638 - 5398	Fax: (	) -		
		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant	manager):		<del></del>	
Str. a A	ABOVO	2		
10 Facility Control Address	7 100 70			
10. Facility Contact Address:			aur.	m
Street Address:			JAN 2 3 Rureau of Air & Mobile	0
City: County:		Zip Code:	JAN 2:	, m
Li Falla Carra Calada Na La			He A W	
Facility Contact Telephone Number:     Telephone: ( ) -	Fax: (	) -	2005 Monit Source	
· · · · · · · · · · · · · · · · · · ·	i ax. (	, -	nitt Irce	i cn
			S 2003 Ir Monitoring Sources	_ (
,			70	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

L(a) DRY-TO-DRY M	ACHINES ONL	Y	•
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry-mach	nine on-site, pleas	ce provide the following informati	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")
12/01	Existing/N	ew (CA/None required	SAME
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVIÇE K	EY: $\frac{r}{r}$ RC = $r$	refrigerated condenser CA	= carbon adsorber
L(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site? []	•
unit. If the transfer mach. 1993, it is a <b>NEW</b> unit (r	ine was purchased no units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:
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	<u> </u>
*CONTROL DEVICE K	$\mathbf{EY}: \qquad \mathbf{RC} = \mathbf{r}$	refrigerated condenser CA :	= carbon adsorber
`	roethylene (perc) ns (You must fil	have you used within the last 12. I this in)	months?
(b) If less than 12 mor			
		: New owner: [] Did not ke	en records: f
		Now store: 1 New machin	•

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store | \_\_\_\_ | (date of expected opening -\_\_\_\_\_)

#### **Best Available Copy**

<ol> <li>What is the facility's source classification based on the Indicate with an "X". Select one classification only</li> </ol>	
Small Area Source ( )	
Transfer only on-site (us	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)
Large Area Source []	·
Transfer only on-site (us	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pur (Indicate with an "X".)	suant 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 []
5. A facility which contains non-exempt emissions unit Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site (se	
All steam and hot water generating units exempt No such units on-site	× OR
How many boilers do you have on-site? [1]	•
For each boiler, indicate its horsepower (HP) rating: [_6	211101
What type of fuel do you use?    propane    No. 2 fuel oil    No. 6 fuel oil	
6. Equipment Monitoring and Recordkeeping Information	on
Check all logs which are required to be kept on-site in a	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addi-	ition log [ <u>×</u> ]
(b) Leak detection inspection and repair	` ( <u>×</u> )
(c) Refrigerated condensor temperature monitoring	
(d) Carbon adsorber exhaust pere concentration monitor	ing
(e) Startup, shutdown, malfunction plan	<u>  ×   </u>

DEP Form No. 624213.900(2). Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	Thereby 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 notif statemen maintain comply v I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.  Tomptly notify the Department of any changes to the information contained in this notification.  OZA Sancky  ne of responsible official  Date  Date

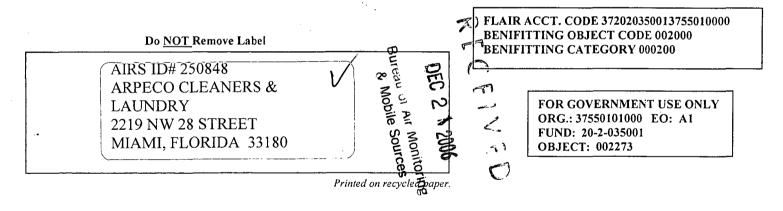
THIS PORTION MULL.

#### ACHED TO REMITTANCE FOR PROPER HANDLING

466279 DEC20 2016

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

### TOTAL AMOUNT DUE: \$50.00



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

456809 DEC142005

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

250848 10 ARPECO CLEANERS & LAUNDRY 2219 NW 28 STREET MIAMI, FL 33180 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

Printed on recycled paper.

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER ZANDLING

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# 250848 10 ARPECO CLEANERS & LAUNDRY 2219 NW 28 STREET MIAMI, FL 33180

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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

436/26 FEB 9 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**

Do NOT Remove Label

ID# 250848 NORA SANCHEZ ARPECO CLEANERS & LAUNDRY 2219 NW 28 STREET MIAMI, FL 33180

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

953	(Domestic Mail Only; No Insurance Coverage Provided)		
-7	For delivery information visit our website/at www.usps.com <sub>®</sub>		
5.1	UFFIUIAL USE	,	
55			
H			
000	Return Reclept Fee (Endorsement Required)		
190			
L L			
\m		•	
	ARPECO CLEANERS & LAUNDRY		
\r_~	Stree 2219 NW 28 STREET		
1	City, MIAMI, FL 33180	•	
			ï
	Security 2001 Structure VIII Security S	عدر حالتا الدي	_

O TOE STATE OFFICE AT THE DIGHT	
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 mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  Agent  Addressee  B. Readived by Address Address C. Date of Delivery  D. Is delivery address different frem item 1? Yes  If YES, enter delivery address below:
ID# 250848 NORA SANCHEZ ARPECO CLEANERS & LAUNDRY	PEB (
2219 NW 28 STREET MIAMI, FL 33180	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 2260 0003	5651 1953
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

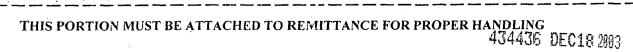


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES SIZE COURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

FEB 1 6 2004
sureau of Air Monitoring



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

250848 NORA SANCHEZ APPECO CLEANERS & LAUNDRY 2219 NW 28 STREET MIAMLEL 33180

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

Obj.: 002273