

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 11, 2000

Mr. David Mermelstein, President  
Parisian Custom Cleaners, Inc.  
9121 Southwest 66 Terrace  
Miami, Florida 33181

Re: Facility No.: 0250862-002

Dear Mr. Mermelstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 11, 2000.

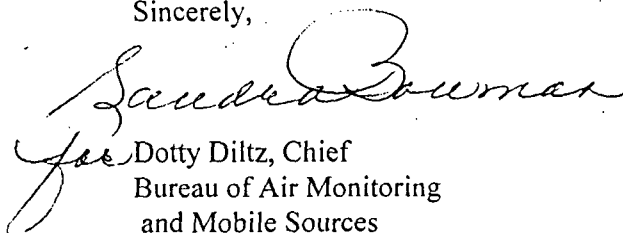
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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 copy of the form for your file.

Bureau of Air Monitoring  
Mobile Sources  
AUG 11 2001  
RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PARISIAN CUSTOM CLEANERS, INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	N/A		
4. Facility Location: Street Address: City:	13170 BISCAYNE BLVD. MIAMI	County: DADE	Zip Code: 33181
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250862 002		

Responsible Official

6. Name and Title of Responsible Official: Name:	DAVID MERMELSTEIN	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	9121 SW 66 TERR PARISIAN CUSTOM CLEANERS, INC MIAMI	County:	DADE Zip Code: 33181
8. Responsible Official Telephone Number: Telephone:	(305) 892-0369	Fax:	( ) -

Facility Contact (If different from Responsible Official)

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

0250862-002

p16 5. All steam & hot water generating  
units exempt" should be marked  
Markout "No such units on-site"

**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>8/3/1990</u>	<del>Existing</del> /New	RC/ <del>CA</del> /None required	_____
_____	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? [ 0/4 ]

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?

[ 100 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 1 ] 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 \_\_\_\_\_)

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

For each boiler, indicate its horsepower (HP) rating:  15  HP

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.*

DAVID MERMELSTEIN

Print name of responsible official

David Mermelstein

Signature

8/3/2000

Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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 copy of the form for your file.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PARISIAN CUSTOM CLEANERS, INC.		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:	N/A		
4. Facility Location:	13170 BISCAYNE BLVD.		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33181
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0050892-002		

RECEIVED  
AUG 11 2003  
Bureau of Air Monitoring  
Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:			
Name:	DAVID MERMELSTEIN	Title:	PRESIDENT
7. Responsible Official Mailing Address:	9121 SW 66 TERR		
Organization/Firm:	PARISIAN CUSTOM CLEANERS, INC		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33181
8. Responsible Official Telephone Number:			
Telephone:	(305) 892-0369	Fax:	( ) -

Facility Contact (If different from Responsible Official)

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10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
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Telephone:	( ) -	Fax:	( ) -

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<u>8/3/1990</u>	<del>Existing</del> /New	RC/ <del>CA</del> /None required	_____
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**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?   0/4  

How many dryers/reclaimers do you have on-site?       

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_____	Existing/New	RC/CA/None required	_____
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\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

  100   gallons (You must fill this in)

(b) If less than 12 months, how many?   7   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?  
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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>       | <u>New machines at small area source</u>        |
| (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>       | <u>New machines at large area source</u>        |
| Carbon adsorber <input type="checkbox"/>            | Refrigerated condenser <input type="checkbox"/> |
| 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).

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For each boiler, indicate its horsepower (HP) rating:  15  HP

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) \_\_\_\_\_

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

DAVID MERMELSTEIN  
Print name of responsible official

David Mermelstein  
Signature

8/3/2000  
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435486 JAN20 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

250862  
DAVID MERMELSTEIN  
PARISIAN CUSTOM CLEANERS  
9121 SW 66 TERRACE  
MIAMI FL 33181

**RECEIVED**  
JAN 23 2004  
Office of the Auditor  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000, EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Best Available Copy

**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

444652 JAN 18 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

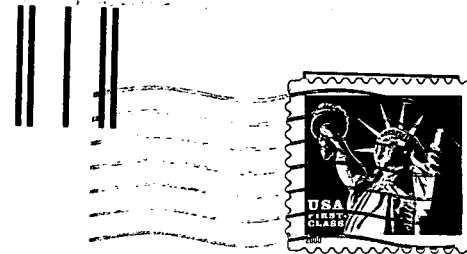
AIRS ID# 250862 10  
PARISIAN CUSTOM CLEANERS  
13170 BISCAYNE BLVD  
NORTH MIAMI, FL 33181

*Printed on recycled paper.*

**RECEIVED**  
JAN 20 2005  
Bureau of Air Monitoring  
& Mobile Sources

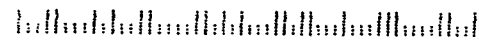
**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

PANAMA Custom Cleaners  
13170 Biscayne Blvd  
N. Miami, FL 33181

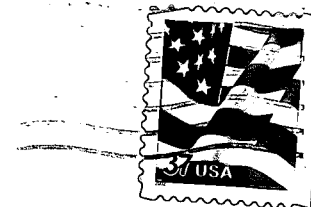


TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315X3070



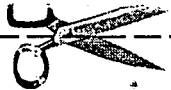
*Parisian Custom*  
13170 Biscayne Blvd  
N. Miami, FL 33181



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

32315+3070 99





(cut here)

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428826 APR24 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: \$75.00**

RECEIVED  
APR 25 2003  
Bureau of Air Monitoring  
& Mobile Sources

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AIRS ID#0250862

PARISIAN CUSTOM CLEANERS  
DAVID MERMELSTEIN  
9121 SW 66 TERRACE  
MIAMI FL  
33181

27

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~4041153~~  
404507

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

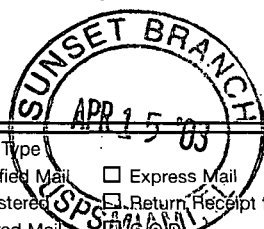
AIRS ID # 0250862  
PARISIAN CUSTOM CLEANERS  
DAVID MERMELSTEIN  
9121 SW 66 TERRACE  
MIAMI FL 33181

Bureau of Air Monitoring  
Mobile Sources

2/2/01  
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FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 2032-035001  
Obj.: 002273



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>022</i> <i>320</i> <i>W</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	AIRS ID#0250862
<b>Sent To</b>	PARISIAN CUSTOM CLEANERS
<b>Street, Apt.</b>	DAVID MERMELSTEIN
<b>City, State, ZIP</b>	9121 SW 66 TERRACE
	MIAMI FL
	33181
PS Form 3800 <sup>®</sup> May 2000 <sup>®</sup> See Reverse for Instructions	

SENDER: CO	ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250862</p> <p>           PARISIAN CUSTOM CLEANERS            DAVID MERMELSTEIN            9121 SW 66 TERRACE            MIAMI FL            33181         </p>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <i>4/15</i></p> <p>C. Signature  <i>x David Mermelstein</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee         </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">  </p> <p>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         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
APR 22 2003  
Bureau of Air Monitoring  
& Mobile Sources



**TO THE RIGHT OF RETURN ADDRESS  
PLACE STICKER AT TOP OF ENVELOPE  
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#0250886

KEY COLONEY DRY CLEANERS  
 SHERALI VIRANI  
 180 CRANDON BLVD #106  
 MIAMI FL  
 33149

2. Article Number (Copy from service label)

7000287000070275531

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

**X**

D. Is delivery address different from item 1?  Yes  
 No

If YES, enter delivery address below:

3. Service Type  Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

Certified Mail  
 Registered  
 Insured Mail

4. Restricted Delivery? (Extra Fee)  Yes

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)**

**OFFICIAL USE**

7000 2870 0000 7027 5401

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Post: \_\_\_\_\_

AIRS ID#0250862

**Sent To** PARISIAN CUSTOM CLEANERS  
 9121 SW 66 TERRACE  
**Street, Apt.** MIAMI FL  
 33181  
**City, State, &**

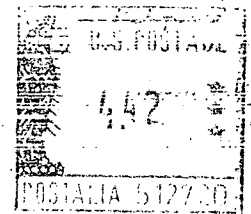
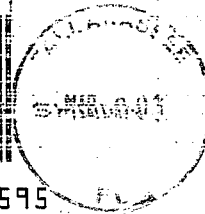
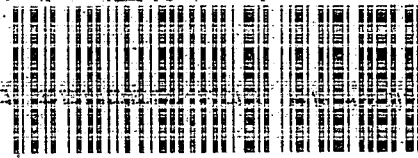
Postmark Here

PS Form 3800, May 2000 See Reverse for Instructions

MS# 5510 MC Acct # 5521

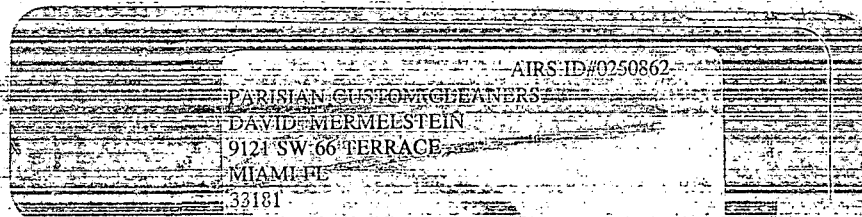
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

7001 0320 0001 7975 5595



RETURNED TO SENDER  
**UNCLAIMED**

**RECEIVED**  
APR 2 2003  
Bureau of Air Monitoring  
& Mobile Sources  
2003/04/03  
3-23



AIRS ID#0250862  
PARISIAN CUSTOM CLEANERS  
DAVID MERMELSTEIN  
9121 SW 66 TERRACE  
MIAMI FL  
33181

3217343200079085

7001 0320 0001 7975 5595

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

**OFFICIAL USE**

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

Total Postage \_\_\_\_\_

Sent To: **PARISIAN CUSTOM CLEANERS**  
**DAVID MERMELSTEIN**  
**9121 SW 66 TERRACE**  
**MIAMI FL**  
**33181**

Postmark Here

AIRS ID#0250862

**SENDER - COMPLETE THIS SECTION**

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- 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.

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**PARISIAN CUSTOM CLEANERS**  
**DAVID MERMELSTEIN**  
**9121 SW 66 TERRACE**  
**MIAMI FL**  
**33181**

AIRS ID#0250862

7001 0320 0001 7975 5595

**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: \_\_\_\_\_

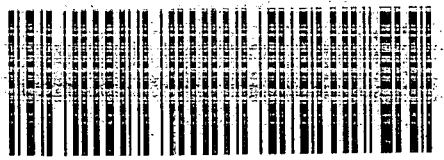
3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

MS# 5570 MC Acct # 5571

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

CERTIFIED MAIL



7000 2870 0000 7027 5401

RETURNED TO SENDER  
UNCLAIMED

RECEIVED  
MAR 03 2005  
Tallahassee  
Bureau of Air Mail  
& Mobile Services  
NAME  
1st Notice 2-7  
2nd Notice 2-12  
Return 2-22

U.S. POSTAGE  
442  
POSTALIA-5119-12

AIRS ID#0250862  
PARISIAN CUSTOM CLEANERS  
DAVID MERMELSTEIN  
9121 SW 66 TERRACE  
MIAMI FL  
33181

323

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> 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
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; margin: 5px;">             AIRS ID#0250862              PARISIAN CUSTOM CLEANERS              DAVID MERMELSTEIN              9121 SW 66 TERRACE              MIAMI FL              33181           </div>		C. Signature <b>X</b>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
2. Article Number (Transfer from service label) 70002870000070275401		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		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