

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 18, 2002

Mr. Luis Fernando Marin
Clean Laundry Service
14060 Biscayne Boulevard, #807
Miami, Florida 33181

Re: Facility No.: 0250867-003

Dear Mr. Marin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 9, 2002.

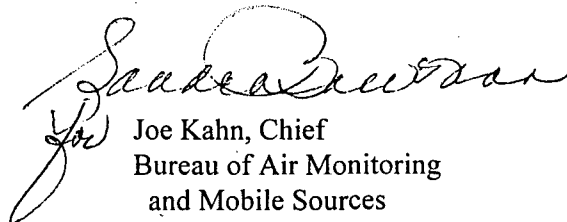
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

Printed on recycled paper.

Page 15

1. (a) None Required should be circled under Control Device Required for Existing machines using less than 140 gallons of perchloroethylene.

Date Control Device Required should be blank for Existing machines using less than 140 gallons of perchloroethylene.

Page 16

6. (b) Required for all sources. Should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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AUG 09 2002

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):	Luis Fernando Marin		
2. Site Name (For example, plant name or number):	Clean Laundry Service		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	10666 NW 7th St.		
Street Address:			
City:	Miami	County:	Miami Dade
		Zip Code:	33172
5. Facility Identification Number (DEP USE ONLY - do not fill in):	0250867-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Luis Fernando Marin	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	14060 Biscayne Blvd. #807		
City:	Miami	County:	Miami Dade
		Zip Code:	33181
8. Responsible Official Telephone Number:			
Telephone:	(786) 457 6744	Fax:	(305) 224 1700

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:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	()	Fax:	()

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AUG 15 2002

Bureau of Air Monitoring
& Mobile Sources

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")
1990	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?

[50] gallons (You must fill this in)

(b) If less than 12 months, how many? [6] 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 _____)

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.

Luis Fernando Marin
Print name of responsible official

Luis Fernando
Signature

8/6/02
Date

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FEB 03 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 27 2003

Air Quality
Management Division

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 files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Clean Laundry Service, LLC.
2. Site Name (For example, plant name or number):	Clean Laundry Service
3. Hazardous Waste Generator Identification Number:	FLD 981758352
4. Facility Location: Street Address: City:	10686 NW 7th St. Miami
County:	Miami Dade
Zip Code:	33172
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250867-003

Responsible Official

6. Name and Title of Responsible Official: Name:	Luis Fernando Marin	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Same	County:	Zip Code:
8. Responsible Official Telephone Number: Telephone:	(305) 221-8777	Fax:	(305) 221-1750

Facility Contact (If different from Responsible Official)

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

file

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")
01/92	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/> RC/CA/None required	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:

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_____	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?

[38] gallons (You must fill this in)

(b) If less than 12 months, how many? [10] 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".)

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: 7

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) Diesel

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.

Luis Fernando Marin
Print name of responsible official

Luis Fernando Marin
Signature

01/27/03
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421888 JAN172003

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

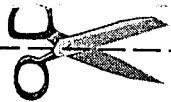
Do NOT Remove Label

AIRS ID#0250867

CLEAN LAUNDRY SERVICE
LUIS FERNANDO MARIN
14060 BISCAYNE BLVD #807
MIAMI FL
33181

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

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& Mobile Services
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JAN 23 2003



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437743 MAR22 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 \$5000

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MAR 30 2004
Bureau of Air Monitoring
& Mobile Sources

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AIRS ID # 250867

LUIS MARIN
CLEAN LAUNDRY SERVICE
10686 NW 7TH STREET
MIAMI, FL 33172

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Fund: 20-2-035001
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AIRS ID # 250867

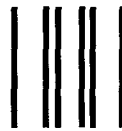
Sent To LUIS MARIN
 CLEAN LAUNDRY SERVICE
 10686 NW 7TH STREET
 MIAMI, FL 33172

PS Form 3800

7003 0500 0004 0144 8938

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. 	<p>A. Signature <i>X</i> <i>Andreea Puroz</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Andreea Puroz</i> C. Date of Delivery <i>3/6/04</i></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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">AIRS ID # 250867</p> <p>LUIS MARIN CLEAN LAUNDRY SERVICE 10686 NW 7TH STREET MIAMI, FL 33172</p> </div>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 8938</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

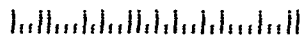


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Permit No. G-10

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DARPA MOBILE SOURCE CONTROL PROGRAM
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MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
TALLAHASSEE, FLORIDA



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03

Total Postage ID# 250867

Sent To LUIS MARIN

Street, Apt. or PO Box CLEAN LAUNDRY SERVICE
10686 NW 7TH STREET

City, State, MIAMI, FL 33172

PS Form 3811, August 2001

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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>ID# 250867 LUIS MARIN CLEAN LAUNDRY SERVICE 10686 NW 7TH STREET MIAMI, FL 33172</p> </div> <p>2. Article Number <small>(Transfer from s</small></p>	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>7-6-04</i></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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5651 2011</p>	

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

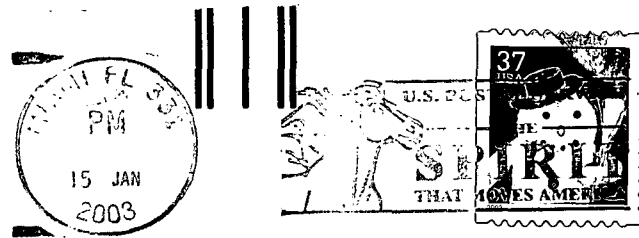
Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

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Clean Laundry Service
10686 NW 7th St.
Miami, FL 33172



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

32315+3070 070