



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 16, 2002

Mr. Ross Lipton  
A Cleaner World  
13455 West Dixie Highway  
North Miami, Florida 33161

Re: Facility No.: 0250868-002

Dear Mr. Lipton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 15, 2002.

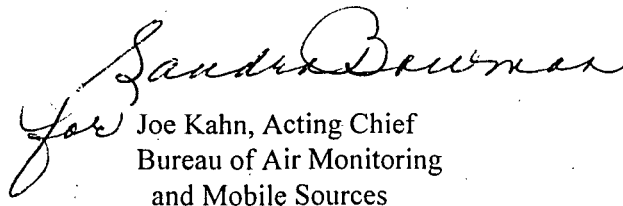
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

**Royal Cleaners, Inc.**  
**2100 NE 123<sup>rd</sup> Street**  
**North Miami, Florida 33181**  
**305.893.4311**

August 1, 2002

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399

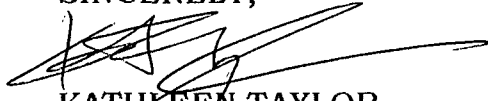
RE: Keystone Partner Enterprises, Inc.  
d/b/a A Cleaner World  
13455 West Dixie Highway  
North Miami, FL 33161

TO WHOM IT MAY CONCERN,

AS OF APRIL 1, 2002 "A CLEANER WORLD" LOCATED AT 13455 WEST DIXIE HWY. NORTH MIAMI, FL 33181 WAS SOLD TO ROSS LIPTON NOW KNOWN AS "DRYCLEANER WORLD."

IF YOU HAVE ANY FUTHER QUESTIONS PLEASE CONTACT ROSS LIPTON AT 305.751.0421. THANK YOU

SINCERELY,



KATHLEEN TAYLOR  
PRESIDENT  
ROYAL CLEANERS, INC.



ROSS LIPTON  
OWNER  
DRYCLEANER WORLD, INC.

RECEIVED  
AUG 05 2002

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED

AUG 08 2002

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED

JUN 18 2002

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 12 2002

Air Quality  
Management Division

Bureau of Air Monitoring  
& Mobile Sources

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):	DRY Cleaners World, Inc. D/B/A A Cleaner World	
2. Site Name (For example, plant name or number):		
3. Hazardous Waste Generator Identification Number:	FLD 056894439	
4. Facility Location:		
Street Address:		
City:	13455 W Dixie Hwy County: Dade	Zip Code: 33161
5. Facility Identification Number (DEP Use ONLY - do not fill in):		

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Ross Lipton	Title: Pres
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:	13455 W. Dixie Hwy	
City:	N. Miami FL County: Dade	Zip Code:
8. Responsible Official Telephone Number:		
Telephone:	(305) 751-0421	Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROSS LIPTON / Forrest White	
10. Facility Contact Address:		
Street Address:	13455 W. Dixie Hwy	
City:	N. Miami County: Dade	Zip Code: 33161
11. Facility Contact Telephone Number:		
Telephone:	(305) 751-0421	Fax: ( ) -

RECEIVED  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
02 JUN 17 AM 11:32  
BUREAU OF PETROLEUM STORAGE SYSTEMS DOCUMENT MANAGEMENT CENTER

8. Stills.
  9. Exhaust dampers.
  10. Diverter valves.
  11. Cartridge filter housings.
- (d) Leaks shall be repaired within twenty-four hours of detection, unless repair equipment must be ordered.
1. Equipment parts needed to repair the machine shall be ordered within two working days of leak detection.
  2. Repair parts shall be installed within five working days of receipt.
- (e) Colorimetric tubes and bellows or piston-driven pumps shall be operated according to the manufacturer's specifications and shall be verified for accuracy by the use of duplicate samples. The tube should be designed to measure a concentration of 100 parts per million by volume of perchloroethylene in air to an accuracy of +/- 25 parts per million by volume.
- (f) The integrity of all rubber seals on the pump shall be inspected on a weekly basis for large area sources (biweekly for small area sources) and all equipment shall be kept in a clean and secure area when not in use.

**(8) Local Program Requirements.** All facilities located within the borders of Duval County shall comply with the following additional requirements:

- (a) Pursuant to Jacksonville Environmental Board Rule 2.901, no person shall cause, suffer, allow or permit the discharge of air pollutants which cause or contribute to an objectionable odor, and
- (b) Pursuant to Jacksonville Ordinance Code Chapter 376, any facility that causes or contributes to the emission of objectionable odors which results in the Air Quality Division (AQD) receiving and validating complaints from five or more different households within a 90-day period may be cited for objectionable odors.

**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")
1/1/97	<del>Existing</del> <u>New</u>	<del>RC/CA</del> <u>None required</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?

[ ~~100~~ ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 50 ] 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 type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input checked="" 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:   1  5

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.*

ROSS LIPTON  
Print name of responsible official

  
Signature

6/12/02  
Date

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

### Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

### Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



025 0868-002

Page 14

1(a) New should be circled under States  
for 1994 machines

AC should be circled under Control  
Device Required for 1994 machines

Page 15

4. New machines at small area source  
should be marked for 1994 machines  
using less than 140 gallons of per/yr.

5. all steam and hot water generating  
units exempt should be marked.

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

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED

APR 15 2002

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

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 *New Owner*

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>Drycleaners World, Inc, a Florida corporation</i>		
2. Site Name (For example, plant name or number):	<i>A Cleaner World</i>		
3. Hazardous Waste Generator Identification Number:	<i>FLD 056894439</i>		
4. Facility Location: <i>13455 W. Dixie Hwy.</i> Street Address: City: <i>N. Miami</i> County: <i>Miami-Dade</i> Zip Code: <i>33161</i>			
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<i>0250868-002</i>		

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Ross Lipton</i> Title: <i>President</i>			
7. Responsible Official Mailing Address: Organization/Firm: <i>Drycleaners World, Inc.</i> Street Address: <i>13455 W. Dixie Hwy.</i> City: <i>N. Miami</i> County: <i>Miami-Dade</i> Zip Code:			
8. Responsible Official Telephone Number: Telephone: <i>(305) 751-0421</i> Fax: ( ) -			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	<i>Forest White</i>		
10. Facility Contact Address: Street Address: <i>13455 W. Dixie Hwy.</i> City: <i>N. Miami</i> County: <i>Miami-Dade</i> Zip Code: <i>331</i>			
11. Facility Contact Telephone Number: Telephone: <i>(305) 751-0421</i> Fax: ( ) -			

**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")
12/94	Existing	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? 0

How many dryers/reclaimers do you have on-site? 0

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?

134 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>       | <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).

All steam and hot water generating units exempt  OR  
 No such units on-site

How many boilers do you have on-site?  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  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1012  1013  1014  1015  1016  1017  1018  1019  1020  1021  1022  1023  1024  1025  1026  1027  1028  1029  1030  1031  1032  1033  1034  1035  1036  1037  1038  1039  1040  1041  1042  1043  1044  1045  1046  1047  1048  1049  1050  1051  1052  1053  1054  1055  1056  1057  1058  1059  1060  1061  1062  1063  1064  1065  1066  1067  1068  1069  1070  1071  1072  1073  1074  1075  1076  1077  1078  1079  1080  1081  1082  1083  1084  1085  1086  1087  1088  1089  1090  1091  1092  1093  1094  1095  1096  1097  1098  1099  1100  1101  1102  1103  1104  1105  1106  1107  1108  1109  1110  1111  1112  1113  1114  1115  1116  1117  1118  1119  1120  1121  1122  1123  1124  1125  1126  1127  1128  1129  1130  1131  1132  1133  1134  1135  1136  1137  1138  1139  1140  1141  1142  1143  1144  1145  1146  11

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.*

ROSS LIPTON

Print name of responsible official

  
Signature

4/10/02  
Date



ROSENTHAL  
ROSENTHAL  
RASCO

A partnership of Professional Associations

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APR 15 2002

Bureau of Air Monitoring  
& Mobile Sources

April 8, 2002

EDUARDO I. RASCO  
ALAN S. ROSENTHAL  
KERRY E. ROSENTHAL  
STACI H. GENET  
JESSICA B. LASSMAN  
HEATHER A. SCOTT

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

OF COUNSEL  
JILL R. GINSBERG  
JEROME S. HOLLO  
JORGE LUIS WOLF

RE: Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit  
Transfer of Ownership of Facility at 13455 W. Dixie Hwy, N. Miami, FL 33161

Dear Sir/ Madam:

This Firm represents Drycleaners World, Inc. and Ross Lipton in connection with their purchase of the above-referenced dry cleaning facility. **Enclosed please find a completed Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, for the new owner and operator of the above-referenced facility, Drycleaners World, Inc.** There is an active Perchloroethylene Permit for this facility, however, I understand it is necessary to advise the Department of any changes in ownership. Please process this Notification of Intent for the new owner.

Please contact me, or the responsible official, Ross Lipton, at (305) 751-0421, should you need any additional information. Thank you for your assistance.

Sincerely,

ROSENTHAL ROSENTHAL RASCO

BY:

HEATHER A. SCOTT, ESQ.

HAS/  
Encl.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0250868  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: A Cleaner World DATE: 3/14/02  
 FACILITY LOCATION: 13455 W. Dixie Hwy, 33161  
 RESPONSIBLE OFFICIAL: Kathleen Taylor PHONE NUMBER: 305-751-0421

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	
<del>_____</del>	

COMMENTS: - Leaks have been repaired  
- Place all waste containers inside secondary containers.  
- keep a copy of perc receipts on-site

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/2003  
 (Approximate)

INSPECTION CONDUCTED BY: Camilo Perez  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 305-372-0925



MS# 5510 MC Acct # 5521

**CERTIFIED MAIL**

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



7001 0320 0001 7976 2098



FOR POSTAGE

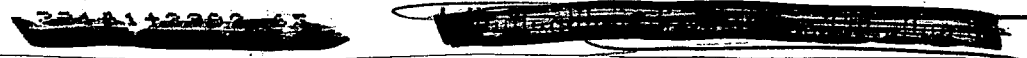
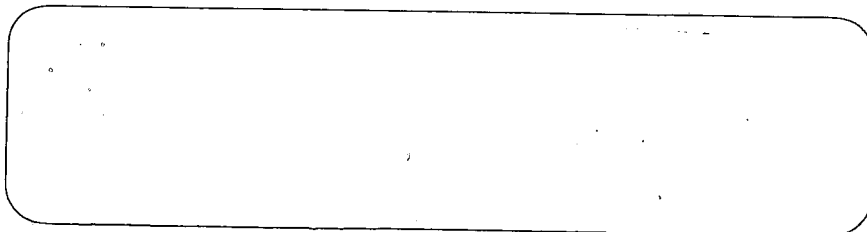
SENDER:  
REMOVE LABEL, AFFIX  
POSTAGE, AND REMAIL.

USA #09370

RECEIVED

MAR 1 1 2002

Bureau of Air Monitoring  
& Mobile Sources



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

OFFICIAL USE

7000 0297 0000 0100 0000 560E 3E9E

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

*Receipt*  
 Postmark Here

Total Postage 10 AIRS ID # 0250868001AG  
 Sent To KATHLEEN TAYLOR  
 Street, Apt. No. A CLEANER WORLD  
 2100 NE 123RD STREET  
 City, State, Zip NORTH MIAMI FL  
 33181

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER: COMPLETE THIS SECTION** **TE THIS SECTION ON DELIVERY**

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:

10 AIRS ID # 0250868001AG  
 KATHLEEN TAYLOR  
 A CLEANER WORLD  
 2100 NE 123RD STREET  
 NORTH MIAMI FL  
 33181

2. Article Number  
 (Transfer from service label) 40001670001330953836

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) B. Date of Delivery  
 P. Ingraham 7-27-02

C. Signature  Agent  
 X Patricia Ingraham  Addressee

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

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

7001 0320 0001 7976 2098

**OFFICIAL USE**

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

Postmark  
*3/12/02*  
*Remailed*

**Total Post** AIRS ID # 0250868

Sent To **A CLEANER WORLD**  
**KATHLEEN TAYLOR**  
Street, Apt. or PO Box # **2100 NE 123RD STREET**  
City, State, ZIP+4<sup>®</sup> **NORTH MIAMI FL 33181**

PS Form 3800, January 2001. See reverse for instructions.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery</p> <hr/> <p>C. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></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: <i>Remailed 3/12/02</i>  AIRS ID # 0250868  <b>A CLEANER WORLD</b>  <b>KATHLEEN TAYLOR</b>  <b>2100 NE 123RD STREET</b>  <b>NORTH MIAMI FL</b>  <b>33181</b></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>2. Article Number (Copy from service label)  <b>7001 0320 0001 7976 2098</b></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	