



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 8, 2001

Ms. Laura I. Fuentes
Lami Cleaners
1982 West 60 Street
Hialeah, Florida 33012

Re: Facility No.: 0250916-002

Dear Ms. Fuentes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 5, 2001.


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,


for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

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

page 15 0250916-002

1(a) New should be circled under Status

2(a) Add # of gallons of perc purchased in
Past 12 months.

Page 17

Responsible official sign and date for
changes made.

10/17/01

Spoke to Laura Fuentes and she stated that
she did not know the amount of perchloroethylene
purchased in the past 12 months. She would
find out and call back. Ms. Fuentes called back
and stated that she had purchased 20 gals.
of perchloroethylene since she bought the
facility.

BEST AVAILABLE COPY

RECEIVED

SEP 26 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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):
LAMI, INC.

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

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address:
City: *1982 W. 60th Street* County: *Hialeah* Zip Code: *Dade 33012*

Responsible Official

0250916-002

6. Name and Title of Responsible Official:
Name: *LARRY I FUENTES* Title: *PRESIDENT*

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: *1933 W 60th St*
City: *HIALEAH* County: *DADE* Zip Code: *33012*

8. Responsible Official Telephone Number:
Telephone: *(305) 824-1788* Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: ()

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
OCT - 5 2001

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")
2/24/97	<u>Existing</u> /New	<u>RC</u> /CA/None required	2/24/97
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	<u>A</u> RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

[] 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: [X] Did not keep records: [X]

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 62-213.200, 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: 100

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.

X Laura Fuentes

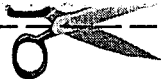
Print name of responsible official

X [Signature]

Signature

X 9-24-01

Date



(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 can be found below on your mailing label.

436566 FEB192004

TOTAL AMOUNT DUE: \$50.00

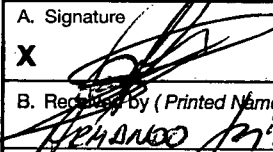
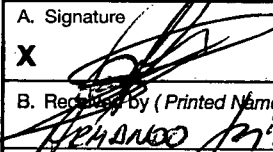
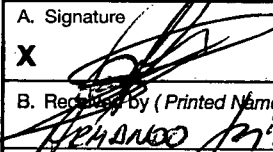
Do NOT Remove Label

ID# 250916
LAURA FUENTES
LAMI CLEANERS
1933 W 60TH STREET
HIALEAH, FL 33012

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

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
Total ID# 250916	
Sent To LAURA FUENTES LAMI CLEANERS	
Street, or PO E 1933 W 60TH STREET	
City, St HIALEAH, FL 33012	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 2260 0003 5651 0567

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY									
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID# 250916 LAURA FUENTES LAMI CLEANERS 1933 W 60TH STREET HIALEAH, FL 33012 </div>	<table border="1" style="width: 100%;"> <tr> <td colspan="2"> A. Signature X  </td> <td> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td> B. Received by (Printed Name) <i>Theresa Prime</i> </td> <td colspan="2"> C. Date of Delivery <i>2/6/04</i> </td> </tr> <tr> <td colspan="3"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Signature X 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Theresa Prime</i>	C. Date of Delivery <i>2/6/04</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
A. Signature X 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee								
B. Received by (Printed Name) <i>Theresa Prime</i>	C. Date of Delivery <i>2/6/04</i>									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No										
2. Article Number <i>(Transfer from serial number)</i>	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.									
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 7003 2260 0003 5651 0567 </div>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes									
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540										

UNITED STATES POSTAL SERVICE

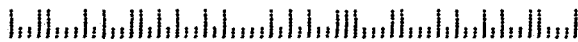


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

RECEIVED
FEB 27 2004
DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAK STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423757 FEB26 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: \$50.00

Do **NOT** Remove Label

AIRS ID#0250916

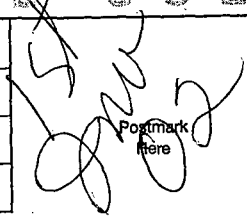
LAMI CLEANERS
LAURA I FUENTES
1933 W 60TH STREET
HIALEAH FL
33012

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

RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Sources

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 &		AIRS ID#0250916
Sent To		
LAMI CLEANERS		
LAURA I FUENTES		
1933 W 60TH STREET		
Street, Apt. No.: HIALEAH FL		
33012		
City, State, ZIP+4		
PS Form 3800, May 2000		See Reverse for Instructions

7000 2670 0000 7027 5586

COMPLETE THIS SECTION ON DELIVERY

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

<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. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by <i>(Please Print Clearly)</i> <i>Laura Fuentes</i></td> <td style="width: 50%;">B. Date of Delivery <i>7/10/03</i></td> </tr> <tr> <td colspan="2">C. Signature <i>[Signature]</i></td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by <i>(Please Print Clearly)</i> <i>Laura Fuentes</i>	B. Date of Delivery <i>7/10/03</i>	C. Signature <i>[Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i> <i>Laura Fuentes</i>	B. Date of Delivery <i>7/10/03</i>								
C. Signature <i>[Signature]</i>									
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee									
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No									
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0250916</p> <p>LAMI CLEANERS LAURA I FUENTES 1933 W 60TH STREET HIALEAH FL 33012</p>	<p>3. Service Type</p> <p><input checked="" 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>(Copy from service label)</i></p> <p><i>70002870000070275586</i></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>								

UNITED STATES POSTAL SERVICE



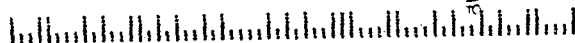
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 13 2003



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

7000 1670 0013 3095 3515

OFFICIAL USE

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

Receipt
 Here
 02

Sent: 10 AIRS ID # 0250916001AG
 JOSE RIZO
 Street: LAMI CLEANERS
 1982 W 60TH STREET
 City: HIALEAH FL
 33012

PS Form Instructions

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:

10 AIRS ID # 0250916001AG
 JOSE RIZO
 LAMI CLEANERS
 1982 W 60TH STREET
 HIALEAH FL
 33012

2. Article Number

(Transfer from service label)

70001670 0013 3095 3515

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery
 7/29/02

C. Signature

X

- Agent
 Addressee

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

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 •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

AUG 06 2001

Bureau of Air Monitoring
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412801 JAN 9 2002 ✓

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 # 0250916

LAMI CLEANERS
LAURA I FUENTES
1933 W 60TH STREET
HIALEAH FL
33012

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