



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 28, 2005

Ms. Iris Garcia
King Cleaners Biz Corporation
1982 West 60th Street
Hialeah, Florida 33012

Re: Facility No.: 0250916-004

Dear Ms. Garcia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2005.

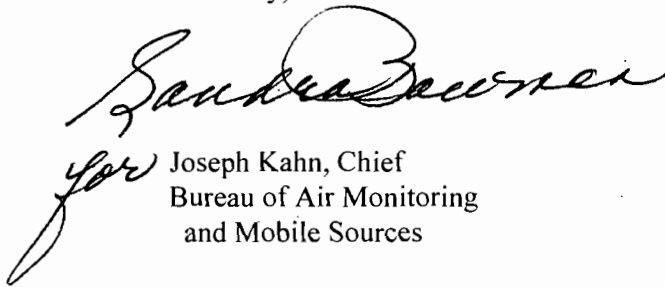
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



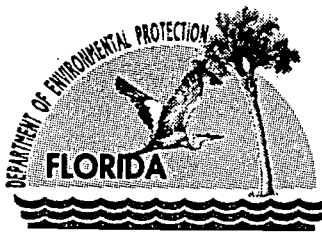
Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.



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Governor

Department of Environmental Protection

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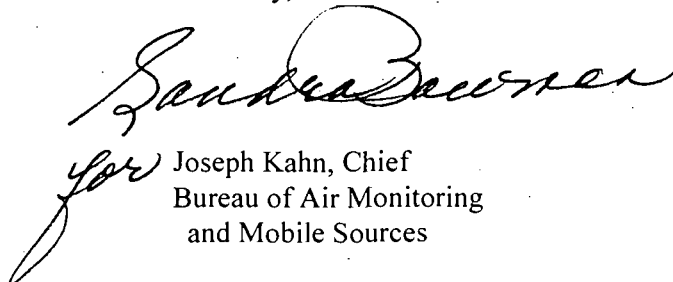
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Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES ¹⁹⁸⁻²⁰⁰³.....
NO ACTIVITY FOR FACILITY.....
SOC REPORTS ³.....
COMP. STATUS - SNC MNC (IN)

RECEIVED

BEST AVAILABLE COPY

RECEIVED

JAN 28 2005

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 24 2005

Bureau of Air Monitoring
& Mobile Sources

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):	KING CLEANERS BIZ CORP		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1982 W 60th St		
City:	HiALEAH FL	County:	Dade
		Zip Code:	33012
5. Facility Identification Number (FID) (All in):	0250916-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	IRIS N GARCIA	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	KING CLEANERS BIZ CORP.		
Street Address:	1982 West 60th St		
City:	HiALEAH FL	County:	Dade
		Zip Code:	33012
8. Responsible Official Telephone Number:			
Telephone:	(305) 205-3965	Fax:	(305) 558-3974

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:	()	Fax:	()

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

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	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

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

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

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.

IRIS N GARCIA
Print name of responsible official

Iris N Garcia
Signature

1/15/05
Date

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 24 2000

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):	KING CLEANERS BIL CORP		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1982 W 60th St		
City:	HIACLEAH FL	County:	Dade
		Zip Code:	33012
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250916-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	IRIS N GARCIA	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	KING CLEANERS BIL CORP.		
Street Address:	1982 West 60th St		
City:	HIACLEAH FL	County:	Dade
		Zip Code:	33012
8. Responsible Official Telephone Number:			
Telephone:	(305) 205-3965	Fax:	(305) 558-3974

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:	()	Fax:	()

02VI01A

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

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	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

100-2195260

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?

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".)

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?

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

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
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(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

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

J. D. S. N. GARCIA
Print name of responsible official

[Signature]
Signature

1/15/05
Date

786 326 7435

Expires 2/24/2010
004

RECEIVED

APR 25 2005

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	KING CLEANERS BILL CORP.		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	1482 WEST 60th ST		
City:	County:	Zip Code:	
HIALLEN FL	DADE	33012	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250916-004		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	IRIS N GARCIA	Title:	President
7. Responsible Official Mailing Address: Organization/Firm:	1482 West 60th St		
Street Address:			
City:	County:	Zip Code:	
HIALLEN FL	DADE	33012	
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Telephone:	(305) 205-3965	Fax:	(305) 558-3974
	786 326-7435		

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2/24/97	After 1991 Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

FRIS W. BRACIA
Print name of responsible official

J. M. Mula Bani
Signature

4/20/05
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459761 MAR 7 2006

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250916 1st
KINGS CLEANERS
1982 W 60TH STREET
HIALEAH, FL 33012

RECEIVED
MAR 08 2006
FLAIR ACCT. CODE 372020350013755010000
BENEFITING OBJECT CODE 002000
BENEFITING CATEGORY 000200

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

Printed on recycled paper.

SENDER COMPLETE THIS SECTION

COMPLETE 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.

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

Article Addressed to:

AIRS ID# 250916 3rd Cert04
GLORIA & DAUGHTERS INC

2. Article Number (Trans) 7004 2510 0004 6986 5506

PS Form 3811, February 2004 Domestic Return Receipt

U.S. Postal Service

CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

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

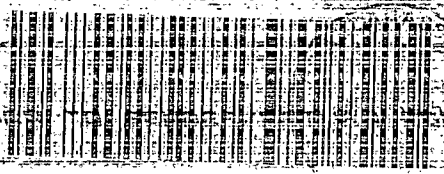
Total Post: AIRS ID# 250916 3rd Cert04
Sent To: GLORIA & DAUGHTERS INC
1982 W 60TH STREET
HIALEAH, FL 33012

PS Form 3800, June 2002 See Reverse for Instructions

MS# 5510 MC Acct # 5594 5527

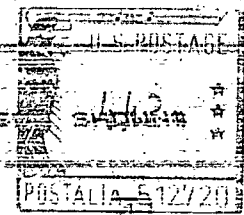
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



##RETURN

7004 2510 0004 6986 5506



Bureau of Air Monitoring & Mobile Sources

APR 18 2005

RECEIVED

AIRS ID# 250916 3rd Cert04
GLORIA & DAUGHTERS INC

- Forwarding Order Expires
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attempted, Not Known
- No Such Street
- No Such Number

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#0250916... 2nd Cert 05
 GLORIA & DAUGHTERS INC
 1982 W 60TH STREET
 HIALEAH, FL 33012

2. Article Number:

7004 2510 0004 6986 5364

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *X* Agent Addressee

B. Received by: (Print Name) _____ C. Date of Delivery: *3/4/05*

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

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

For information only, visit our website at www.usps.com

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0250916... 2nd Cert 05
 GLORIA & DAUGHTERS INC
 1982 W 60TH STREET
 HIALEAH, FL 33012

PS Form 3800, June 2002 See Reverse for Instructions

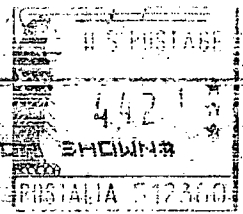
MS# 5610 MC Acct # 55274

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

CERTIFIED MAIL



7004 2510 0004 6986 5364



3/4/05

AIRS ID#0250916... 2nd Cert 05
 GLORIA & DAUGHTERS INC
 1982 W 60TH STREET
 HIALEAH, FL 33012
 Moved, Left No Address
 Unclaimed
 Item Not Returned
 No Such Street
 No Such Number

3-19

RECEIVED

APR 4 2005

Bureau of Air Monitoring & Mobile Sources

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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.		A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printer Name):	C. Date of Delivery:
AIRS ID# 250916-1stC GLORIA & DAUGHTERS INC 1982 W 60TH STREET HIALEAH, FL 33012		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 (Transfer from service label):		3. Service Type	
7004 2510 0002 3939 2717		<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.	
PS Form 3811 August 2001 Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		102595-02-M-1540	

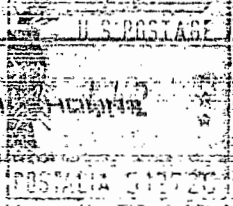
MS# 5517 MC Acct # 5574

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

CERTIFIED MAIL



7004 2510 0002 3939-2717



- Forwarded
- Mailed from Addressee
- Moved, Left Address
- Undelivered - Reason
- Attention Not Known
- No such Street
- No such Number

AIRS ID# 250916 1stC
 GLORIA & DAUGHTERS INC
 1982 W 60TH STREET
 HIALEAH, FL 33012

DELIVERED TO SENDER

2005

Regarding Other Expired

Incorrect Address

Moved, Left No Address

Attention Not Known

No such Street

No such Number

UK