

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 14, 2003

Mr. Francisco Marichal  
Spruce Cleaners  
8710 Southwest 40 Street  
Miami, Florida 33165

Re: Facility No.: 0250929-002

Dear Mr. Marichal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 14, 2003.


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 Joseph 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.

Fees 97-01

SOC 5

Comp MNC  
recordkeeping

BEST AVAILABLE COPY

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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 14 2003

Part III. Notification of Intent to Use General Permitir 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):	Bird Road Enterprises Corp		
2. Site Name (For example, plant name or number):	SPRUCE CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981758253		
4. Facility Location:	8710 SW 40 ST		
Street Address:	MIAMI		
City:	County:	Dade	
		Zip Code:	33167



0250929-002

Responsible Official

6. Name and Title of Responsible Official:	FRANCISCO MANICHAL V. President		
Name:	8710 SW 40 ST		
7. Responsible Official Mailing Address:	SPRUCE		
Organization/Firm:	MIAMI		
Street Address:	County:	Dade	
City:		Zip Code:	33167
8. Responsible Official Telephone Number:	Telephone: (305) 225 2232 Fax: (305) 225 9972		

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: ( )		

Bureau of Air Monitoring & Mobile Sources

JAN 21 2003

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## Best Available Copy

### Facility Information

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

How many dry-to-dry machines do you have on-site?   1  

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>10-94</u>	Existing/ <u>(N)</u>	<u>(RC)</u> /CA/None required	<u>SAME</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?

  98   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 \_\_\_\_\_)

Best Available Copy

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:   2  0

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

# Best Available Copy

## 7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

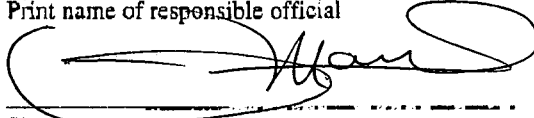
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

### 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 data obtained after reasonable inquiry that the information in this notification is 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 provided in this notification.

**FRANK**  
 \_\_\_\_\_  
 Print name of responsible official

  
 \_\_\_\_\_  
 Signature

**1-14-03**  
 \_\_\_\_\_  
 Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JAN 23 2004  
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):	FRANK MANICHAL		
2. Site Name (For example, plant name or number):	SPRUCE CLEANER'S		
3. Hazardous Waste Generator Identification Number:	1WF - 003117 -		
4. Facility Location: Street Address: City:	8710 SW 40 ST MIAMI, FL	County: DADE	Zip Code: 33165
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250929-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	FRANK MANICHAL	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	9362 SW 35 ST MIAMI	County:	FLA - 33165
8. Responsible Official Telephone Number: Telephone:	(305) 553 5993	Fax:	(305) 225-2232

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")
<u>1</u>	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
_____	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>	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:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
(Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site?

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:

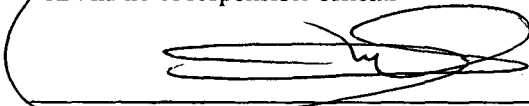
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

Frank Marichal  
Print name of responsible official

  
Signature

1-10-04  
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

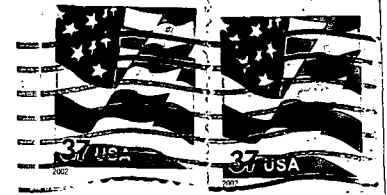
6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, 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.

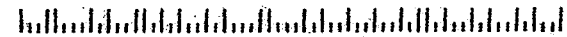
**Spruce  
CLEANERS**

8710 Southwest 40th Street (Bird Road)  
Miami, Florida 33165 • Phone (305) 225-2232 • Fax (305) 225-1253



GENERAL PERMITS SECTION  
BUREAU OF AIR MONITORING AND MOBILE SOURCES . M.S. 510  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIN STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

32399+8542



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

455996 JAN10 2007

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# 250929  
BIRD ROAD ENTERPRISES ✓  
8710 SW 40TH STREET  
MIAMI, FLORIDA 33165

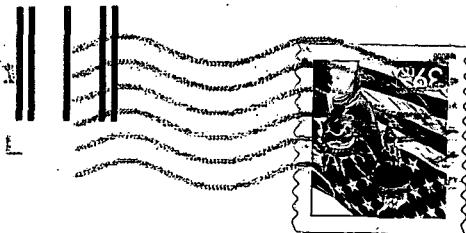
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

JAN 11 2007  
Bureau of Air Mail  
& Mobile Services

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

MIAMI FL 331

08 JAN 2007 PM 4 L



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

32315+3070-70 B099



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

458844 FEB 13 2006 RECEIVED

FEB 15 2006

**TOTAL AMOUNT DUE: \$50.00**

Bureau of Administration & Mobile Sources

FLAIR ACCT. CODE 372020350013735010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

Do **NOT** Remove Label

AIRS ID# 250929 1st  
SPRUCE CLEANERS  
8710 SW 40TH STREET  
MIAMI, FL 33165

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

Printed on recycled paper.

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446269 FEB 14 2006

RECEIVED  
FEB 16 2005  
Bureau of Administration & Mobile Sources

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 250929 10  
SPRUCE CLEANERS  
8710 SW 40TH STREET  
MIAMI, FL 33165

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

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OFFICIAL USE

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

AIRS ID# 250929 1stC  
 SPRUCE CLEANERS  
 8710 SW 40TH STREET  
 MIAMI, FL 33165

PS Form 3800, June 2002 See Reverse for Instructions

9829 4410 4000 0050 E002

**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# 250929 1stC  
 SPRUCE CLEANERS  
 8710 SW 40TH STREET  
 MIAMI, FL 33165

2. Article Number

*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Elvira Lopez*  Agent  
 Addressee

B. Received by (*Printed Name*)  
*Elvira Lopez*

C. Date of Delivery  
*2-7-05*

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

7003 0500 0004 0144 6286



UNITED STATES POSTAL SERVICE



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

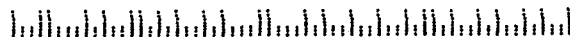
• Sender: Please print your name, address, and ZIP+4 in this box

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

Bureau of Air, Water,  
& Mobile Sources

FEB 11 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

431169 JUL14 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**

pd 2/10/03  
Bureau of Air Monitoring & Mobile Sources  
RECEIVED  
422-732

Do **NOT** Remove Label

AIRS ID#0250929

SPRUCE CLEANERS  
FRANK MARICHAL  
8710 SW 40TH STREET  
MIAMI FL  
33165

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

10109

435587 JAN22 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
JAN 26 2004  
Bureau of Air Monitoring & Mobile Sources

Do **NOT** Remove Label

250929  
FRANK MARICHAL  
SPRUCE CLEANERS  
8710 SW 40TH STREET  
MIAMI FL 33165

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

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.

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
422732 FEB 10 2003  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0250929

SPRUCE CLEANERS  
FRANK MARICHAL  
8710 SW 40TH STREET  
MIAMI FL  
33165

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002293

General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.