

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 21, 1999

Mr. Adely Calderin, President
Reneli Dry Cleaners
13262 Southwest Eighth Street
Miami, Florida 33184

Re: Facility No.: 0250978-002

Dear Mr. Calderin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1999.


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,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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



2/4/2003

2001

3755 2273

**TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**

RECEIVED



Miami-Dade County Department of Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

CERTIFIED MAIL NO. 7000 1670 0004 7257 6859
RETURN RECEIPT REQUESTED

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

FACILITY OWNER/COMPANY NAME E + R Dry Cleaners

SITE NAME: Reneli Dry Cleaners

FACILITY LOCATION 13262 SW 8st

TYPE OF FACILITY: Perc DC

RESPONSIBLE OFFICIAL: Adely Calderin PHONE NUMBER: (305) 225-8555

AIRS ID# 0250978

YOU ARE HEREBY NOTIFIED that on 02/4/03 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II (2) (b)	Owner of facility has failed to renew annual operation permit. -2001	Submit payment of permit fee including 50% of penalty fee. \$50 + \$25 = \$75	7 DAYS
<p>FEB 11 2003 Bureau of Finance and Accounting REVENUE</p>			

RECEIVED

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

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

See attached copy for mailing information

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Cynthia Fernandez

Section: Air facilities Date: 02/04/03

Signature: Cynthia Fernandez

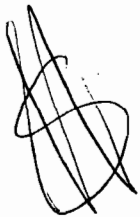
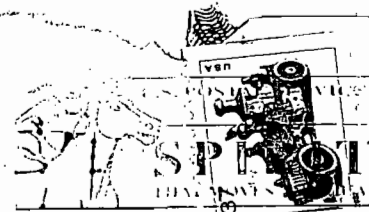
check # 3326

Received By (please print): Rene Dyarric

Title: Message Date: 2/06/03

Signature: Rene Dyarric

Bueli
13060 Sw 8st
MIAMI FLA 33184



BUREAU of Air Monitoring
+ Mobile Sources MS 5510
Dept of Environmental Protection
2600 Blair Stone Road.
Tallahassee, FL 32399-2400

32399+6342



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 09 1999

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 a 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):	E+P Dry Cleaners - Renee Doyarric		
2. Site Name (For example, plant name or number):	Renee Dry Cleaners.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33184	13262 S.W. 8 ST		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250978-002		

Responsible Official

6. Name and Title of Responsible Official: Name: Adely Calderin Title: President	RECEIVED SEP 15 1999 Bureau of Air Monitoring Mobile Sources		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: MIAMI County: Dade Zip Code: 33127	15881 S.W. 8 ST (144th Place)		
8. Responsible Official Telephone Number: Telephone: (305) 378-2451 Fax: ()			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Renee Doyarric		
10. Facility Contact Address: Street Address: City: MIAMI County: Dade Zip Code: 33184	13262 S.W. 8 ST		
11. Facility Contact Telephone Number: Telephone: (305) 225-8555 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")
May-1995	Existing/New	RC/CA/None required	SAME-
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site? []

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[50] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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.

ROSELYN GARRIC
Print name of responsible official

[Signature]
Signature

9/9/99
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.

BEST AVAILABLE COPY

ICORPPL

DEPARTMENT OF PLANNING, DEVELOPMENT AND REGULATION
INQ CERTIFICATE OF USE & OCCUPANCY APPLICATION

BNZM1617

CLERK ID JESSE1 APPL DATE 9/08/1999 PROCESS NO. U1999015719 REN CODE
CERT TYPE U LAND IF ALCOHOL: LIQUOR BEER WINE
APPL TYPE P PERMANENT

VALID THRU IF TEMPORARY...DAYS

BUSINESS USE 2035 SERVICES-(DRY CLEANER, LAUNDRY, ETC PERMIT NO.
USE SPECIFICS DRY CLEANERS (SMALL OPERATIONS) SQ FT 950 MTR 1

BUS OWNER NAME E & R DRY CLEANERS ZONE BU1A CNTY AGCY

D/B/A RENELI CLEANERS & LAUNDRY FOLIO 3049020250010

APPLICANT NAME ADLEY CALDERON, PRESIDENT SEC 2 TWN 54 RNG 39

OFFICERS NAME SAME PURGE PREVIOUS(Y/N) N

***** BUSINESS ADDRESS *****

***** CONTACT NAME/ADDRESS *****

13262 SW 8 ST #

RENELI CLEANERS & LAUNDRY

MIAMI

FL 33184

13262 SW 8 ST

PHONE 305 2258555

MIAMI

FL 33184

CONDITIONS NO OUTDR DSPLY, TRANSFER

LEGAL TAMIA MI LAKES OFFICE PARK PB 119-25

NEXT SCREEN NEXT KEY
INQUIRE COMPLETED. ENTER NEXT PROCESS NUMBER AND DEPRESS ENTER
SysAvl Appl Msg

W/S Acc # 0530002143

No Cos

Change of owner

*025- Must fill out
1WS-03612 DCS O
& fee of \$293.00*

*028- Air Section
approval required
33 SW 2 Ave
Marcelo Barros
(9 Floor)*

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT PLAN REVIEW SECTION				
PLAN PROCESSING No. _____				
REVIEW TYPE	APPROVED	DATE	DISAPPROVED	DATE
ENV. CORE				
FLOOD PLAIN				
INDUSTRIAL FAC.				
ASBESTOS				
PAVING / DRAINAGE				
STORAGE TANK				
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTEWATER				
AIR	(MB)	9/9/99		
AGRICULTURAL				
AIRPORT				
UPLAND & FW. R.				
OTHER				

* PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL IS ISSUED BY PLAN REVIEW SECTION.



FOR OFFICE USE ONLY

**ENVIRONMENTAL RESOURCES MANAGEMENT
INDUSTRIAL FACILITIES SECTION**

CK# _____ AMT _____ DATE _____
 PSC _____ FOC _____ SIC _____
 WELLFIELD CODE _____
 IW5- 03012 FILE# 3344
 PLAN REVIEW COMMENTS _____

33 S.W. 2nd Avenue, Suite 600
 MIAMI, FLORIDA 33130-1540
 (305) 372-6600
 PERMIT CODE DCSD
 REVIEWER _____

**APPLICATION FOR IW5 PERMIT, TO OPERATE INDUSTRIAL OR
COMMERCIAL POTENTIAL SOURCES OF POLLUTION**

1. DATE 9/8/99
 2. NAME OF COMPANY: E & R Dry Cleaners DBA Renely Cleaners & Laundry
 3. BUSINESS ADDRESS/LOCATION: 43262 SW 8 ST
 CITY: Miami ZIP: 33184 4. BAY/SUITE NO.: _____
 5. PROPERTY FOLIO NO: 30-4902-025-0010 (For Folio Information contact the Property Appraiser Dept. at (305)375-4070)
 6. TYPE OF BUSINESS: Dry Cleaners 7. TEL NO.: 305-225-8555
 8. OWNER / AUTHORIZED PERSON: Adely Calderin 9. TITLE: Owner
 10. MAILING ADDRESS: 15581 S.W. 144 PL.
 CITY: MIAMI STATE: Fla ZIP: 33177
 11. NIGHT EMERGENCY TEL. NO.: 305-234-9646
 12. DADE COUNTY CERTIFICATE OF OCCUPANCY NO.: 01929 015719
 13. MUNICIPAL OCCUPATIONAL LICENSE NO.: _____
 14. OTHER DERM PERMITS NO.(S): _____
 15. HOURS OF OPERATION: 7-7pm MO-Fri - 8-6-Sat.
 16. WATER SUPPLY: PUBLIC WATER? YES NO . ARE THERE ANY PRIVATE WELLS? YES NO
 17. WATER VOLUME USED 40gls GPD(gallons per day)
 18. IS FACILITY SERVED BY SANITARY SEWERS OR SEPTIC TANK? Sewers
 COPY OF MOST RECENT WATER/SEWER BILL MUST BE PROVIDED. Acc # 0530002143

19. NEW(UNUSED) MATERIALS STORAGE

(check one or more)	QUANTITY STORED	STORAGE METHOD
Antifreeze/ Coolant		
Chlorine		
Diesel Fuel	<u>275gls,</u>	<u>Tank. Separate Room, locked, secured.</u>
Dry Cleaning Liquids	<u>50gls.</u>	<u>D/C Machine</u>
Film Processing Chemicals		
Gasoline		
nks		
Oils		
Pesticides		
Solvents		
Transmission Fluid		
OTHER (Specify)		

20: WASTE HAULER INFORMATION

TYPE OF WASTE	STORAGE, TREATMENT, CONTAINMENT, OR DISPOSAL DEVICE	DIMENSIONS AND DESCRIPTIVE DATA	**NAME/ADDRESS WASTE HAULER	FEE
OIL				
OIL FILTERS				
COOLANT/ ANTI-FREEZE				
BATTERIES				
PARTS WASHER(S)				
SOLVENTS/ PAINTS				
RAGS				
DRY CLEANING LIQUID/ FILTERS	✓		Chem Klean 10302 N.W. - 72nd DR. 305-563-7807	Dave W North
CARBURETOR CLEANER				
FILM PROCESSOR WASTE				
SILVER RECOVERY CARTRIDGE/ CANISTER				
BIO-HAZARDOUS				
OTHERS (Specify)				

****LISTS OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.**

21. PLEASE ATTACH ON A SEPARATE SHEET A SITE/FLOOR PLAN OF THE FACILITY INDICATING THE LOCATION OF FLOOR DRAINS, SINKS, DOORWAYS, MATERIAL STORAGE, WASTE GENERATION AND DISPOSAL AREAS.

22. Adely Calderin
Owner or Authorized Official (Please Print)

23. OWNER
Title

24. ✓ 9/9/99
Date

25. [Signature]
Signature

NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED.



ENVIRONMENTAL RESOURCES MANAGEMENT

33 S.W. 2nd Avenue
MIAMI, FLORIDA 33130-1540
(305) 372-6600

**APPLICATION FOR PERMIT TO OPERATE
POLLUTION CONTROL FACILITIES**

Applicant's Name and Title: Adely Calderin / OWNER
Applicant's Address: Home 15881 S.W. 144th Pl. Telephone No.: Home 305-234-9646
13262 S.W. 85th Telephone No.: 305-225-8555

Please attach a check in the amount of \$ 293.00 made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of E & R Dry Cleaners is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Miami-Dade County Code, and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department will be non-transferable and he promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

ATTACH LETTER OF AUTHORIZATION

[Signature]
Signature, Owner or Authorized Representative
(Notarization is mandatory)

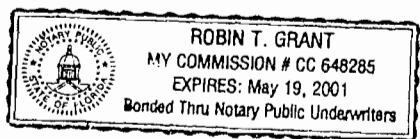
ADELY CAUDERIN
Typed Name and Title

Subscribed and sworn to before me this 9 day of Sept 19 99

By Robin Grant

Personally known _____ or Produced Identification FDL-C
(Please check one)

Type of Identification Produced: Florida Driver License C-436-000-60-515-0 Iss: 01/09/99
Robin Grant Exp: 01/15/2004
Notary Public



RECEIVED
OCT 13 1999

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 09 1999

Air Quality Management Division

Part III. Notification of Intent to Use General Permit

OCT 18 1999

Air Quality Management Division

Prior to filling out this form, please read the instructions provided at the end of the form. Send or completed form to the address listed in the instructions and keep a copy of the form for your files.
Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
E+P Dry Cleaners - Renee DyARRIE

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

3. Hazardous Waste Generator Identification Number:
FLR 000051797

4. Facility Location: *13962 S.W. 8 ST*
Street Address:
City: *MIAMI* County: *Dade* Zip Code: *33184*

Responsible Official

6. Name and Title of Responsible Official:
Name: *Adely Calderin* Title: *Pres.*

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: *15881 S.W. 8ST*
City: *MIAMI* County: *Dade* Zip Code: *33177*

8. Responsible Official Telephone Number:
Telephone: *(305) 378-2451* Fax: ()

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address: *13262 S.W. 8ST*
City: *MIAMI* County: *Dade* Zip Code: *33184*

11. Facility Contact Telephone Number:
Telephone: *(305) 225-8555* Fax: *(305) 221-4980*

DEP Form No. 62-213.900(2)
Effective: 2/24/99

Change Made 10/10/99

[Signature]

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>May - 1995</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

Corrected

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

50 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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

corrected

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: 1 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

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 pollutants 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.

Renel Garcia

Print name of responsible official

[Signature]

Signature

9/9/99
Date

[Signature]
Adely Calderin, Pres.

10/12/99
Date

10/13/1999 02:29
OCT. 9. 1999

3052214980
4:53PM DEPT. HQUAD 9TH FLOOR

RENELI

PAGE 07

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OCT 13 1999

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 09 1999

Part III. Notification of Intent to Use General Permit

Air Quality
Management Division

Air Quality
Management Division

Prior to filling out this form, please read the instructions provided at the end of the form. Upon completion of the 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):
E+P Dry Cleaners - Rene DoyARRIC

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

3. Hazardous Waste Generator Identification Number:
FLR 000051797

4. Facility Location: *13262 S.W. 8 ST*
Street Address:
City: *MIAMI* County: *Dade* Zip Code: *33184*

Bureau of Air Monitoring
& Mobile Sources

OCT 26 1999

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Responsible Official

0250978

6. Name and Title of Responsible Official:
Name: *Adely Calderin* Title: *Pres.*

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: *15881 S.W. 8ST*
City: *MIAMI* County: *Dade* Zip Code: *33177*

8. Responsible Official Telephone Number:
Telephone: *(305) 378-2451* Fax: ()

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address: *13262 S.W. 8ST*
City: *MIAMI* County: *Dade* Zip Code: *33184*

11. Facility Contact Telephone Number:
Telephone: *(305) 225-8555* Fax: *(305) 221-4980*

Change Made 10/12/99

[Signature]

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>MAY-1995</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

Corrected

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

50 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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
(NONB REQUIRED)

New machines at small area source
Refrigerated condenser

corrected

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
- (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.

Reneli
Print name of responsible official

[Signature]
Signature

9/5/99
Date

[Signature]
Adely Alderin, Pres.

10/12/99
Date



BEST AVAILABLE COPY



OFFICE USE ONLY

ENVIRONMENTAL RESOURCES MANAGEMENT
INDUSTRIAL FACILITIES SECTION
33 S.W. 2nd Avenue, Suite 600
MIAMI, FLORIDA 33130-1540
(305) 372-6600
PERMIT CODE DC50
REVIEWER _____

K# _____ AMT _____ DATE _____
SC _____ FOC _____ SIC _____
WELLFIELD CODE _____
VS- 03012 FILE# 3344
AN REVIEW COMMENTS _____

APPLICATION FOR IWS PERMIT, TO OPERATE INDUSTRIAL OR COMMERCIAL POTENTIAL SOURCES OF POLLUTION

1. DATE 9/8/99
NAME OF COMPANY: E E Dry Cleaners DBA Renely Cleaners & Laundry
BUSINESS ADDRESS/LOCATION: 83262 SW 85T
CITY: Miami ZIP: 33184 4. BAY/SUITE NO.: _____
PROPERTY FOLIO NO: 20-4902-025-0010 (For Folio Information contact the Property Appraiser Dept. at (305) 375-4070)
NAME OF BUSINESS: Dry Cleaners 7. TEL NO.: 305-325-8555
OWNER / AUTHORIZED PERSON: Adely Calderin 9. TITLE: Owner
BILLING ADDRESS: 15831 S.W. 144 PL
CITY: Miami STATE: Fla ZIP: 33177

8. 24-HOUR EMERGENCY TEL NO.: 305-234-9646
9. DE COUNTY CERTIFICATE OF OCCUPANCY NO.: 01999 015719
10. MUNICIPAL OCCUPATIONAL LICENSE NO.: _____
11. OTHER DERM PERMITS NO.(S): _____
12. HOURS OF OPERATION: 7-7pm MO-FRI - 9-6-SAT
13. WATER SUPPLY: PUBLIC WATER? YES NO ARE THERE ANY PRIVATE WELLS? YES NO
14. WATER VOLUME USED 40gls GPD(gallons per day)
15. FACILITY SERVED BY SANITARY SEWERS OR SEPTIC TANK? SEWERS
16. COPIES OF MOST RECENT WATER/SEWER BILL MUST BE PROVIDED: ACC # 0580002143

HEAVY (UNUSED) MATERIALS STORAGE

NAME (or more)	QUANTITY STORED	STORAGE METHOD
Refrigerant		
Fuel	<u>275gls</u>	<u>Tank. Separate Room, locked, secured.</u>
Washing Liquids	<u>50gls</u>	<u>D/C Machine</u>
Processing Chemicals		
Washing Fluid		
(Specify)		

INQ CERTIFICATE OF USE & OCCUPANCY APPLICATION
 TRK ID JESSE1 APPL DATE 9/08/1999 PROCESS NO. U1999015719 REN CODE
 RT TYPE U LAND IF ALCOHOL: LIQUOR BEER WINE
 PPL TYPE P PERMANENT VALID THRU IF TEMPORARY...DAYS

BUSINESS USE 2035 SERVICES-(DRY CLEANER, LAUNDRY, ETC PERMIT NO.
 USE SPECIFICS DRY CLEANERS (SMALL OPERATIONS) SQ FT 950 MTR 1
 US OWNER NAME E & R DRY CLEANERS ZONE BU1A CNTY AGCY
 D/B/A RENELI CLEANERS & LAUNDRY FOLIO 3049020250010
 APPLICANT NAME ADLEY CALDERON, PRESIDENT SEC 2 TWN 54 RNG 39
 OFFICERS NAME SAME PURGE PREVIOUS(Y/N) N
 ***** BUSINESS ADDRESS ***** ***** CONTACT NAME/ADDRESS *****
 3262 SW 8 ST # RENELI CLEANERS & LAUNDRY
 MIAMI FL 33184 13252 SW 8 ST
 PHONE 305 2258555 MIAMI FL 33184
 CONDITIONS NO OUTDR DSPLY, TRANSFER

LEGAL TAMiami LAKES OFFICE PARK PB 119-25

EXT SCREEN NEXT KEY
 REQUIRE COMPLETED. ENTER NEXT PROCESS NUMBER AND DEPRESS ENTER
 SysAvl Appl Msg

*w/s Acc # 053 000 2143
 No Cos
 Change of owner*

DEPT. OF ENVIRONMENTAL RESOURCES MANAGEMENT
 PLAN REVIEW SECTION
 PLAN PROCESSING No.

REVIEW TYPE	APPROVED	DATE	UNAPPROVED	DATE
COMM. CORE				
WOOD PLANT				
INDUSTRIAL FAC.				
HAZARDOUS				
DRAINAGE/DRAINAGE				
STORAGE TANK				
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTE-WATER				
INDUSTRIAL				
WASTE				
INDUSTRIAL				
WASTE				
INDUSTRIAL				
WASTE				
INDUSTRIAL				
WASTE				
INDUSTRIAL				
WASTE				

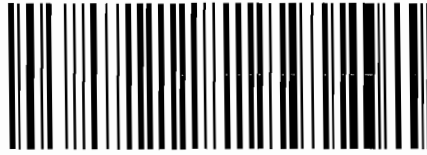
PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL IS ISSUED BY PLAN REVIEW SECTION

*025- (Must fill out
 1WS-02612 DCS 0
 & fee of \$298.00*

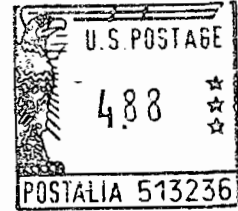
*028- Air Section
 approval required
 33 SW 2 Ave
 Marco Barras
 (9. Floor)*

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400

CERTIFIED MAIL™



7003 0500 0004 0144 3513



RETURN TO WRITER J
 ADDRESSSEE UNKNOWN

UNK

RECEIVED
 SEP 11 2003
 Bureau of Air Monitoring
 & Mobile Sources

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)		
Total Postage	10	0250978001AG
Sent To	DRY CLEANERS RENELI CONNIE GUTIERREZ 13262 SW 8TH STREET MIAMI, FL 33184	
Street, Apt. No., or PO Box No.		
City, State, ZIP		

*Received
 Sep 03
 Mark 04*

PS Form 3800, June 2002 See Reverse for Instructions

RETURN TO WRITER J
 ADDRESSSEE UNKNOWN

10 0250978001AG
 DRY CLEANERS RENELI
 CONNIE GUTIERREZ
 13262 SW 8TH STREET
 MIAMI, FL 33184

7003 0500 0004 0144 3513

PLACE STICKER AT TOP OF ENVELOPE

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:

TO 025097800TAG
DRY CLEANERS RENELI
CONNIE GUTIERREZ
13262 SW 8TH STREET
MIAMI, FL 33184

2. Article Number

7003 0500 0004 0144 3513

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

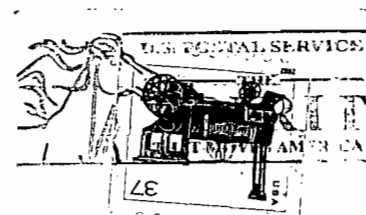
B. Received by (*Printed Name*) C. Date of Delivery

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

Peneli
Dry Cleaners
13762 S.W. 8th St
MIAMI FLA. 33184



Title V AIR General Permits
Receipts
P/O Box 3070
Tallahassee FL 32315-
32315+3070

423779 FEB26 2003

X

2/22

Touchen it May Concern:

I have not
Received The Notice
Under General permit Rule:

I Have enclosed
My payment

AIRSID# 025 0978

From
EIR Dry Cleaners
DIBA Revoli
13262 S.W. 8th
MIAMI FLA 33184

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Remailed 3/19/2003	
Postage \$	<i>02x 15 15</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID# 0250978 RENELI DRY CLEANERS 13262 SW 8th STREET MIAMI FL 33184	
See Reverse for Instructions	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>02x 15 15</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250978 RENELI DRY CLEANERS ADELY CALDERIN 15881 SW 8TH STREET MIAMI FL 33177	
See for 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:

AIRS ID# 0250978
 RENELI DRY CLEANERS
 ADELY CALDERIN
 13262 SW 8TH STREET
 MIAMI FL 33184

2. Article Number (Copy from service label)

70000600002641289502

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

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

Bureau of Air Monitoring
& Mobile Sources

MAR 27 2003

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