



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 3, 2002

Mr. Francisco Villasante
Pressed for Time
6320 Southwest 104 Street
Miami, Florida 33156

Re: Facility No.: 0251016-002

Dear Mr. Villasante:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 2002.

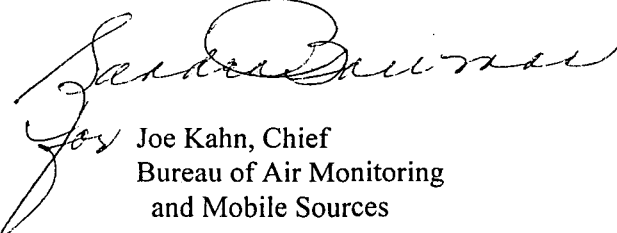
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,



Joe Kahn, 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.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG 30 2002

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.

RECEIVED

SEP 6 2002

Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Pressed for Time, Inc.		
2. Site Name (For example, plant name or number):	Pressed for Time		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	2021 NW 79 Avenue		
Street Address:			
City:	Miami	County:	Dade
		Zip Code:	33122
5. Facility Identification Number (DEP USE ONLY - do not fill in):	0251016-002		

Responsible Official		0251016-002	
6. Name and Title of Responsible Official:			
Name:	Francisco Villasante	Title:	Vice-President
7. Responsible Official Mailing Address:	6320 SW 104 St.		
Organization/Firm:			
Street Address:			
City:	Miami	County:	Dade
		Zip Code:	33156
8. Responsible Official Telephone Number:			
Telephone:	305 592-0592	Fax:	305 599-3936

Facility Contact (If different from Responsible Official)			
9. Name and Title of Facility Contact (For example, plant manager):	Same as Responsible Official		
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? 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>1999</u>	Existing/ <u>New</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? 0

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

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

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

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

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

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 0 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 9/8/02)

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

Estimated

- 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: 15

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:

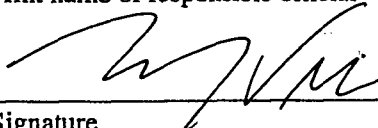
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Francisco Villasanté
Print name of responsible official


Signature

8/28/02
Date

DIRECT DEPOSIT CASH RECEIPTS

CODED BY: DW

DATE ENTERED: 3/29/04

REVIEWED BY: (D)

ENTERED BY: DW

TRANSACTION (30, 31)

RECORD DATE 3/26/04

DOC NO. 241599PD

ORGANIZATION	EO	OBJECT	P P I	AMOUNT	BI	VENDOR ID/ SUB-VENDOR ID	CATG/INV	DESCRIPTION	GL/ ODN	GRANT/ CONTRACT	PROJ.ID	OCA/ BPIN
137450302000	TX	392000		150.00		C202780001	241599	Treasure Clearing				8140
37550101000	AI	002273		50.00		C202035001	241599	Durance The Silver Linings				
37353030000	MA	261000		89.75		C202780001	241599	Kathryn A. Muldoon		10604		
TOTAL AMOUNT				289.75								

RECEIVED
MAR 30 2004
Bureau of Air Monitoring
& Mobile Sources

EXPLANATION:

- (1) Judith Pennington - MS-4550
- (2) Sandy Bowman - MS-5510
- (3) Debra Marlow - Disbursement

STEM?

3755
2273
0251014

Per
ORA

DURANCO LLC DBA THE SILVER HANGER
2621 NW 79 AVE
MIAMI, FL 33122

1005

DATE 3/23/04

63-841/670
BRANCH 6214F

PAY
TO THE
ORDER OF

DEPARTMENT OF ENVIRONMENTAL PROTECTION

\$ 50.00

FIFTY DOLLARS

05
100

DOLLARS

Security
Features
Details on
Back.

UNION PLANTERS BANK

FOR

Myra A. [Signature]

[Redacted area]

Whiting, Dorothy

From: Whiting, Dorothy
Sent: Monday, March 29, 2004 10:49 AM
To: Bowman, Sandy
Cc: Sullivan, Ann
Subject: CHECK FOR \$50.00

SANDY,
I RECEIVED A CHECK FROM DURANCO LLC DBA THE SILVER HANGER, FOR THE AMOUNT ABOVE.
PLEASE E-MAILED CODING IF THIS IS YOURS, THE ADDRESS IS; 2621 NW 79 AVE, MIAMI, FL 33122.
THANKS
DOROTHY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422050 JAN22 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

RECEIVED
JAN 27 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#0251016
PRESSED FOR TIME FRANCISCO VILLASANTE 6320 SW 104 STREET MIAMI FL 33122

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

THE SILVER HANGER DRYCLEANERS		1518
Department of Environmental Protection	12/30/2002	
AIRS ID# 0251016		50.00
Checking	AIRS ID# 0251016	50.00

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
2003

AIRS ID # 251016

Total Postage

Sent To
 FRANCISCO VILLASANTE
 PRESSED FOR TIME
 6320 SW 104 STREET
 MIAMI, FL 33122

*Street, Apt. No.
 or PO Box No.
 City, State, ZIP*

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 9294

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 # 251016

FRANCISCO VILLASANTE
 PRESSED FOR TIME
 6320 SW 104 STREET
 MIAMI, FL 33122

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9294

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

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 •

MAR 1 2004

RECEIVED

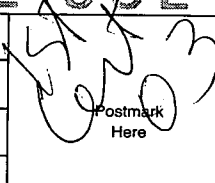
IMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Federal Corrosion

March 1, 2004

3
7
6
2
3
5
R



7003 2260 0003 5650 9363	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 \$ _____	 Postmark Here
	Certified Fee _____	
	Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____		
Total Postage ID# 251016 FRANCISCO VILLASANTE PRESSED FOR TIME Sent To 6320 SW 104 STREET MIAMI, FL 33122		
Street, Apt. No. or PO Box No. City, State, Zip		
PS Form 3800, June 2002 See Reverse 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.

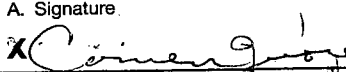
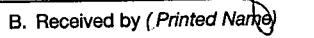
1. Article Addressed to:

ID# 251016
FRANCISCO VILLASANTE
PRESSED FOR TIME
6320 SW 104 STREET
MIAMI, FL 33122

 2. Article Number
(Transfer from service label)

7003 2260 0003 5650 9363

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- 
- B. Received by (*Printed Name*) 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

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 •

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

RECEIVED
FEB 13 2004
Bureau of Air Monitoring
& Mobile Sources

