

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 16, 2004

Ms. Margarita Chaimowicz
Executive Cleaners
12031 Southwest 117 Avenue
Miami, Florida 33186

Re: Facility No.: 0251035-003

Dear Ms. Chaimowicz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 16, 2003.

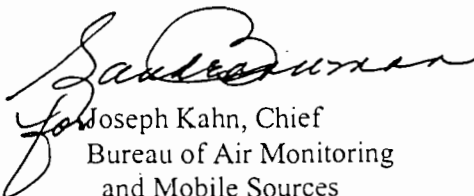
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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EMISSION FEE DATES 2000-2002
SOC REPORTS.....3.....
COMPLIANCE STATUS IN.....

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DEC 16 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Executive Cleaners Kendall Corp.</i>	Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number): <i>Executive Cleaners Kendall</i>	
3. Hazardous Waste Generator Identification Number: <i>FLD 984171694</i>	
4. Facility Location: Street Address: <i>12031 SW 117 AVENUE</i> City: <i>Miami</i> County: <i>DADE</i> Zip Code: <i>33186</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251035-003	

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DEC 22 2003

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Margareta Charnowicz</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>Same as above</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(305) 233-3839</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - 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")
_____	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? [_____]

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?

[30] gallons (You must fill this in)

(b) If less than 12 months, how many? [2] 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? 2

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) Electric

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.

Margarita Chaimowicz
Print name of responsible official

Margarita Chaimowicz
Signature

12/11/03
Date

01/08/2004

Spoke with Margarita Chaimowicz, owner, Executive Cleaners, and she stated that the manufacture date of the dry-to-dry machine is 6-96. The date was found in the dry-to-dry machine serial number.

Page 15

1. (a) Add Date dry-to-dry machine was initially purchased from manufacturer.

MS# 5510 MC Acct # 5524

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

CERTIFIED MAIL



7003 0500 0004 0144 9270



U.S. POSTAGE
442
POSTALIA 512720

FOE

AIR5 ID # 254035
JUAN CARLOS SCHNEIDER
EXECUTIVE CLEANERS
12031 SW 11TH AVENUE
MIAMI FL 33186

Bureau of Air Monitoring
& Waste Sources

MAR 23 2004

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5524050003000000

MAIL INFORMATION: MAIL SERVICE NUMBER
 ADDRESS INFORMATION: ADDRESS

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 # 251035

JUAN CARLOS SCHNEIDER
 EXECUTIVE CLEANERS
 12031 SW 117TH AVENUE
 MIAMI, FL 33186

2. Article Number _____
 (Transfer from service label)

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____
 Agent
 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

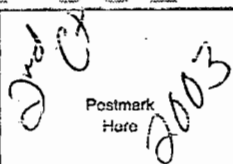
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

7003 0500 0004 0144 9270

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Postage \$ _____	Postmark Here 
Certified Fee _____	
Return Receipt Fee (Endorsement Required) _____	
Restricted Delivery Fee (Endorsement Required) _____	
Total Postage _____	
AIRS ID # 251035	
Sent To JUAN CARLOS SCHNEIDER EXECUTIVE CLEANERS 12031 SW 117TH AVENUE MIAMI, FL 33186	
Street, Apt. No., or PO Box No. City, State, ZIP+	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 0500 0004 0144 9270

PLEASE STICKER AT TOP OR ENVELOPE TO BE RIGHT OF THE PICTURE ADDRESS FOLD AT DOTTED LINE

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:

ARTS ID # 291055
 EXECUTIVE CLEANERS
 JUAN CARLOS SCHNEIDER
 12031 SW 117TH AVENUE
 MIAMI, FL 33186

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature _____ Agent
 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.

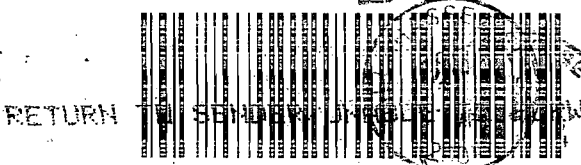
4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 4794

CERTIFIED MAIL

MS# 3310 MC Acct # 3321

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



RETURN TO SENDER

7003 0500 0004 0144 4794

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NILMA
#0251035

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APR 30 2004
Bureau of Air Monitoring
& Mobile Sources

EXECUTIVE CLEANERS
JUAN CARLOS SCHNEIDER
12031 SW 117TH AVENUE
MIAMI, FL 33186

32399-6342 0121

4644 4410 4000 0050 3007

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

ATRS ID # 251035

Sent To EXECUTIVE CLEANERS
JUAN CARLOS SCHNEIDER
12031 SW 117TH AVENUE
MIAMI, FL 33186

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 03

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003
www

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448972 MAR142005

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# 251035 1stC
EXECUTIVE CLEANERS KENDALL
12031 SW 117th Avenue
MIAMI, FL 33186

RECEIVED
MAR 15 2005
Bureau of Air Monitoring
& Mobile Sources
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458947 FEB152006

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# 251035 1st
EXECUTIVE CLEANERS
KENDALL
12031 SW 117th Avenue
MIAMI, FL 33186

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

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

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Change of
ownership.

#025 1035

Thanks.

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

AIRS ID#0251035.....2nd Cert 05

Sent To EXECUTIVE CLEANERS KENDALL

Street, Apt. No. or PO Box No. 12031 SW 117th Avenue

City, State, Zip MIAMI, FL 33186

PS Form 3800

7004 2510 0002 3939 4674

SENDER: COMPLETE THIS SECTION

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- 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#0251035.....2nd Cert 05
 EXECUTIVE CLEANERS KENDALL
 12031 SW 117th Avenue
 MIAMI, FL 33186

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 4674

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (*Printed Name*) Date of Delivery
[Signature] 3-4-05

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

UNITED STATES POSTAL SERVICE



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

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Mobile Sources

MAR 7 2005

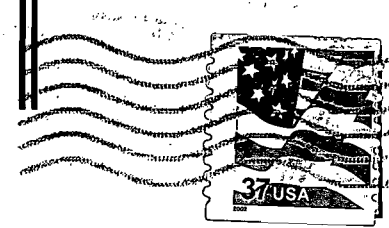
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EXECUTIVE
12031 SW 117 AVE
Miami, FL 33186

MIAMI FL 331

15 MAR 2007 PM 4 T



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

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

471196 MAR19 2007

TOTAL AMOUNT DUE: \$50.00

DUPLICATE
PAYMENT -
1ST PAYMENT - 2/28/07

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AIRS ID#251035
EXECUTIVE CLEANERS KENDALL
CORP
12031 SW 117th Avenue
MIAMI, FLORIDA 33186

REFUND
15060
3/29/07

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MAR 21 2007
Bureau of A...
& Mobile Services

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

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

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470185 FEB282007

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# 251035
EXECUTIVE CLEANERS
KENDALL CORP
12031 SW 117th Avenue
MIAMI, FLORIDA 33186



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MAR 06 2007

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

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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EXECUTIVE
12031 SW 117 AVE
MIAMI FL 33186

MIAMI FL 331

26 FEB 2007 PM 1 L



TITLE V air General permits
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32315+3070



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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage AIRS ID# 251035 1stC
EXECUTIVE CLEANERS KENDALL

Sent To
12031 SW 117th Avenue
MIAMI, FL 33186

Street, Apt. #
or PO Box No.
City, State, Z

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4254

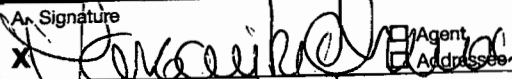
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1. Article Addressed to:

AIRS ID# 251035 1stC
EXECUTIVE CLEANERS KENDALL
12031 SW 117th Avenue
MIAMI, FL 33186

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed

B. Received by (Printed Name) _____ C. Date of Delivery 2-11-05

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.

Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4254

2. Article Number
(Transfer from service label)

UNITED STATES POSTAL SERVICE



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DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BEAR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF Air Monitoring
Mobile Sources

FEB 21 2005

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		ID# 251035

Postmark
Here

Sent to **JUAN CARLOS SCHNEIDER**

Street, or PO **EXECUTIVE CLEANERS**

City, S **12031 SW 117TH AVENUE**

MIAMI, FL 33186

PS Form 3811, August 2001

7003 2260 0003 5650 0414

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# 251035
 JUAN CARLOS SCHNEIDER
 EXECUTIVE CLEANERS
 12031 SW 117TH AVENUE
 MIAMI, FL 33186

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 0414

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Juan Carlos Schneider

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

Juan Carlos Schneider 2-6-04

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

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

