

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

December 14, 2000

Mr. Daniel Schonberg
First Class Cleaners
18184 Collins Avenue
Sunny Isles, Florida 33160

Re: Facility No.: 0251087-001

Dear Mr. Schonberg:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 2000.

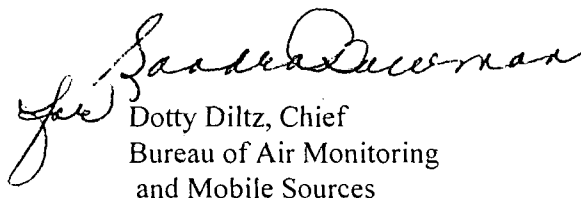
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

SEND TO:

Name: *Sandy Bowman / Rick Butler*

Company/Department: *FDEP*

Phone Number:

Fax Number: *850 - 922 - 6979*

Message: *Please disregard previous transmission.
It is First Class Changers that had
not been received in Tally.
Thanks*

FROM:

Name: *Ivan Farris*

Division/Section:

Phone Number: *305 - 370 - 6922*

Fax Number: *(305) 372-6954*

Date:

Number of Pages (including this one):

F
A
X

T
R
A
N
S
M
I
T
T
A
L

RECEIVED

NOV - 8 2000

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

OCT 7 2000

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):	FIRST CLASS CLEANERS		
2. Site Name (For example, plant name or number):	FIRST CLASS CLEANERS.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	18184 COLLINS AVE		
Street Address:			
City:	SUNNY ISLES	County:	DADE
		Zip Code:	33160
5. Facility Name and Location (For example, plant name or number):			

0251087-001

Responsible Official

6. Name and Title of Responsible Official:			
Name:	DANIEL SCHONBERG	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	19380 COLLINS AVE		
City:	SUNNY ISLES	County:	DADE
		Zip Code:	33160
8. Responsible Official Telephone Number:			
Telephone:	(305) 932-8605	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

RECEIVED

NOV - 8 2000

Bureau of Air Monitoring & Mobile Sources

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>9/2000</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	<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? N/A

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

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?

135 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 [X] (date of expected opening 10/2000)

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.

DANIEL SCHONBERG
Print name of responsible official

Daniel Schonberg
Signature

09/24/2000
Date

RECEIVED

RECEIVED

OCT 17 2000

NOV 13 2000

PERCHLOROETHYLENE DRY CLEANER

AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

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):	FIRST CLASS CLEANERS		
2. Site Name (For example, plant name or number):	FIRST CLASS CLEANERS.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	18184 COLLINS AVE		
Street Address:			
City:	SUNNY ISLES	County:	DADE
		Zip Code:	33160
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:			
Name:	DANIEL SCHONBERG	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	19380 COLLINS AVE		
City:	SUNNY ISLES	County:	DADE
		Zip Code:	33160
8. Responsible Official Telephone Number:			
Telephone:	(305) 932-8605	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
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>9/2000</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	<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? N/A

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

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?

135 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 X (date of expected opening 10/2000)

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

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

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

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

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

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

How many boilers do you have on-site?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
(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 _____

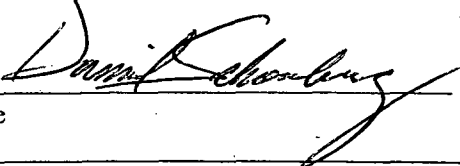
No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

DANIEL SCHOWBELG
Print name of responsible official


Signature

9/24/2000
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412636 JAN 7 2002 X

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

Do **NOT** Remove Label

AIRS ID # 0251087
SUNNY ISLES DRY CLEANERS
DIANA SCHONBERG
18184 COLLINS AVENUE
N MIAMI BEACH FL
33160

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

421197 DEC30 2002

Do **NOT** Remove Label

AIRS ID#0251087
SUNNY ISLES DRY CLEANERS
DIANA SCHONBERG
18184 COLLINS AVENUE
N MIAMI BEACH FL
33160

Bureau of Air Monitoring
& Mobile Sources

JAN 06 2003

RECEIVED

X

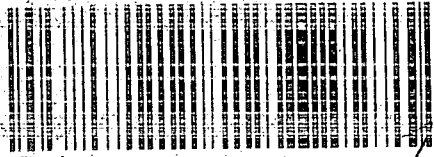
GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-0-035001
Obj.: 002273

MS# 5510 MC Acct#

6529

CERTIFIED MAIL

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



7003 0500 0004 0144 9126

DIANA SCHONBERG
SUNNY ISLES DRY CLEANERS
18184 COLLINS AVENUE

Handwritten signature: Diana Schonberg



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
AIRS ID # 251087 DIANA SCHONBERG SUNNY ISLES DRY CLEANERS 18184 COLLINS AVENUE N MIAMI BEACH, FL 33160	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7003 0500 0004 0144 9126	

PS Form 3811, August 2001

Domestic Return Receipt

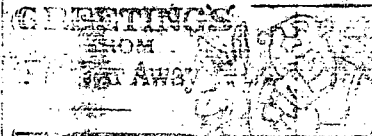
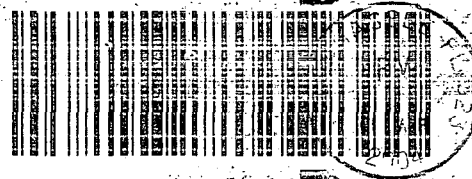
102595-02-M-1540

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 \$	2nd Cl Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 251087
Sent To DIANA SCHONBERG SUNNY ISLES DRY CLEANERS 18184 COLLINS AVENUE N MIAMI BEACH, FL 33160	
Street, Apt. No., or PO Box No. City, State, ZIP	
PS Form 3800, June 2002 See Reverse for Instructions	

9126 4410 4000 0050 0002

CERTIFIED MAIL

MS# 5510 MC Acct # 5521



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

7003 2260 0003 5550 9172

4-5-04
WA
PS

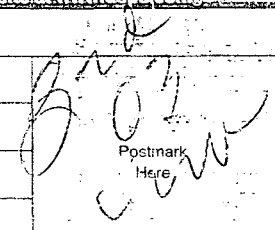
RECEIVED
APR 5 2004
ATTEMPTED DELIVERY
LEFT NO MESSAGE
DELIVERED
MAIL DELIVERY POINT

AIRMAIL # 291067
SUNNY ISLES DRY CLEANERS
DIANA SCHONBERG
10700 S. MIAMI AVENUE
N MIAMI BEACH

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/></p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AIRS ID # 251087 SUNNY ISLES DRY CLEANERS DIANA SCHONBERG 18184 COLLINS AVENUE N MIAMI BEACH, FL 33160</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 9172</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

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

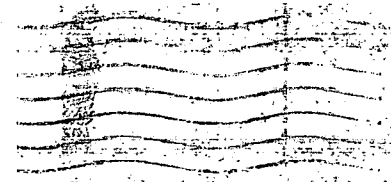
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
<p>AIRS ID # 251087 SUNNY ISLES DRY CLEANERS DIANA SCHONBERG 18184 COLLINS AVENUE N MIAMI BEACH, FL 33160</p>	
<p>Sent To</p> <p>Street, Apt. N or PO Box No.</p> <p>City, State, Zi.</p> <p>#0251087</p>	
<p>PS Form 3800, June 2002 See Reverse for Instructions</p>	

7003 2260 0003 5650 9172

CERTIFIED MAIL



7003 2260 0003 5650 0308



MS# 0510 MC Acct# 5001

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

[Handwritten signature]

AD# 251087
DIANA SCHONBERG
STINNY ISLES DRY CLEANERS
118184 COLLINS AV
IN MIAMI BEACH, FL 33143

U.S. AIR MAIL
FIRST CLASS

RECEIVED
FEB 12 2001

SENDER TO 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# 251087
 DIANA SCHONBERG
 SUNNY ISLES DRY CLEANERS
 18184 COLLINS AVENUE
 N MIAMI BEACH, FL 33160

2. Article Number
 (Transfer from service label)

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

7003 2260 0003 5650 0308

PS Form 3811, August 2001

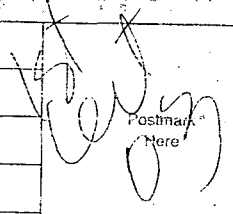
Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

7003 2260 0003 5650 0308

Postage	\$	Postmark Here 
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To:	ID# 251087 DIANA SCHONBERG SUNNY ISLES DRY CLEANERS 18184 COLLINS AVENUE N MIAMI BEACH, FL 33160	

INSTRUCTIONS