

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 18, 2003

Ms. Elida Lima
Econoluxe Cleaners
8874 Coral Way
Miami, Florida 33165

Re: Facility No.: 0251135-001

Dear Ms. Lima:

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

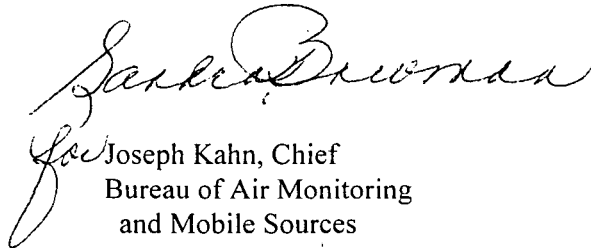
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

6(b) Required for all Perchloroethylene dry cleaners. Should be marked.

RECEIVED
JAN 21 2003

TBDO6600
ASGP

RECEIVED
JAN 16 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ECONOMY & DELUXE CLEANER SERVICE INC		
2. Site Name (For example, plant name or number):	ECONOLUXE CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	8874 CORAL WAY		
City:	MIAMI	County:	DADE
		Zip Code:	33165
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251135-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ELIDA LIMA	Title:	President
7. Responsible Official Mailing Address:	ELIDA LIMA		
Organization/Firm:	ECONOMY & DELUXE CLEANERS SERVICES INC		
Street Address:	8874 CORAL WAY		
City:	MIAMI	County:	DADE
		Zip Code:	33165
8. Responsible Official Telephone Number:			
Telephone:	(305) 993 5371	Fax:	(305) 226-8880

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARLENE MANRIQUE		
10. Facility Contact Address:	Same		
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	(305) 226-8880	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")
9.4	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? [NONE]

How many dryers/reclaimers do you have on-site? [NONE]

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")
N/A	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?

[NONE] gallons (You must fill this in)

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

* Check why it is less than 12 months: New owner: [] Did not keep records: []

New store: [] New machine []

Unopened store [✓] (date of expected opening _____)

The store is a drop-off at this time will start operating as a dry cleaner in February/2003

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.

ELIDA LIMA

Print name of responsible official



Signature

01/10/03

Date