



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

March 12, 2003

Mr. Carlos Chaabouk
Quick-Press Garment Care Center
2600 Northwest 87 Avenue, Units 16-19
Miami, Florida 33172

Re: Facility No.: 0251136-001

Dear Mr. Chaabouk:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 6, 2003.

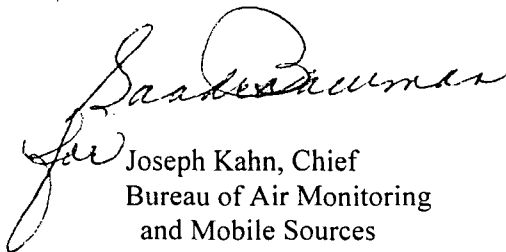
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

TBD 06640
ASGP

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 06 2003
Bureau of Air Monitoring
& Mobile Sources

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):	DON JIM USA INC		
2. Site Name (For example, plant name or number):	QUICK-PRESS GARMENT CARE CENTER		
3. Hazardous Waste Generator Identification Number:	UNKNOWN		
4. Facility Location:	2600 NW 87 AV UNITS 16 y 19		
Street Address:	MIAMI		
City:	County:	Zip Code:	
	DADE	33172	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251136-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: CARLOS CHAABOUK Title: franchisee		
7. Responsible Official Mailing Address:	Organization/Firm: 2600 NW 87 AVE UNITS 16 y 19		
Street Address:	MIAMI		
City:	County:	Zip Code:	
	DADE	33172	
8. Responsible Official Telephone Number:	Telephone: (305) 632-1842 Fax: (305) 599-7047		

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")
<u>MARCH / 2003</u>	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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?

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 MARCH / 2003)

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

New machines at large area source

Refrigerated condenser

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:

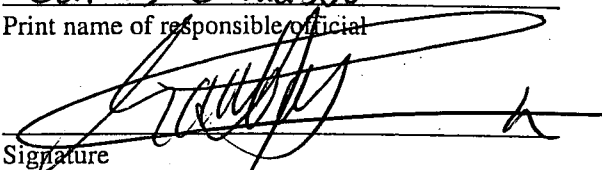
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Carlos Chaabouk
Print name of responsible official


Signature

02/03/03
Date

(BT) AIRS I.D. 251136

QUICK-PRESS

Mr. Department of Environmental Protection.

I am sending this words to let you know that , we just started up this facility in the month of november and I have not received any letter from you that show that I have to pay something. We got two bills and most of the time , the mailing address never show which bill is . So, I ask you that to consider that issue and allow me to pay the regular fee.

I am sure that you are going to consider my situation and do not penalize me with that amount.

Thank you very much for your time.

04/05/04

Carlos Chaabouk

ERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 457283 DEC 27 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

251136 10
QUICK-PRESS GARMENT CARE
CENTER
2600 NW 87 Avenue Unit 16&19
MIAMI, FL 33172

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

Printed on recycled paper.

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

469952 FEB26 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#251136
DON JIM USA INC
2600 NW 87 Avenue Unit 16&19
MIAMI, FLORIDA 33172



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MAR 01 2007

Bureau of Air Mail
& Mobile Sources

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

Printed on recycled paper.

DON JIM USA INC
2600 NW 87 AV #16
DORAL, FL
33172

MIAMI FL 331

23 FEB 2007 PM 6 T



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

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

Sent To AIRS ID#0251136.....2nd Cert 05
 QUICK-PRESS GARMENT CARE CENTER
 Street, Apt. 1 or PO Box N 2600 NW 87 Avenue Unit 16&19
 City, State, ZIP+4 MIAMI, FL 33172

PS Form 3811

7004 2510 0002 3939 4858

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p>AIRS ID#0251136.....2nd Cert 05 QUICK-PRESS GARMENT CARE CENTER 2600 NW 87 Avenue Unit 16&19 MIAMI, FL 33172</p> </div> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Great Rivers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3/4/05</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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 4858</p>	

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First-Class Mail
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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

DEPT. OF ENVIRONMENTAL PROTECTION
DARM/MOBILE SOURCE CONTROL PROGRAM

MAR 17 2005

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32399/2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 451039 APR 14 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0251136.....2nd Cert 05
QUICK-PRESS GARMENT CARE CENTER
2600 NW 87 Avenue Unit 16&19
MIAMI, FL 33172

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Bureau of Air Monitoring
& Mobile Sources

APR 18 2005

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

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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 & Fees \$ _____	Postmark Here
AIRS ID# 251136 3 rd Cert04 Sent To QUICK-PRESS GARMENT CARE CENTER Street, Apt. No.; or PO Box No. 2600 NW 87 Avenue Unit 16&19 City, State, ZIP+ MIAMI, FL 33172	
PS Form 3800	

7004 2510 0002 3939 9303

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# 251136 3rd Cert04
 QUICK-PRESS GARMENT CARE CENTER
 2600 NW 87 Avenue Unit 16&19
 MIAMI, FL 33172

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 9303

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

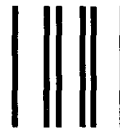
B. Received by (Printed Name) _____ C. Date of Delivery **4/8/05**

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



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

Bureau of Air Quality
& Mobile Sources

APR 11 2005

RECEIVED



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438203 APR 9 2004

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

TOTAL AMOUNT DUE: \$75.00

50

Do NOT Remove Label

251136

AIRS ID# 251136
 QUICK-PRESS GARMENT CARE CNTR
 CARLOS CHAABOUK
 2600 NW 87TH AVENUE UNITS 16 & 19
 MIAMI, FL 33172

RECEIVED
 APR 19 2004
 Bureau of Air Monitoring
 & Mobile Sources

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 ORG.: 37550101000 EO: B1
 FUND: 20-2-035001
 OBJECT: 002273

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

Postmark
Here

AIKS ID # 251136

Total Postage

Sent To

QUICK-PRESS GARMENT CARE CNTR
 CARLOS CHAABOUK
 2600 NW 87TH AVENUE UNITS 16 & 19
 MIAMI, FL 33172

Street, Apt. No.
or PO Box No.

City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9097

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:

AIKS ID # 251136

QUICK-PRESS GARMENT CARE
 CENTER
 CARLOS CHAABOUK
 2600 NW 87TH AVENUE UNITS 16 & 19
 MIAMI, FL 33172 #8251136

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9097

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

DINOUCIS SEITMAN 4/10/04

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

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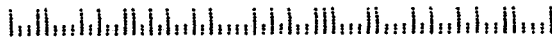
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 9 2004

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 251136		
CARLOS CHAABOUK QUICK-PRESS GARMENT CARE CENTER 2600 NW 87TH AVENUE UNITS 16 & 19 MIAMI, FL 33172		
PS Form 3811, 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:

AIRS ID # 251136

CARLOS CHAABOUK
 QUICK-PRESS GARMENT CARE
 CENTER
 2600 NW 87TH AVENUE UNITS 16 & 19
 MIAMI, FL 33172

 2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9577

COMPLETE THIS SECTION ON DELIVERY

 A. Signature
 Josef Pinos B.
 Agent
 Addressee

 B. Received by *(Printed Name)*

C. Date of Delivery

3/8/04

 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

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MAR 14 2001
TALLAHASSEE, FL

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DEPT. OF ENVIRONMENTAL PROTECTION
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TALLAHASSEE, FLORIDA 32399-2400



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

Tot: ID# 251136

SENT CARLOS CHAABOUK
 QUICK-PRESS GARMENT CARE
 CENTER
 2600 NW 87TH AVENUE UNITS 16 & 19
 MIAMI, FL 33172

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8083

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 251136 CARLOS CHAABOUK QUICK-PRESS GARMENT CARE CENTER 2600 NW 87TH AVENUE UNITS 16 & 19 MIAMI, FL 33172</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Joscat Rivas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>JOSCAT RIVAS</i></p> <p>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>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 8083</p>	

UNITED STATES POSTAL SERVICE

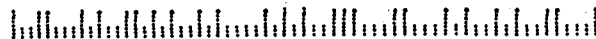


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Permit No. G-10

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

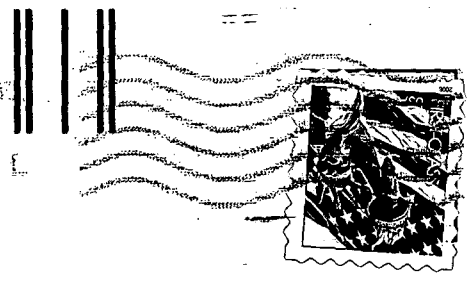
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FEB 12 2004



Quick-Press
2600 NW 87th Ave # 16
Doral, FL
33172

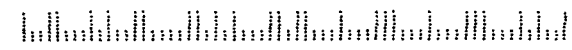
MIAMI FL 331

18 APR 2007 PM 3 L



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

323153070 8093



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Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here
To: AIRS ID# 251136 TstC QUICK-PRESS GARMENT CARE CENTER 2600 NW 87 Avenue Unit 16&19 MIAMI, FL 33172	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 0500 0004 0144 6477

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# 251136 TstC
 QUICK-PRESS GARMENT CARE
 CENTER
 2600 NW 87 Avenue Unit 16&19
 MIAMI, FL 33172

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 6477

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Noralis Bettran* C. Date of Delivery *7/8/05*

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

• 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

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Tallahassee, Florida
& Mobile Sources

