

# Department of Environmental Protection

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

Colleen M. Castille Secretary

October 28, 2005

Mr. Pedro E. Harth-Silva Perfect Cleaners, Incorporated 9835 Sunset Drive, Suite 101 Miami, Florida 33173

Re: Facility No.: 0251145-002

Dear Mr. Harth-Silva:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 2005.

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

Saudia Brivnar

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY Miami Dace Co EMISSION FEE DATES 2004 Just - mm SOC REPORTS. 2 MNC (IN 6/21/2004



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

November 3, 2009

Re: Return Check

Dear Mr. Diaz:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the dry cleaning facility and your check (#1203) in the amount of \$100.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation, and are subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Rebecca Ajhar, Administrator Mobile Source Control Section Bureau of Air Monitoring

and Mobile Sources

RA/kbc Enclosure

Control of August State (Control of State	and the first of the state of t
The second state of the second state of the second state of the second s	and a few territories and a companion of the control of the contro
In approximation of the control of t	The state of the s
THE PERSON NAME OF THE PERSON ASSESSMENT OF THE PERSON NAMED OF TAXABLE PERSON OF TA	The state of the s
The same of the sa	63-8413/2670
VIRGINIA VICIOSO-DIAZ	4000001054
	1953054251
DANY-DIAZ	1
	10/1-0
10281 SW 226TH TER. 786-293-5256	Date: Dat
CUTLER BAY, FL 33190-1744	and the second second control of the second control of the second second second second control of the second c
Company of the contract of the	porection 1020
man a commence of the formation of more interest in the commence of the contract of the contra	Control of the contro
Pay to the	
Pay to the DEOW TWO TO ENVICON	S 1000
order of:	<b>P</b> 7
	Expensive value required complete or required the subsection of actions, and description of the complete of th
THE CONTRACT WHEN A SAME AND A PART OF A SHARE WHEN A PART OF THE	
The state of the s	Annual Annual Control of the Control
WaMu' Wishington Mutiad Back Wishington Wishington Mutiad Back Wishington Wishington Mutiad Back Wishington Wishingto	
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	
WaMu' Wishington Mutiad Back Wishington Wishington Mutiad Back Wishington Wishington Mutiad Back Wishington Wishingto	
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contact on Back
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.
Washington Mutual Bank Mismal Downtown Financial Center 1727 100 \$2 and Amman \$800-788-7000	Dollars 1 Contain in Back.



#### AIR GENERAL PERMITTING

To:

KIMBERLY CREWS

From:

Dick Dibble

Date:

11/3/2009

Re:

RETURN CHECK #1203, dated 28-OCT-09, in the amount of \$100.00

REASON: NO FEE DUE

RETURN TO:-

**VIDAN LLC d.b.a. DISCOUNT CLEANERS 2** 

c/o DANY DIAZ

15072 SW 72<sup>ND</sup> STREET MIAMI, FL 33173-4670

Comments:

Kimberly,

Please prepare a "return check" cover letter for Becky's signature.

I have attached the subject item check to be returned.

Let me know if you have any questions.

Thank you,

Dick

# RECEIVEL

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

1:C/ 0 2 2009

Duresu of Air Monitoring

14 14 Mobile Sources

### Part III. Notification of Intent to Use General Permit

completed form to the address listed in the instructions and keep a copy of the form for your files.

Prior to filling out this form, please read the instructions provided at the end of the form. Send

2. Site Name (For example, plant name or number):  \[ \lambda	Facility Name and Location
3. Hazardous Waste Generator Identification Number:  (ESQB  4. Facility Location: Street Address: GR35 S.W. 72 Street, #101 Street Address: Gry. Migh. County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Day Dizz Title: Owar  7. Responsible Official Mailing Address: Organization/Firm: Discount electeds Street Address: 15072 S.W. 72 Street City: Migh. County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184) +57 - 49 - 49 Fax: (305) 382 - 4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Ad	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
3. Hazardous Waste Generator Identification Number:  (ESQB  4. Facility Location: Street Address: GR35 S.W. 72 Street, #101 Street Address: Gry. Migh. County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Day Dizz Title: Owar  7. Responsible Official Mailing Address: Organization/Firm: Discount electrons Street Address:: 15072 S.W. 72 Street City: Migh. County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184) +57. 4949 Fax: (305) 382 - 4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president 10. Facility Contact Address: Street Addre	Vidan, LLC
3. Hazardous Waste Generator Identification Number:  (ESQb  4. Facility Location: Street Address: 9835 S.W. 72 Street, #101 County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY: do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Day Di Z Title: Owar  7. Responsible Official Mailing Address: Organization/Firm: Discount: County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184) 457 Ugug Fax: (305) 382 - 511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Street Address: Saywe As above City: 4935 Sw 72 Sounty: Soute Holl Might Pa 33173	2. Site Name (For example, plant name or number):
4. Facility Location: Street Address: Gity: Miqui County: Dade Zip Code: 33173  5. Facility-Identification Number (DEP Use ONLY - do not fill in):  Responsible Official 6. Name and Title of Responsible Official: Name: Day Digy Title: Owner 7. Responsible Official Mailing Address: Organization/Firm: Discourt clearers Street Address: 15072 S. W 772 Street City: Miqui County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president 10. Facility Contact Address: Street Address: Street Address: Sawa As above City: 9355 Su 72 Sounty: South Holl Might Fu 33173	Discount cleaners 2
4. Facility Location: Street Address: 9835 S.W. 72 Street it 101 City: Mighan County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Day Digz Title: Owar  7. Responsible Official Mailing Address: Organization/Firm: Discount cleaners Street Address: 15072 S.W. 72 Street City: County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184) 457. 4949 Fax: (305) 382 - 4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address:	3. Hazardous Waste Generator Identification Number:
City: Migni County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Day Dizz Title: Owner  7. Responsible Official Mailing Address: Organization/Firm: Discounty County: Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Street Address: Sayul As above City: 9835 Su 72 Sounty: Suite Holl Might Fu 33173	CESQ6
City: Migni County: Dade Zip Code: 33173  5. Facility Identification Number (DEP Use ONLY - do not fill in):  Responsible Official  6. Name and Title of Responsible Official: Name: Day Dizz Title: Owner  7. Responsible Official Mailing Address: Organization/Firm: Discounty County: Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Street Address: Sayul As above City: 9835 Su 72 Sounty: Suite Holl Might Fu 33173	4. Facility Location: Street Address: 9835 S.W. 72 St/22+,#101
Responsible Official  6. Name and Title of Responsible Official: Name:  ONY  Title:  OWAC  7. Responsible Official Mailing Address: Organization/Firm: Liscourt electers Street Address: 15072 S.W 72 Street City: Miami County: Title: OWAC  7. Responsible Official Mailing Address: Organization/Firm: Liscourt electers Street Address: 15072 S.W 72 Street City: Miami County: Tolephone: (184)457-499  Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany  Dany  Dia  Title:  Value  Zip Code:  Zip Code: City: 4335 S.W 72 Sounty: Suite 101 Might Full 33173	$C_{\text{constant}} \rightarrow C_{\text{constant}} \rightarrow C_{const$
6. Name and Title of Responsible Official:  Name: Day Dizz Title: Owner  7. Responsible Official Mailing Address: Organization/Firm: Discount creaters Street Address: 15072 S. w 772 Street City: Miani Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Sayul As above City: 9835 Sw 72 South Holl Might The 33173	5: Facility Identification Number (DEP Use ONLY and not fill in):
6. Name and Title of Responsible Official:  Name: Day Dizz Title: Owar  7. Responsible Official Mailing Address: Organization/Firm: Discount exerces Street Address: 15072 S. w 772 Street City: Miani Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Savul As above City: 9835 Sw 72 South Holl Might The 33173	
6. Name and Title of Responsible Official:  Name: Day Dizz Title: Owner  7. Responsible Official Mailing Address: Organization/Firm: Discount creaters Street Address: 15072 S. w 772 Street City: Miani Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address: Street Address: Sayul As above City: 9835 Sw 72 South Holl Might The 33173	Responsible Official
7. Responsible Official Mailing Address: Organization/Firm: Discount elecaters Street Address: 15072 S. W 772 Street City: Miami County: Dade Zip Code: 33193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Street Address: City: 9835 Sw 72 Sounty: Swite Holl Might From 33173	6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Discount elecaters Street Address: 15072 S. W. 72 Street City: Miami County: Dade Zip Code: 33 193  8. Responsible Official Telephone Number: Telephone: (184)457-4949 Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Street Address: City: 9835 Sw 72 Sounty: Swite Holl Might From 33173	Name: Day Diez Title: Owner
8. Responsible Official Telephone Number: Telephone: (184)457-4949  Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Street Address:  Street Address: S	7. Responsible Official Mailing Address:
8. Responsible Official Telephone Number: Telephone: (184)457-4949  Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Street Address:  Street Address: S	Street Address: 272 5 W 77 Street
8. Responsible Official Telephone Number: Telephone: (184)457-4949  Fax: (305)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Street Address:  Street Address: City: 9835 Sw 72 Sounty: Swite Holl Might Fig. 33173	City: Migai County: Dade Zip Code: 33 193
Telephone: (184)457-4949 Fax: (325)382-4511  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address:  Street Address:  Street Address:  City: 9835 Sh 72 Sounty: Suite 101 Might Fl 33173	
9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Sawe As above  City: 9835 Sw 72 Sounty: Suite Holl Might Fr 33173	Telephone: (184)457-4969 Fax: (305)382-6511
9. Name and Title of Facility Contact (For example, plant manager):  Dany Diaz president  10. Facility Contact Address:  Street Address: Sawe As above  City: 9835 Sw 72 Sounty: Suite Holl Might Fr 33173	Facility Contact (If different from Responsible Official)
Street Address: SGVWL As above City: 9835 SW 72 ST SUITE #101 MIGHT FL 33173	
Street Address: SGVWL As above City: 9835 SW 72 ST SUITE #101 MIGHT FL 33173	Dany Diaz president
City: 9835 SW 72 Sounty: Suite #101 MIGHT TO 33173	10. Facility Contact Address:
City: 9835 SW 72 Sounty: Suite #101 MIGHT TO 33173	Street Address: Savne As above
<u> </u>	City: 9835 SW 72 Sp. Suite #101 MIGHT 71_ 33173
11. Facility Contact Telephone Number:	11. Facility Contact Telephone Number:
Telephone: (305) 271 8233 Fax: (305) 38265 / ]	Telephone: (305)271-8233 Fax: (305)38265 / 1

DEP Form No. 62-213.900(2)

Dany Diaz 15072 S.W. 72nd Street Miami, Florida 33193





016H26507952

\$05.540 10/28/2009 Mailed From 33186 US POSTAGE

General Permits Section
Bureau of Air Monitoring and Mobile Sources,
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



SEP 0 6 2005

# Part III. Notification of Intent to Use General Permit

Air Quality

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

PERFECT CLEANERS, INC.  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 9835 SUNSET 32. 共100 Street Address:
City: MIAMI County: MIAMI - DANE Zip Code: 331)3
SE Facility identification Nurser (DEPHILE ONLY Stop of fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: PEDRO E HARTH-SILVA Title: PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: 9225 St. 1005
Street Address: 983T SUNSET DR #101 City: County: County: Zip Code: 331)3
MIAMI MIAMI-DADE 331)3
8. Responsible Official Telephone Number:
Telephone: $(307)519-0485$ Fax: $(307)279-4963$
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ALESANDRA HAIRTH MANAGER-VICE PRES
10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (305)271-18233 Fax: (305)271-8233

DEP Form No. 62-213.900(2)

Facility Name and Location

# Facility Information

# 1.(a) DRY-TO-DRY MACHINES ONLY

Data Initially Durchard	Status	provide the following information  Control Device Required*	Date Control Device Installed
Date Initially Purchased From Manufacturer	(circle one)	(circle one)	(if already included at time of
140m Manaracturer	(on ore one)	(energe energe	purchase, write "SAME")
190			844.6
	Existing/Nev	v (RC/CA/None required	SAME
·	Existing/Nev	v RC/CA/None required	
	Existing/Nev	v RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
• • •			
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have or	n-site?	And the second
76 d	The state of the s		December 0, 1001
			December 9, 1991, it is an EXISTINO December 9, 1991 and September 22,
unit. If the transfer mach	ine was purchased	from the manufacturer between i	December 9 - 1991 and Sentember 77 -
	an units purchased		
1993, it is a NEW unit (r	. •	after September 22, 1993 are alle	owed to operate under this general
1993, it is a NEW unit (a permit). For each transf	er machine on-site,	after September 22, 1993 are allowing information of the following informa	owed to operate under this general formation:
1993, it is a NEW unit (1	er machine on-site,	after September 22, 1993 are alle	owed to operate under this general
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	er machine on-site	after September 22, 1993 are allowing into Control Device Required*	owed to operate under this general formation:  Date Control Device Installed
1993, it is a NEW unit (a permit). For each transf	er machine on-site Status (circle one)	after September 22, 1993 are allowing into the following into the Control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	er machine on-site	after September 22, 1993 are allowing into Control Device Required*	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	er machine on-site Status (circle one)	after September 22, 1993 are allowing into the following into the Control Device Required* (circle one)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	Status (circle one)  Existing/New Existing/New	after September 22, 1993 are allowing information of the following informa	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	Status (circle one)  Existing/New	after September 22, 1993 are allowing information of the following informa	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased	Status (circle one)  Existing/New Existing/New	after September 22, 1993 are allowing information of the following informa	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (in permit). For each transfinate Initially Purchased From Manufacturer	Status (circle one)  Existing/New Existing/New Existing/New	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (a permit). For each transf	Status (circle one)  Existing/New Existing/New Existing/New	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	owed to operate under this general formation:  Date Control Device Installed (if already included at time of
1993, it is a NEW unit (apermit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  CA =	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (a permit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	Status (circle one)  Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are allowing information of the following information (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  RC/CA/None required	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K  2.(a) How much perchlo	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA = tave you used within the last 12 rethis in)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (apermit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE K	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA = tave you used within the last 12 rethis in)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K  2.(a) How much perchlo  [] gallo  (b) If less than 12 mo	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New  Existing/New  Existing/New  The second sec	after September 22, 1993 are alle, please provide the following information Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  AC/CA/None required  CA = tave you used within the last 12 rethis in)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  months?
*CONTROL DEVICE K  2.(a) How much perchlo  [] gallo  (b) If less than 12 mo	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New  Existing/New  Existing/New  The second sec	after September 22, 1993 are alle, please provide the following information (Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  RC/CA/None required  frigerated condenser CA = tave you used within the last 12 rethis in)	owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  months?

	ate with an "X". Select o		only.)			
S	mall Area Source	-				
				-	llons of perc per year)	
• .	Transfer only on Both machine type				llons of perc per year) llons of perc per year)	
 T	Large Area Source	r 1	(2500 10		·	
L		الــــا		0 10011	ons of perc per year)	
	Dry-to-dry mach Transfer only on				ons of perc per year)	4.4
1	Both machine typ				ons of perc per year)	
.*		· .				
	ontrol technology is requate with an "X".)	ired on machines	pursuant	to section (5)	of Part II of this notifi	cation form?
•						
_	Existing machines at sma NONE REQUIRED)	Il area source		Refrigerated	es at small area source	
(1	NONE REQUIRED)			Kemgeraied	·	
	Existing machines at larg	e area source			es at large area source	
	Carbon adsorber Refrigerated condenser			Refrigerated	condenser	
	Configuration condenser	,				
Rule 62-2	lity which contains non-e 13.300, F.A.C. Verify the criteria or that no such	hat all steam and l	hot water	generating un	its on-site meet the fol	
	and hot water generating	g units exempt		OR		
How many	y boilers do you have on-	site?			•	
For each b	poiler, indicate its horsep	ower (HP) rating	30	] []	)	
What type	of fuel do you use?	[] propane		[] natura		
		] No. 2 fue		[] No. 4	fuel oil (please list) ELEC	TPIA
		No. 6 Ide	21 011	[] Other	(piease list)	ericit.
6. Equipm	nent Monitoring and Rec	ordkeeping Infor	mation			
	logs which are required			lance with the	requirements of this p	eneral permit:
	ase receipts and solvent p	· -			[X]	portar portari
(a) I diche	ase receipes and sorvent p		addition .	iog .	L	
(h) I aak a		•			r 🔀 1	
	detection inspection and	repair		· · · · · · · · · · · · · · · · · · ·	[]	
(c) Refrig	detection inspection and erated condenser temper	repair ature monitoring				
(c) Refrig	detection inspection and	repair ature monitoring concentration mo	nitoring			

7. Surrender o	of Existing DEP Air Permit(s)	
Please indicate	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air permits authorizing operation of the facility this notification form; the permit number(s) are	y indicated in
	No DEP air permits currently exist for the operation of the facility indicated in this form.	s notification
Responsible (	Official Certification	
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility fication. I hereby certify, based on information and belief formed after reasonable in this notification are true, accurate and complete. Further, I agree to ope a the air pollutant emissions units and air pollution control equipment described above with all terms and conditions of this general permit as set forth in Part II of this notification to the information contained in this not	nquiry, that the rate and ve so as to ication form.
ALE	ESANDRA HARTH VICE PRESIDENT Defauth Vant 08/31/05	
Signature	Te / Date	

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.  Print name of responsible official	7. Surrender o	of Existing DEP Air Permit(s)
notification form; the permit number(s) are  [	Please indicat	e with an "X" the appropriate selection:
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.  Print name of responsible official		
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.  Print name of tesponsible official		No DEP air permits currently exist for the operation of the facility indicated in this notification form
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.  Print name of tesponsible official	Responsible (	Official Certification
Signature Date	this notifit statement maintain comply w  I will pro-	cation. I hereby certify, based on information and belief formed after reasonable inquiry that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to eith all terms and conditions of this general permit as set forth in Part II of this notification form.  I mply notify the Department of any changes to the information contained in this notification.  O E HART - SILVA  To f responsible official

## Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

#### Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

#### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

Effective: 2/24/99 >

- Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

### Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

### Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

#### Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

DEP Form No. 62-213.900(2)

CHANGE OF RO ONLY

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

# Part III. Notification of Intent to Use General Permit

ALTERIA O SON DE SOUTH OF THE S 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):
FERFECT CLEANERS, INC.
2. Site Name (For example, plant name or number):
SAME AS ABOVE
3. Hazardous Waste Generator Identification Number:
CESQG ,
4. Facility Location: 9835 SUNSET DR. #(0)
City: MIAMI County: MIAMI - DADE Zip Code: 53173
5. Facility Identification Number (DEP Use ONLY - do not fill in):
025/145 - GES 00)
Responsible Official
6. Name and Title of Responsible Official:
Name: ALEVANDRA HARTH Title: VICE PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm 30 35 SUNSET & #101
City: MIAMI County: 1210 Code: 33(7)
8. Responsible Official Telephone Number:
Telephone: (30,-) 1/9 - 04 8,- Fax: (30,-) 279 - 49 63
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ALESANDRA HARTH VICE PRESIDENT.
10. Facility Contact Address:
Street Address: SAME AS ABOVE
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: 30-271-8233 Fax: (30-)271-8233

DEP Form No. 62-213.900(2) Effective: 2/24/99

14

	•		·
Facility Information			
1.(a) DRY-TO-DRY MA	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	e provide the following informat	ion:
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")
198	Existing/Ne	w RC/CA/None required	SAME_
	Existing/Ne	w RC/CA/None required	
·	Existing/Ne	w RC/CA/None required	· · · ·
*CONTROL DEVICE KI	EY: $RC = rc$	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim		on-site?	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, llowed to operate under this general 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	<del> </del>
*CONTROL DEVICE KI	EY: $RC = re$	efrigerated condenser CA	= carbon adsorber
· · · · · · · · · · · · · · · · · · ·	oethylene (perc)	have you used within the last 12 this in)	months?
(b) If less than 12 mon			
Check why it is les	s than 12 months	: New owner: [] Did not ke	eep records: []

DEP Form No. 62-213.900(2)

Effective: 2/24/99

New store: [\_\_\_] New machine [\_\_\_]

Unopened store [\_\_\_\_] (date of expected opening \_\_\_\_

3. What is the facility's source classification based of Indicate with an "X". Select one classification of				
Small Area Source [X]				
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)			
Large Area Source	· r			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)			
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?			
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 Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site				
All steam and hot water generating units exempt No such units on-site	OR			
How many boilers do you have on-site?				
For each boiler, indicate its horsepower (HP) rating:	37 3.1			
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel				
6. Equipment Monitoring and Recordkeeping Inform	nation			
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 mon	itoring [X]			
(e) Startup, shutdown, malfunction plan				

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te 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
( <u>*</u>	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notif statemen maintain comply w I will pro AUE	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Samply notify the Department of any changes to the information contained in this notification.  Samply Harry  The of responsible official  Date

PERCHLOROETHYLENE DRY CLEANER Quality
AIR GENERAL PERMIT NOTIFICATION RORNAL Division of Management Division of Ma

c	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.	<b>S</b>
Fac	cility Name and Location	0000
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	qui
	cility Name and Location  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Site Name (For example, plant name or number):  5. At 1.5. 45. 10.031/15	in
2.	Site Name (For example, plant name or number):	45-0
	SAME 113 ABOVE. Jack	er,
3.	Hazardous Waste Generator Identification Number:	0
	CESQG	ake i
4.	Facility Location: 9835 SUNSET DR. #(0) Street Address:	
	City: MIAM, County: MIAMI-DADE Zip Code: 53173	
5.	Facility (dentification Number (DEP/Use ONL) C do not fill in)	
्र की विक्		
Res	sponsible Official	
6.	Name and Title of Responsible Official:	
	ME: ALEVANDRA HARTH Title: VICE PRESIDENT	
7.	Responsible Official Mailing Address:	
	Organization/Firm 35 SUNSET DR. #101	
	City: MIAMI County: MIAMI-DADF Zip Code: 33(7)	
8.		
	Telephone: (30,-)1/9 - 04 8/- Fax: (30,-) 279 - 49 63	
Fac	cility Contact (If different from Responsible Official)	
	Name and Title of Facility Contact (For example, plant manager):	
	ALESANDRA HARTH VICE PRESIDENT	
10.	Facility Contact Address:	
	Street Address: SAME AS ABOVE	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: 30,-671-8233 Fax: (30,-1271-8233	

DEP Form No. 62-213.900(2)

**Facility Information** 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (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 RC = refrigerated condenser \*CONTROL DEVICE KEY: 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [ 4 ] 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

DEP Form No. 62-213.900(2)

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 Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)	
Large Area Source	l ·	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)	
<ol> <li>What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)</li> </ol>		
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  No such units on-site  OR		
How many boilers do you have on-site?		
For each boiler, indicate its horsepower (HP) rating: [3 5] [3 5]		
What type of fuel do you use? [] propane [] No. 2 fu	el oil No. 4 fuel oil	
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  []		
(c) Refrigerated condenser temperature monitoring []		
(d) Carbon adsorber exhaust perc concentration monitoring		
(e) Startup, shutdown, malfunction plan		

7. Surrender o	f 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
ĽΣ	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible C	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.	
ALE	nptly notify the Department of any changes to the information contained in this notification.  [ANDRA HARTH  e of responsible official 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature	Pandis Hattle 04/06/06

### Bowman, Sandy

From:

Barros, Marcelo (DERM) [BarroM@miamidade.gov]

Sent:

Friday, June 02, 2006 11:34 AM

To:

Bowman, Sandy

Subject:

FW: Perfect Cleaners Inc (ARMS 0251145)



Hi Sandy:

Please be informed that the ARMS record for Perfect Cleaners (ARMS # 0251145-002) needs to be updated.

The RO found in ARMS for this facility is Alejandro Harth, instead of Alejandra Harth, who is the correct RO.

Thanks in advance.

Marcelo.

----Original Message----

Marcelo Barros [mailto:barrom@miamidade.gov]

Sent: Friday, June 02, 2006 11:21 AM

To: Marcelo Barros

Subject:

<<SDOC9840.pdf>> This E-mail includes attached file(s) sent from "RNP6F8396" (Aficio 1075). Scan Date: 06.02.2006 10:20:42 (-0500)

#### 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.

467403 JAN19207

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 251145
PERFECT CLEANERS INC
9835 Sunset Drive
MIAMI, FLORIDA 33173

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273 PREST CLEANERS, INC. 9835 Sundat Dr. #101 Mismi, FL 33173 (888) 271-6283 17 JAN 2007 PM 3 T

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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4**5**8665 FEB 6 2006

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

251145 10 PERFECT CLEANERS 9835 Sunset Drive MIAMI, FL 33173

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273