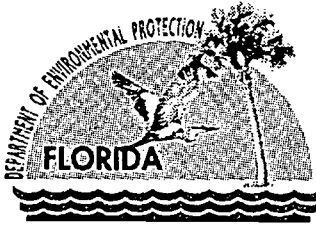


Fees Paid
SOC 4
Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Audie Galliguez
ABC Cleaners
7919 Pines Boulevard
Pembroke Pines, Florida 33024

Re: Facility No.: 0112255-002

Dear Mr. Galliguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2001.

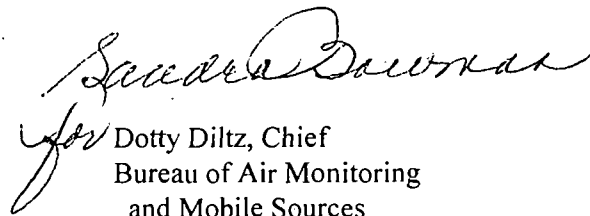
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458714 FEB 8 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

AIRS ID# 112255 1st
 ABC DRY CLEANERS
 7919 Pines Blvd
 PEMBROKE PINES, FL 33024

Printed on recycled paper.

Bureau of
& Mobile Sources
AIR INFORMATION

FEB 9 9 36

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459813 MAR 10 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

Reford pd 2/8

Do NOT Remove Label

112255 10
 ABC DRY CLEANERS
 7919 Pines Blvd
 PEMBROKE PINES, FL 33024

Printed on recycled paper.

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436236 FEB112004

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

ID# 112255
AUDIE GALLIGUEZ
ABC DRY CLEANERS
7919 PINES BLVD
PEMBROKE PINES, FL 33026

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2004

RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 03-035001
Obj.: 002273

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 112255
 AUDIE GALLIGUEZ
 ABC DRY CLEANERS
 7919 PINES BLVD
 PEMBROKE PINES, FL 33026

2. Article (Trans) **7003 2260 0003 5651 0048**

COMPLETE THIS SECTION ON DELIVERY

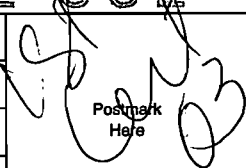
A. Signature Agent
 Addressee

B. Received by (Printed Name) **AGNES OY** C. Date of Delivery **2/6/04**

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

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 \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	Postmark Here 
Total Pc ID# 112255 Sent To AUDIE GALLIGUEZ ABC DRY CLEANERS Street, Ap or PO Box 7919 PINES BLVD City, State PEMBROKE PINES, FL 33026	
PS Form 3800, June 2002 See Reverse for Instructions	

9400 1595 0000 0922 0003 2260 0003 5651 0048



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422066 JAN23 2003

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

RECEIVED
JAN 27 2003
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0112255
ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413726 FEB 1 2002

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 # 0112255
ABC DRY CLEANERS AUDIE GALLIGUEZ 7919 PINES BLVD PEMBROKE PINES FL 33026

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

0112255-002

p16

6(c)

(d)

} Not required for Existing Small
Sources.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: _____ DATE: _____

cc To:

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional
Date Due: _____

Reply Required
Date Due: _____

Info Only

Comments:

From: _____

Tel.: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 28 2001
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):	ABC CLEANERS / AUDIE GALLIGUEZ		
2. Site Name (For example, plant name or number):	7919 PINES BLVD. PEMBROKE PINES, FL. 33024		
3. Hazardous Waste Generator Identification Number:	EPA ID #	FLD CFSOG /	EPA WASTE # F002 / D039
4. Facility Location:	7919 PINES BLVD		
Street Address:			
City:	PEMBROKE PINES	County:	BROWARD
		Zip Code:	33024
5. Facility Identification Number (DEP Use Only - do not fill in):	011225002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	AUDIE GALLIGUEZ	Title:	PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm:	SAME AS ABOVE		
	Street Address:			
	City:	County:	Zip Code:	
8. Responsible Official Telephone Number:	Telephone:	(954) 963-2244	Fax:	()

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1976</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	
	Existing/ <u>New</u>	RC/CA/None required	
	Existing/ <u>New</u>	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? 1

How many dryers/reclaimers do you have on-site? 1

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?

90 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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 _____)

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
AIRSD # 012255001AG
- 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.

AUDIE GALLIGUEZ

Print name of responsible official



Signature

6-25-01

Date

RECEIVED
JUN 28 2001
Bureau of Air Monitoring
& Mobile Sources

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL - 5 2001

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources
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):	ABC CLEANERS / AUDIE GALLIGUEZ
2. Site Name (For example, plant name or number):	7919 PINES BLVD. PEMBROKE PINES, FL. 33024
3. Hazardous Waste Generator Identification Number:	EPA ID # - FLD CESOG / EPA WASTE # F002 / D039
4. Facility Location: Street Address:	7919 PINES BLVD
City:	PEMBROKE PINES
County:	BROWARD
Zip Code:	33024
5. Facility Identification Number (DEP Use ONLY, do not fill in)	012255000

Responsible Official

6. Name and Title of Responsible Official:	Name: AUDIE GALLIGUEZ	Title: PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm: SAME AS ABOVE	Street Address: County: Zip Code:
8. Responsible Official Telephone Number:	Telephone: (954) 963-2244	Fax: () -

Facility Contact (If different from Responsible Official)

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

Facility Information

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<u>1976</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u> </u>
<u> </u>	Existing/ <u>New</u>	RC/ <u>CA</u> /None required	<u> </u>
<u> </u>	Existing/ <u>New</u>	RC/ <u>CA</u> /None required	<u> </u>

*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")
<u> </u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u> </u>
<u> </u>	Existing/ <u>New</u>	RC/ <u>CA</u> /None required	<u> </u>
<u> </u>	Existing/ <u>New</u>	RC/ <u>CA</u> /None required	<u> </u>

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

90 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)

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 1000-255001AG *orig*
- 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.

AUDIE GALLIGUEZ
Print name of responsible official

Audie Galliguez
Signature *7-02-01*

6-25-01
Date