

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 26, 2004

Mr. Rogerio DeSouza Simoes
Trinity Best Cleaners
4130 Northeast 12 Terrace
Pompano Beach, Florida 33064

Re: Facility No.: 0112632-001

Dear Mr. Simoes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 23, 2004.

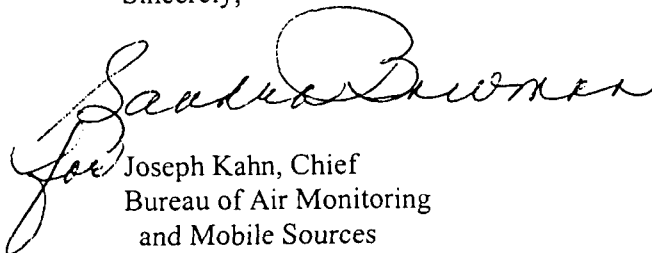
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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EMISSION FEE DATES

SOC REPORTS.....

COMPLIANCE STATUS

No Activity Exist - New Facility

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 23 2004
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):	ROGERIO DE SOUZA SIMOES		
2. Site Name (For example, plant name or number):	TRINITY BEST CLEANERS		
3. Hazardous Waste Generator Identification Number:	DRY cleaning world SAFETY CLEAN / SAFETY DBA one price dry ch.		
4. Facility Location:	Street Address: 3516 N. Powerline Road City: Pompano Beach County: Broward Zip Code: 33064		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112632-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: ROGERIO DE SOUZA SIMOES Title: OWNER		
7. Responsible Official Mailing Address:	4130 NE 12 TERRACE Organization/Firm: Street Address: City: Pompano Beach County: Broward Zip Code: 33064		
8. Responsible Official Telephone Number:	Telephone: (954) 946 3004 Fax: (954) 946 3004 954) 818 6712		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TRINITY CLEANERS		
10. Facility Contact Address:	Street Address: 3516 N Powerline RD City: Pompano Beach County: Florida Zip Code: 33064		
11. Facility Contact Telephone Number:	Telephone: (954) 973 0101 Fax: () -		

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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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

?
? } I don't understand.

Cal # 954) 8186712

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.

ROBERTO DE SOUZA SIMOES

Print name of responsible official

Roberto de Souza Simoes

Signature

02-20-02

Date

Facility Information

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

How many dry-to-dry machines do you have on-site? [01]

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")
Landlord paid me w/ THE DRY Clean + our - Chem) 2 years	Existing/New	RC/CA/None required	UNION Year 2.000
	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?

[] gallons (You must fill this in)

(b) If less than 12 months, how many? [1 1/2] months

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

I OWN THE STORE for about 2 years, but WAS A DROP STORE, get THE CLOTHES And send out to be Clean. NOW after we get THE permits we BUILD THE plant on site.

part time WE BUY around 100 gallons To fill THE mach. WE DONT KNOW YET WE START USING THE machine from 12-28-03

03/23/2004

Spoke with Mr. Rogerio De Souza Simoes, owner of Trinity Cleaners, and he stated that he has one dry-to-dry machine using perchloroethylene purchased new in 2000. He also stated that the dry-to-dry machine has a built in refrigerated condenser as a control device.

Page 15

1. (a) Add Date machine initially purchased from manufacturer.
New should be circled under Status for 2000 machines.
RC should be circled under Control Device Required.
Add "SAME" for Date Control Device installed for built in refrigerated condenser.
- 2 (a) Add number of gallons of perchloroethylene purchased in past 12 months in space provided.

Page 16

6. (e) Should be marked. Required for all sources.

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OFFICIAL USE

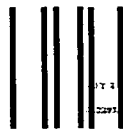
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total AIRS ID# 112632 3 rd Cert04 TRINITY BEST CLEANERS Sent To: 3516 N Powerline Road Street or PO: POMPANO BEACH, FL 33064 City, S.	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 6637

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID# 112632 3rd Cert04 TRINITY BEST CLEANERS 3516 N Powerline Road POMPANO BEACH, FL 33064</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;">11/11/04</p>
<p>2. Article (Transaction) Number</p> <p>PS Fo</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

UNITED STATES POSTAL SERVICE

APR 18 2005

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

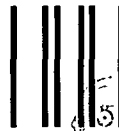
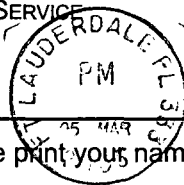
Sent To: AIRS ID#0112632.....2nd Cert 05
 TRINITY BEST CLEANERS
 Street, Apt. No.,
 or PO Box No. 3516 N Powerline Road
 City, State, ZIP+4 POMPANO BEACH, FL 33064

PS Form 3800, 01

7004 2510 0002 3939 7682

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AIRS ID#0112632.....2nd Cert 05 TRINITY BEST CLEANERS 3516 N Powerline Road POMPANO BEACH, FL 33064 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em;"> 7004 2510 0002 3939 7682 </div>

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 •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

MAR 7 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

473671 APR272007

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

TOTAL AMOUNT DUE: \$50.00

CK #1283
MS⁰⁰

Do NOT Remove Label

AIRS ID# 112632
TRINITY BEST CLEANERS
3516 N Powerline Road
POMPANO BEACH, FLORIDA
33064

APR 30 2007
Surfnet, Inc. +1 304 441 1111
Mobile Source

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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458936 FEB152006

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# 112632 1st
~~TRINITY BEST CLEANERS~~
3516 N Powerline Road
POMPANO BEACH, FL 33064

sample

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

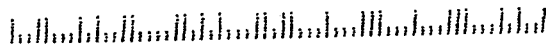
Printed on recycled paper.

Sample cleaners
3516 N. Powerline Rd.
Pompano Beach
FL 33069



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

323153070 8099



With
JOY
all things
are possible
Matthew 19:26

Rogério DeSouza Simoes
Claudia DeSouza Simoes
4130 NE 12th Terr.
Pompano Beach, FL 33064

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 557
Department of Environmental Protection
2600 Blair Stone Road - MS 5510
TALLAHASSEE, FL 32399-2400