



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 2 2001

Mr. Angel Suarez
Reys Cleaners
2619 Ponce de Leon Boulevard
Coral Gables, Florida 33134

Re: Facility No.: 0250704-002

Dear Mr. Suarez:

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,

D Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 5
Compliance IN

0250704-002

p15

1(a) New should be circled under Status for each machine.

p16 New machines at small area source should be marked. Mark out "X" under Existing machine at small area source and initial.

p17

Responsible official sign and date for changes made.

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

Bureau of Air Monitoring
& Mobile Sources

JUN 28 2001

RECEIVED

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):	Cleaners of Coral Gables, Inc DBA-Reys Cleaners		
2. Site Name (For example, plant name or number):	REYS Cleaners		
3. Hazardous Waste Generator Identification Number:	139500236		
4. Facility Location:	2619 Ponce de Leon Blvd		
Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
Coral Gables	DADE	33134	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250704-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ANGEL SUAREZ	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	REYS CLEANERS / ANGEL SUAREZ		
Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
Coral Gables	Dade	33134	
8. Responsible Official Telephone Number:			
Telephone:	(305) 443 0839	Fax:	(305) 443 9549

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	FRANCISCO M. SUAREZ		
10. Facility Contact Address:			
Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
Coral Gables	Dade	33134	
11. Facility Contact Telephone Number:			
Telephone:	(305) 443 0839	Fax:	(305) 443 9549

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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>7/93</u>	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>SAME</u>
<u>7/95</u>	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>SAME</u>
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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 / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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? 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".)

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

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 0260704001AG.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

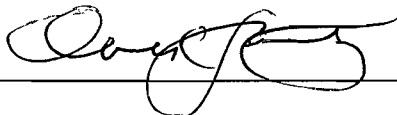
Responsible Official Certification

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.

ANGEL SUAREZ

Print name of responsible official



Signature

6/22/01

Date

Dibble, Dickson

From: Dibble, Dickson
Sent: Tuesday, October 23, 2007 12:18 PM
To: 'Gordon, Ray (DERM)'
Cc: Bowman, Sandy; Tart, Cecily
Subject: RE: Rey's Cleaners 0251149, 0250704
Attachments: 0250704.pdf

Tracking:	Recipient	Delivery
	'Gordon, Ray (DERM)'	
	Bowman, Sandy	Delivered: 10/23/2007 12:18 PM
	Tart, Cecily	Delivered: 10/23/2007 12:18 PM

Good Morning to you Ray! That's the good news!

What is the bad news you ask? I can't fix it!

Okay, here's what happened.

Please see and review the .pdf attachment.

On 12/20/06, Finance & Accounting received a payment of \$100.00 from and applicable to the following facility:

Cleaners of Coral Gables
Inc d.b.a. Rey's Cleaners
AIRS ID# 250704
2619 Ponce de Leon Blvd
CORAL GABLES, FL 33134

The Cash Listing from Finance & Accounting was rec'd in our office on 12/21/06 and the information was input by Sandy Bowman. Because the amount entered was greater than the \$50.00 Annual Operations Fee, a refund was due. There was no indication that this \$100.00 fee was applicable to two (2) facilities, and as you can well see their own check stub indicates applicability to AIRS ID# 0250704. The receipt enclosed with their remittance was for AIRS ID# 0250704. There was no indication as to applicability of another facility and therefore the only thing that Sandy could do was to process a refund request (#14700 - below) as an overpayment on 12/26/06.

10/23/2007

Florida Department of Environmental Protection - Enterprise Applications

Action Edit Query Block Record Field Help Window

Cash Receiving Application - Approve/Deny Refund Request

Query * Approve/Deny Refund Request

Refund ID	14700	Payment #	785720	Object	2273
Date Requested	12/26/2006	Refund Fund	APCTF	Remittance	705541
Refund Reason	OVER PAYMENT	DDN/PNR	466272	Deposit	271249
Refund Amount	50.00	Received Date	12/20/2006	Payment Amount	100.00
		Reference Acct	250704	Name	CLEANERS OF CORAL GABLES INC
		Cashlist Area	3755	Remittance Status	REFUNDED
		Payment Status	REFUNDED		

PAYMENT INFORMATION VIEW

FOR F&A USE ONLY

Approved Date	01/10/2007	Voucher #	R00322
Denied Reason		Denied Date	
Verified By	MAHONEY_K	F&A PERSON	

CRAF042

Display only: The reason for the refund.

Record: 1/?

So the facility was refunded the \$50.00 excess, but I guess they didn't tell you that. So in reality, we never received payment applicable to AIRS ID# 0251149 for the operating year 2006. In fact it appears that no Annual Operations fees were received for the 2005 or the 2006 operating years.

I hope that helps to explain the situation. Sorry I can't fix it.

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586
 ICG-#345
 Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]
Sent: Monday, October 22, 2007 9:08 AM
To: Dibble, Dickson
Subject: Rey's Cleaners 0251149, 0250704

Good morning Dick

The above two dry cleaners have the same owner. On December 20th , 2006 they made a payment of \$100.00, which should have been split between the two facilities. The whole payment of \$100.00 was credited to one facility (0250704) and the other one 0251149 shows no payment made. Could you fix this please?

Ray A. Gordon
Air Compliance Project Manager
Office:305-372-6925
gordor@miamidade.gov

"Delivering Excellence Every Day"

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466272 DEC 20 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

refund \$50.00 12/26/06

Do NOT Remove Label

AIRS ID# 250704
CLEANERS OF CORAL GABLES
INC
2619 Ponce de Leon Blvd
CORAL GABLES, FLORIDA

Bureau of Air, Mail & Mobile Services
DEC 21 2006

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.

CLEANERS OF CORAL GABLES, INC. DBA REY'S CLEANERS
Florida Department of Environ. Protection

01893

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/13/2006	Bill	AIRS ID# 250704	100.00	100.00		100.00
				Check Amount		100.00

refund 50.00

Wachovia

AIRS ID# 250704

100.00

RECEIVED

JUL - 5 2001

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring & Mobile Sources

JUN 28 2001

RECEIVED

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):	Cleaners of Coral Gables, Inc DBA-Reys Cleaners		
2. Site Name (For example, plant name or number):	REYS Cleaners		
3. Hazardous Waste Generator Identification Number:	139500236		
4. Facility Location: Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
	CORAL Gables	DADE	33134
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250704-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ANGEZ SUAREZ	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	REYS CLEANERS / ANGEZ SUAREZ		
Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
	CORAL Gables	Dade	33134
8. Responsible Official Telephone Number:			
Telephone:	(305) 443 0839	Fax:	(305) 443 9549

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	FRANCISCO M. SUAREZ		
10. Facility Contact Address:			
Street Address:	2619 Ponce de Leon Blvd		
City:	County:	Zip Code:	
	CORAL Gables	Dade	33134
11. Facility Contact Telephone Number:			
Telephone:	(305) 443 0839	Fax:	(305) 443 9549

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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7/93	Existing/New	RC/CA/None required	SAME
7/95	Existing/New	RC/CA/None required	SAME
	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? 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".)

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

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

Permit Renewal

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

~~025745746~~

Permit Renewal

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.

ANGEL SUAREZ

Print name of responsible official

Signature

[Handwritten Signature]

Date

6/22/01

7/02/01

[Handwritten Initials]

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 01 2002

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):	Cleaners of Coral Gables, Inc
2. Site Name (For example, plant name or number):	REY'S Cleaners
3. Hazardous Waste Generator identification Number:	IWS-002862
4. Facility Location: Street Address: City: County: Zip Code:	2619 Ponce de Leon Blvd. Coral Gables Dale 33134
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250404-002

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	ANGEL SUAREZ President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	REY'S CLEANERS 2619 Ponce de Leon Blvd Coral Gables Dale 33134
8. Responsible Official Telephone Number: Telephone: Fax:	(305) 443-0839 (305) 443-9549

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: () -	

5.0 1 0 000

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 type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input checked="" type="checkbox"/>
Refrigerated condenser <input checked="" 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?
- 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

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
6/1993	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required	same
6/1995	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC/CA/None required	same
_____	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? [0]

How many dryers/reclaimers do you have on-site? [0]

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?

[200] 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 _____)

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.

ANGEL SUAREZ
Print name of responsible official


Signature

July 29, 2002
Date

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

9. **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.

CLEANERS OF CORAL GABLES, INC.
Florida Department of Environ. Protection

3331

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/19/2001	Bill		50.00	50.00		50.00
				Check Amount		50.00

12/20/2001

Ocean Bank

AIRS ID # 0250704

50.00

CLEANERS OF CORAL GABLES, INC.

4134

Florida Department of Environ. Protection

2/17/2003

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
02/08/2003	Bill		50.00	50.00		50.00
				Check Amount		50.00

Ocean Bank

0205704

50.00

CLEANERS OF CORAL GABLES, INC. DBA REY'S CLEANERS
Florida Department of Environ. Protection

01893

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/13/2006	Bill	AIRS ID# 250704	100.00	100.00		100.00
				Check Amount		100.00

12/18/2006

*refund
50.00*

Wachovia

AIRS ID# 250704

100.00 . . .

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 7834

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

[Handwritten Signature]
Postmark Here

AIRS ID#0250704

Sen REY'S CLEANERS
Stre ANGEL SUAREZ
or F 2619 PONCE DE LEON BLVD
City CORAL GABLES FL
33134

PS

Instructions



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423264 FEB20 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

Do **NOT** Remove Label

AIRS ID#0250704

REY'S CLEANERS
ANGEL SUAREZ
2619 PONCE DE LEON BLVD
CORAL GABLES FL
33134

RECEIVED
FEB 26 2003
Bureau of Air Monitoring
& Mobile Sources

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

412360 DEC28 2001

Do **NOT** Remove Label

AIRS ID # 0250704

REY'S CLEANERS

ANGEL SUAREZ

~~5996 SW 88TH PLACE~~

~~MIAMI FL~~

~~33128~~

2619 Ponce de Leon Blvd
Coral Gables, FL

33134

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466272 DEC202006

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

TOTAL AMOUNT DUE: \$50.00

reference
\$50.00
12/26/06

Do **NOT** Remove Label

AIRS ID# 250704
CLEANERS OF CORAL GABLES
INC
2619 Ponce de Leon Blvd
CORAL GABLES, FLORIDA

Bureau of Air Mail
& Mobile Services
DEC 21 2006

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

457287/DEC27 2005

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

250704 10
REY'S CLEANERS
2619 Ponce de Leon Blvd
CORAL GABLES, FL 33134

Bureau of Air
& 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434173 DEC12 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

Do NOT Remove Label

250704
ANGEL SUAREZ
REY'S CLEANERS
2619 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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

~~RECEIVED~~
DEC 16 2003
Bureau of Air Monitoring
& Meteorology

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443753 DEC27 2004

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# 250704 10
REY'S CLEANERS
2619 Ponce de Leon Blvd
CORAL GABLES, FL 33134

Bureau of Air Monitoring
& Mobile Source
DEC 28 2004
RECEIVED

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

Printed on recycled paper.