

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 Espinosa
Coconut Grove Laundry and Cleaners
3101 Grand Avenue
Coconut Grove, Florida 33133

Re: Facility No.: 0250720-002

Dear Mr. Espinosa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 25, 2001.

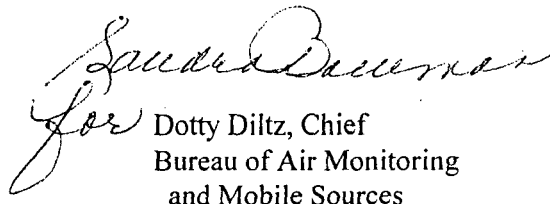
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
SOC 5
Compliance IN

0250720 - 002

p15

Ka) New should be circled under
Status for both machines.

p17

Responsible Official sign and date
for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 25 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): ANGEL J. ESPINOSA
2. Site Name (For example, plant name or number): COCONUT GROVE LAUNDRY AND CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 097199590
4. Facility Location: COCONUT GROVE Street Address: 3101 GRAND AVENUE City: COCONUT GROVE County: MIAMI-DADE Zip Code: 33133
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250720-002

Responsible Official

6. Name and Title of Responsible Official: Name: ANGEL ESPINOSA Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3101 GRAND AVENUE City: COCONUT GROVE County: MIAMI-DADE Zip Code: 33133
8. Responsible Official Telephone Number: Telephone: (305) 444-1344 Fax: (305) 666-3924

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?

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>12-19-91</u>	Existing/New	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA / None required	<u>02-13-92</u>
<u>3-03-00</u>	Existing/New	<input checked="" type="radio"/> RC <input checked="" type="radio"/> CA / None required	<u>3-03-00</u>
<u> </u>	Existing/New	RC/CA/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>	Existing/New	RC/CA/None required	<u> </u>
<u> </u>	Existing/New	RC/CA/None required	<u> </u>
<u> </u>	Existing/New	RC/CA/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?

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 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?

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

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

ANGEL ESPINOSA
Print name of responsible official

Angel Espinosa
Signature

06/19/01
Date

RECEIVED

AUG 4 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): <i>Angel J. Espinosa</i>
2. Site Name (For example, plant name or number): <i>Coconut Grove Laundry + Cleaners</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 097199590</i>
4. Facility Location: <i>Coconut Grove</i> Street Address: <i>3101 Grand Avenue</i> City: <i>Coconut Grove</i> County: <i>Miami-Dade</i> Zip Code: <i>33133</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250720-002</i>

file

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Angel Espinosa</i> Title: <i>Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>3101 Grand Avenue</i> City: <i>Coconut Grove</i> County: <i>Miami-Dade</i> Zip Code: <i>33133</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 444-1344</i> Fax: <i>(305) 666-4220</i>

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:
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Facility Information

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

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

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12.19.91	Existing/New	RC/CA/None required	02.13.92
3.03.00	Existing/New	RC/CA/None required	03.03.00
_____	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? [_____]

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_____	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?

[166] 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.)

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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"/> |

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 No. 6 fuel oil Other (please list) _____

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I will promptly notify the Department of any changes to the information contained in this notification.

Angel Espinosa
Print name of responsible official

Angel Espinosa
Signature

7/31/03
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456822 DEC14 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

250720 10
COCONUT GROVE LAUNDRY &
CLEANERS
3101 Grand Ave
COCONUT GROVE, FL 33133

RECEIVED
DEC 16 2005
BUREAU OF AIR MAIL
Mobile Station

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

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

443371 DEC15 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250720 10
COCONUT GROVE LAUNDRY &
CLEANERS
3101 Grand Ave
COCONUT GROVE, FL 33133

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EC 11
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434362 DEC17 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

250720
ANGEL ESPINOSA
COCONUT GROVE LAUNDRY &
CLEANERS
3101 GRAND AVENUE
COCONUT GROVE FL 33133

#

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

DEC 22 2003
Bureau of Air, Mail, and Surface
& Mobile Services



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420509 DEC11 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#0250720
 COCONUT GROVE LAUNDRY & CLEANERS
 ANGEL ESPINOSA
 3101 GRAND AVENUE
 COCONUT GROVE FL
 33133

FOR GOVERNMENT USE ONLY
 Org.: 3755010100 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

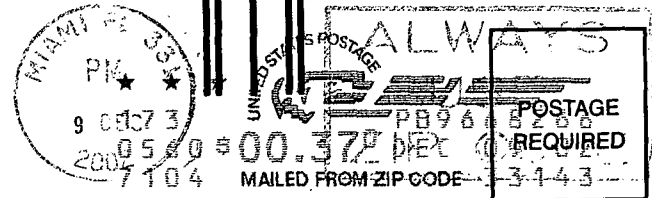
Bureau of Air Monitoring & Mobile Sources

DEC 13 2002

13 D

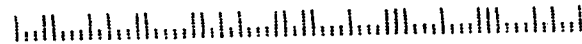
Handwritten mark resembling a large '4' or 'X'.

C. Espinosa-Mendoza
Cerified Public Accountant
8325 SW 54th Avenue
Miami, FL 33143



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

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411923 DEC19 2001

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 # 0250720
COCONUT GROVE LNDRY & CLEANERS
ANGEL ESPINOSA
3101 GRAND AVENUE
COCONUT GROVE FL
33133

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

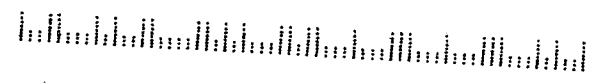
Coconut Grove Laundry
& Cleaners
3101 Grand Ave
Coconut Grove, FL 33133

MIAMI, FL 331
PM
17 DEC
2001



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

32315+3070 93



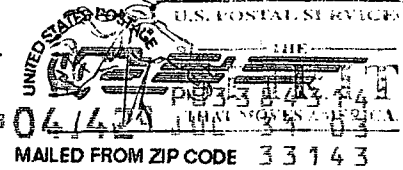
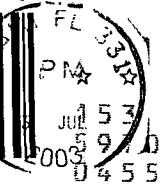
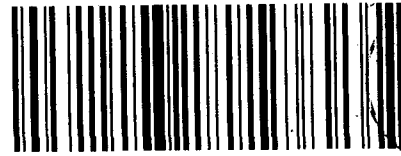
C. ESPINOSA-MENDOZA

CERTIFIED PUBLIC ACCOUNTANT

8325 S.W. 54 AVENUE

MIAMI, FLORIDA 33143

CERTIFIED MAIL



7002 0860 0004 1441 6672

**RETURN RECEIPT
REQUESTED**

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

32399+2400 01

