



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

January 9, 2007

Mr. Martha M. Lopez
Vogue 1 Hour Cleaners
9877 Southwest 184 Street
Miami, Florida 33157

Re: Facility No.: 0250732-002

Dear Ms. Lopez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 7, 2006.

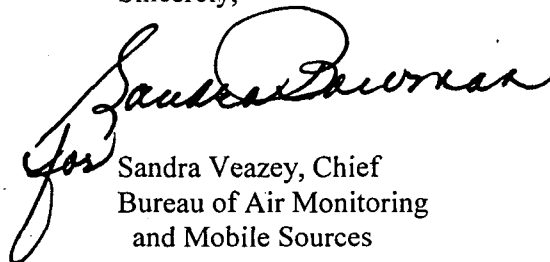
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 196-2005
SOC REPORTS
COMP. STATUS - SNC MNC (N)

INS2 - Compliance Inspection
walk through

Insp - Dale Co - M Mathiah

RECEIVED
DEC 07 2006
Division of Air Quality
& Mobile Source

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):	Sarlatz International, Inc.
2. Site Name (For example, plant name or number):	Voque 1 hr. Cleaners
3. Hazardous Waste Generator Identification Number:	DAWA - 0050544 - FLD 984187344
4. Facility Location: Street Address: City: County: Zip Code:	9877 S.W. 184 STREET Miami Fla 33157 - Dade
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250732-002

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Martha M. Lopez owner-operator
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Same 9877 SW 184 Street Miami Miami-Dade 33157
8. Responsible Official Telephone Number: Telephone: Fax:	(706) 497 6560 (305) 884-2898

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")
1996	Existing/New	RC/CA /None required	SAME
	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? 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? 1

For each boiler, indicate its horsepower (HP) rating: 1 0

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.

Martha M. Lopez
Print name of responsible official

M Lopez
Signature

Dec 4/06
Date

Vogue 1hr. Cleaners
9877 S.W. 184 ST
Miami, FL 33157

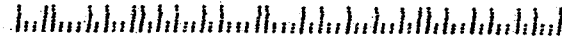
MIAMI FL 331

05 DEC 2006 PM 5 L



to: General Permits Section
Bureau of Air Monitoring
Dept of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fla 32399-2400

32399+6342





Florida Department of Environmental Protection

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

November 6, 2007

RECEIVED

NOV 07 2007

BUREAU OF AIR REGULATION

Sarlaz International, Inc.
DBA Vogue Cleaners
9877 SW 184th Street
Miami, FL 33157

RE: Returned Check - Uncollected Funds
AR #: 011705
Remittance #: 750634

To Whom It May Concern:

You are hereby notified that your check #5594 dated October 1, 2007, payable to Department of Environmental Protections was returned to us marked "Uncollected Funds".

Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of \$75.00 plus a service fee of \$15.00 or 5% (per check) not to exceed \$150.00. The amount due is \$90.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **CASHIERS CHECK OR MONEY ORDER** payable to the **Department of Environmental Protection** in the amount of \$90.00 to the **Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, FL 32315**. After receiving your remittance, your dishonored check will be returned.

If you have any questions, please contact Ann Sullivan at (850) 245-2458.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor I
Bureau of Finance and Accounting

AS/mm

cc: Reading File
Cashier
Patty Adams

RECEIVED

NOV 08 2007

11/8/07

RECEIVED

NOV 07 2007

BUREAU OF AIR FORCE TRAINING

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.

477156 OCT 4 2007

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#250732
SARLAZ INT INC-O
9877 SW 184 St
MIAMI, FLORIDA 33157



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

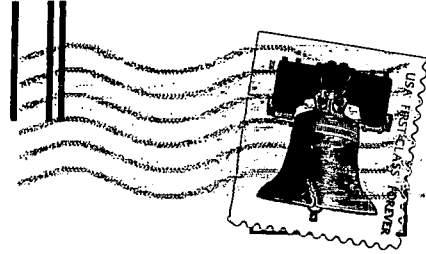
FOR GOVERNMENT USE ONLY
ORG: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

RECEIVED
OCT 09 2007
Office of Air Monitoring
Mobile Sources

Printed on recycled paper.

MIAMI FL 331

02 OCT 2007 PM 3 T



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

32315+3070 BO99

