

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

January 22, 2003

Mr. Alfonso Zegueira  
Grove Cleaners & Laundry  
2166 Southwest 23 Terrace  
Miami, Florida 33145

Re: Facility No.: 0250738-002

Dear Mr. Zegueira:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 23, 2002.

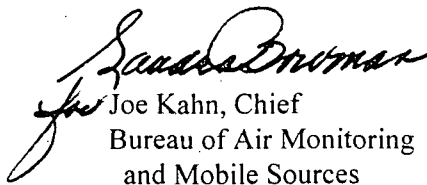
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

  
Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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Fees 96-01

SOC 6

Comp IN

# GROVE CLEANERS & LAUNDRY

1806 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134  
PHONE: (305) 567-9007  
FAX: (305) 567-1372

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FEB 12 2003  
Bureau of Air Monitoring  
& Mobile Sources

January 29, 2003

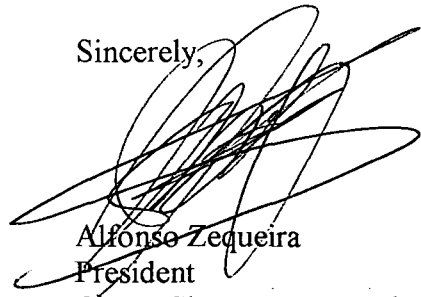
Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

The purpose of this letter is to correct some of the information your organization has filed about our company. The first item to be changed is the spelling of the last name of the authorized official of the company; the name should be Alfonso Zequeira. The second item to be changed is our mailing address, any further notifications should be sent to the address stated below which is our site address.

Grove Cleaners & laundry, Inc.  
1806 Ponce de Leon Blvd  
Coral Gables, Fl 33134

Should you need more information, you may reach me at: (305) 567-9007.

Sincerely,



Alfonso Zequeira  
President  
Grove Cleaners & Laundry, Inc.



# Department of Environmental Protection

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

David B. Struhs  
Secretary

Jeb Bush  
Governor

January 22, 2003

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FEB 12 2003  
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& Mobile Sources

Mr. Alfonso Zegueira  
Grove Cleaners & Laundry  
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Miami, Florida 33145

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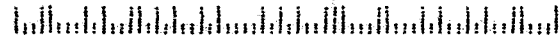
**GROVE CLEANERS & LAUNDRY**

1806 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134



Title V General Permits Office  
Bureau of Air Monitoring & Mobile Sources MS5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

32399+2400



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DEC 23 2002

DEC 18 2002

PERCHLOROETHYLENE DRY CLEANER  
Bureau of Air Monitoring & Mobile Sources  
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality Management Division

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):	Grove Cleaners & Laundry, Inc.
2. Site Name (For example, plant name or number):	Grove Cleaners & Laundry
3. Hazardous Waste Generator Identification Number:	FLD 984 248 492
4. Facility Location: Street Address: City: Coral Gables County: Dade Zip Code: 33134	1806 Ponce de Leon Blvd.
5. Facility Identification Number (DEP Use ONLY - do not fill in)	

0250738-002

Responsible Official

6. Name and Title of Responsible Official: Name: Alfonso Zequeira Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2166 S.W. 23 Terrace City: Miami County: Dade Zip Code: 33145
8. Responsible Official Telephone Number: Telephone: (305) 858-9385 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? 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")
<u>6-1-92</u>	<u>Existing</u> /New	RC/CA/ <u>None</u> required	<u>SAME</u>
<u>11-1-97</u>	<u>Existing</u> /New	RC/CA/ <u>None</u> required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____

# 1  
# 2

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? None

How many dryers/reclaimers do you have on-site? None

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?

# 1 169 gallons (You must fill this in) # 2 161 gallons Total - 330 gallons

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

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

Now 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 - 1,600 gallons of perc per year)
- Both machine types on-site (used 140 - 1,600 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?  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  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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.

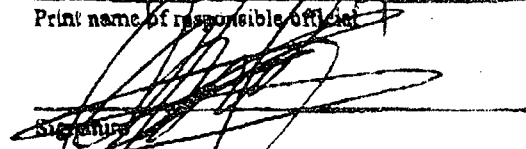
Responsible Official Certification

*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.*

Antonio Zagveira

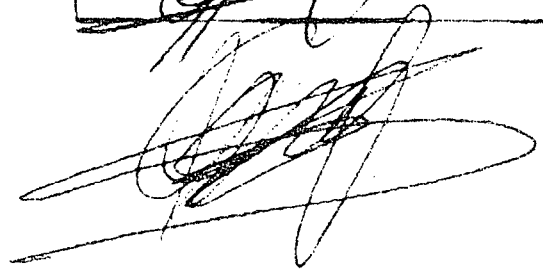
Print name of responsible official



Signature

12-09-02

Date



12-18-02



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

459929 MAR 16 2006

Bureau of Air  
& Mobile  
Services

MAR 17 2006

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**TOTAL AMOUNT DUE: \$75.00**

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AIRS ID# 250738  
GROVE CLEANERS & LAUNDRY  
1806 Ponce De Leon Blvd  
CORAL GABLES, FL 33134

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 00200

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FUND: 20-2-035001  
OBJECT: 002273

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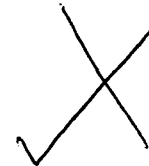
Do NOT Remove Label

250738  
ALFONSO ZEQUEIRA  
GROVE CLEANERS & LAUNDRY  
1806 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Bureau of Air Monitoring  
& Mobile Sources

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**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID# 250738 10  
GROVE CLEANERS & LAUNDRY  
1806 Ponce De Leon Blvd  
CORAL GABLES, FL 33134

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ID# 250738  
 ALFONSO ZEQUEIRA  
 GROVE CLEANERS & LAUNDRY  
 1806 PONCE DE LEON BLVD  
 CORAL GABLES, FL 33134

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Alfonso Zequeira</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Feb 14</i></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;">           ID# 250738            ALFONSO ZEQUEIRA            GROVE CLEANERS &amp; LAUNDRY            1806 PONCE DE LEON BLVD            CORAL GABLES, FL 33134         </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <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>	<p style="text-align: center; font-size: large;">7003 2260 0003 5651 1472</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02</p>	

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
Mobile Sources

FEB 12 2004

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422483 FEB 32003

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

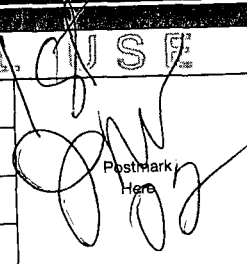
AIRS ID#0250738  
GROVE CLEANERS & LAUNDRY  
ALFONSO ZEQUEIRA  
1806 PONCE DE LEON BLVD  
CORAL GABLES FL  
33134

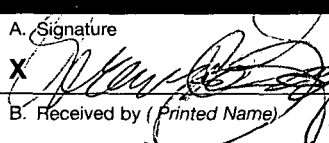
Bureau of Air Monitoring  
& Mobile Sources

FEB 07 2003

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



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<b>Total Postage</b>	
AIRS ID#0250738	
Sent To	GROVE CLEANERS & LAUNDRY
Street, Apt. No., or PO Box No.	ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD
City, State, ZIP+	CORAL GABLES FL 33134
PS Form 3800, January 2001	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature</p> <p><input checked="" type="checkbox"/>  <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0250738</p> <p>GROVE CLEANERS &amp; LAUNDRY ALFONSO ZEQUEIRA 1806 PONCE DE LEON BLVD CORAL GABLES FL 33134</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p style="text-align: right;"><b>FEB - 7 20</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: right;">7001 0320 0001 7975 7780</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035</p>			

UNITED STATES POSTAL SERVICE



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