

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 26, 2003

Mr. Rafael Valdes
X Press Dry Cleaner
1739 Southwest Eighth Street
Miami, Florida 33135

*New
OWNER*

Re: Facility No.: 0250746-002

Dear Mr. Valdes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 22, 2003.

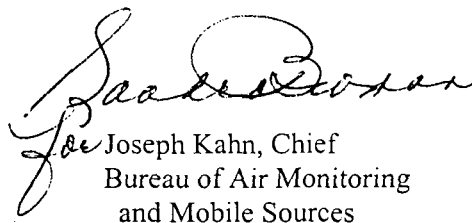
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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JUL 28 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

III 22 2003

Air Quality
Management Division

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):		
PG X Press Cleaners		
2. Site Name (For example, plant name or number):		
X Press Dry Cleaner		
3. Hazardous Waste Generator Identification Number:		
FLD C E S O G		
4. Facility Location: 1739 SW 8 Street		
Street Address:		
City: Miami	County: Dade	Zip Code: 33135
5. Facility Identification Number (DEP Use ONLY - do not fill in):		
0250746-002		

Responsible Official

6. Name and Title of Responsible Official:		
Name: Rafael Valdes	Title: Owner/President	
7. Responsible Official Mailing Address:		
Organization/Firm: REX Press Cleaners		
Street Address: 1739 Southwest 8th Street		
City: Miami	County: Dade	Zip Code: 33135
8. Responsible Official Telephone Number:		
Telephone: (305) 649-2462	Fax: () -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):		
Esperanza Valdes Manager		
10. Facility Contact Address:		
Street Address:		
City: Same	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? [1]

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")
12/88	Existing	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

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?

[60] gallons (You must fill this in)

(b) If less than 12 months, how many? [3] 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 _____
- 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.

YHAFAEL PALDES
Print name of responsible official

[Signature]
Signature

7/22/03
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

471388 MAR22 2007

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#250746
RG X PRES CLEANERS & LAUNDRY
CORP
1739 SW 8th St
MIAMI, FLORIDA 33135

RECEIVED

MAR 26 2007

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

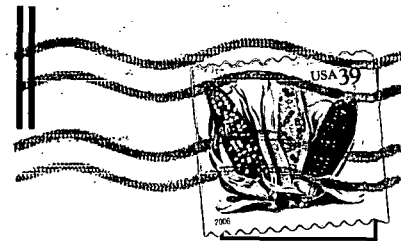
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

Box 3070
1799 5th St.
Miami FL 33135

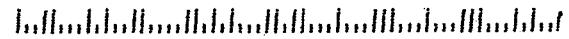
SOUTH FLORIDA PDC

FL 330 4 L
20 MAR 2007 PM



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

3231533070 8099



(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

454045 JUL15 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

AIRS ID# 250746 1stC
X PRES DRY CLEANER
1739 SW 8th St
MIAMI, FL 33135

Director of Air Monitoring
& Mobile Sources

JUL 20 2005

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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*

437548 MAR112004

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

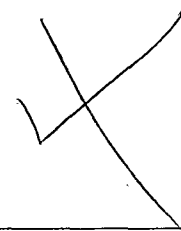
Do NOT Remove Label

AIRS ID # 250746

RAFFAEL VALDES
X PRES DRY CLEANER
1739 SW 8TH STREET
MIAMI, FL 33135

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

REC'D
MAR 17 2004
Bureau of Air Monitoring
& Mobile Sources



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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage &	Postmark Here
AIRS ID# 250746 1stC X PRES DRY CLEANER 1739 SW 8th St MIAMI, FL 33135	
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, JUN 2003	

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. 	A. Signature X <i>Esperanza Valdes</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) ESPERANZA VALDES C. Date of Delivery 2-18-05
1. Article Addressed to: AIRS ID# 250746 1stC X PRES DRY CLEANER 1739 SW 8th St MIAMI, FL 33135	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 0500 0004 0144 6774	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

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

Postmark
Here

Total F ID# 250746

Sent To RAFFAEL VALDES
 X PRES DRY CLEANER
 Street, or PO E 1739 SW 8TH STREET
 City, St. MIAMI, FL 33135

PS Form 3800, June 2002

7003 2260 0003 5651 2189

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 250746 RAFFAEL VALDES X PRES DRY CLEANER 1739 SW 8TH STREET MIAMI, FL 33135</p> </div>	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Raffael Valdes</i> C. Date of Delivery <i>7/26/04</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>2. Article Number <i>(Transfer from serv. 7003 2260 0003 5651 2189)</i></p>	<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>

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DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile, S. J. J. J. J.

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FEB 13 2004



U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)									
For delivery information visit our website at www.usps.com									
OFFICIAL USE									
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
Total Postage AIRS ID# 250746 3 rd Cert04									
Sent To X PRES DRY CLEANER									
1739 SW 8th St									
Street, Apt. No or PO Box No. MIAMI, FL 33135									
City, State, ZIP									
<small>PS Form 3800, June 2002</small> <small>See Reverse for Instructions</small>									

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY															
1. Article Addressed to: <div style="border: 1px dashed black; padding: 5px;"> AIRS ID# 250746 3rd Cert04 X PRES DRY CLEANER 1739 SW 8th St MIAMI, FL 33135 </div>	<table border="1" style="width: 100%;"> <tr> <td colspan="2">A. Signature X <i>[Signature]</i></td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Diana Lopez</i></td> <td colspan="2">C. Date of Delivery <i>4-8-05</i></td> </tr> <tr> <td colspan="3">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent			<input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Diana Lopez</i>	C. Date of Delivery <i>4-8-05</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes			If YES, enter delivery address below: <input type="checkbox"/> No		
A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent														
		<input type="checkbox"/> Addressee														
B. Received by (Printed Name) <i>Diana Lopez</i>	C. Date of Delivery <i>4-8-05</i>															
D. Is delivery address different from item 1? <input type="checkbox"/> Yes																
If YES, enter delivery address below: <input type="checkbox"/> No																
2. Article Number <div style="border: 1px dashed black; padding: 5px;"> 7004 2510 0004 6986 6019 </div>	3. Service Type <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.															
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes																

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Monitoring
of Air
Sources
Mobile

APR 11 2005

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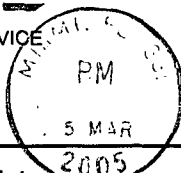
01



7004 2510 0002 3939 3165	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	For delivery information visit our website at www.usps.com	
	OFFICIAL USE	
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
	Sent To AIRS ID#0250746.....2 nd Cert 05 X PRES DRY CLEANER Street, Apt. No., or PO Box No. 1739 SW 8th St City, State, ZIP+4 MIAMI, FL 33135	
PS Form 3800, J		

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 <i>Diane Smith</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Diane Smith</i> 3.5.08</p> <p><input checked="" type="checkbox"/> 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>1. Article Addressed to:</p> <p>AIRS ID#0250746.....2nd Cert 05 X PRES DRY CLEANER 1739 SW 8th St MIAMI, FL 33135</p>	<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>2. Article Number 5002 (Transfer from service label) 4 MAR 6</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7004 2510 0002 3939 3165	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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MAIL STOP 15510
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TALLAHASSEE, FLORIDA 32399-2400

AIR Monitoring
Mobile Sources

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32399/2400

