

### Department of Environmental Protection

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

Colleen M. Castille Secretary

September 16, 2005

Mr. Mario Suarez Sibon Cleaners & Tailoring Corporation 8283 Southwest 124<sup>th</sup> Street Miami, Florida 33156

Re: Facility No.: 0250756-002

Dear Mr. Suarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 3, 2005.

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

La Bacista

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.



#### Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

January 22, 2010

Eric Garcia, Manager Quick N Clean Dryclearners, Inc. dba Si Bon Drycleaners 8283 SouthWest 124th Street Pinecrest, Florida 33156

Re: Return Check and Permit Application Form

Dear Mr. Garcia:

The Bureau of Air Monitoring and Mobile Sources recently received your Title V Permit Notification Form for the dry cleaning facility and your check (#1036) in the amount of \$100.

We appreciate your submittal. However, your form and check are being returned to you since it is not due at this time. No fee or permit is required.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Rebecca Ajhar, Administrator Mobile Source Control Section

Rebecco J. aghar

Bureau of Air Monitoring

and Mobile Sources

RA/kbc Enclosure

# RECEIVED



AUG 0 3 2005

PERCHLOROETHYLENE DRY CLEANER

Bureau of All Monthship GENERAL PERMIT NOTIFICATION FORM

JUL 2 1 2005

& Mobile Sources

Air Quality

Part III. Notification of Intent to Use General Permit gement Division

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.

Fac	acility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Site Name (For example, plant name of number):	02 i 25 Cq
2.	Site Name (For example, plant name of number):	V
	SABONCIESNERS / Tailoring	Coef
3.	Hazardous Waste Generator Identification Number:	
	139 500 2 4 3	
4.	2083 SW 129 STIEPS	- /
	City: Miami Dele Zip Code: 3	3116
5.	Facility Identification Number (DEP Use ONLY Edoportfill in):	
	0250756-002	
Res	esponsible Official	
6.		
Naı	ame: MARIO SUAREZ Title: PRES: LENT	
	THE STARK PLESSER	
7.	Responsible Official Mailing Address:	
7.	Responsible Official Mailing Address:  Organization/Firm:	
7.	Responsible Official Mailing Address:  Organization/Firm:	
7.	Responsible Official Mailing Address:  Organization/Firm:	3156
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8263 SW124 Street City: Mami Street County: Responsible Official Telephone Number:	3156
	Responsible Official Mailing Address: Organization/Firm: Street Address: 8263 SW124 Street City: Mami Sale Zip Code: 3	3156
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8263 SW124 Street City: Markin County:  Responsible Official Telephone Number: Telephone: (305) 235 0717  Fax: ()	3156
8.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8263 SW124 Street City: Mami Street County: Responsible Official Telephone Number:	3156
8.	Responsible Official Mailing Address:  Organization/Firm: Street Address: 8263 SW124 Street City: Macmi County:  Responsible Official Telephone Number: Telephone: (305) 235-0717  Fax: ()  Accility Contact (If different from Responsible Official)	3156
8. <b>Fac</b> 9.	Responsible Official Mailing Address:  Organization/Firm: Street Address: 8263 SW124 Street City: Macmi County:  Responsible Official Telephone Number: Telephone: (305) 235-0717  Fax: ()  Accility Contact (If different from Responsible Official)	3156
8. <b>Fac</b> 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8263 SW124 Street City: Mami Street City: Mami Street County: County: Zip Code: 3  Responsible Official Telephone Number: Telephone: (305) 235-0717  Fax: () -  Accility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):	3156
8. <b>Fac</b> 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8 & 3 SW 124 Street City: Markin County: County: Zip Code: 3  Responsible Official Telephone Number: Telephone: (305) 235 0717  Fax: ()  acility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):  D. Facility Contact Address:	3156
8. Fac 9.	Responsible Official Mailing Address:  Organization/Firm: Street Address: 8 \$3 \$\text{SW} 2 \$\te	3156
8. Fac 9.	Responsible Official Mailing Address: Organization/Firm: Street Address: 8 \$3 \$\SW124 \$\Street\$ City: Mami	3156

#### **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONLY		
How many dry-to-dry ma	chines do you have o	n-site?	
For each dry-to-dry mach	ine on-site, please pr	ovide the following information	<b>1:</b>
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")
1-3-89	Existing/New	RCCANone required	·
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = refri	gerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	om Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME")    Control Device Key: RC = refrigerated condenser		
How many dryers/reclain	ners do you have on-s	ite? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased fro o units purchased aft	m the manufacturer between De er September 22, 1993 are allov	ecember 9, 1991 and September 22, wed to operate under this general
Date Initially Purchased From Manufacturer			(if already included at time of
	Existing/New R	.C/CA/None required	·
	-	.C/CA/None required	
	Existing/New R	.C/CA/None required	
·	and the second s		
*CONTROL DEVICE K	EY: $RC = refri$	gerated condenser CA =	carbon adsorber
	roethylene (perc) havens (You must fill this	e you used within the last 12 mcs in)	onths?
(b) If less than 12 mor	iths, how many? [	_] months	
Check why it is les	s than 12 months: N	lew owner: [] Did not keep	records: []
	N	lew store: [] New machine	:[]
	U	nopened store [ ] (date of e	expected opening )

3. What is the facility's source classification based on Indicate with an "X". Select one classification of	` ,
Small Area Source [X]	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
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 []
	nits shall not be eligible to use the general permit pursuant to of water generating units on-site meet the following exemption d memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [	
What type of fuel do you use?  [] propane  [] No. 2 fuel  [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Information	ation
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 ac	ldition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring [ <u>×</u> ]
(e) Startup, shutdown, malfunction plan	

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Impuly notify the Department of any changes to the information contained in this notification.  Sero Scares  Total

### PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

DEC 1 7 2009

## Part III. Notification of Intent to Use General Permit Bureau of Ast Wiothkorns & Mobile Sources

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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
SiBon Drydeance
3. Hazardous Waste Generator Identification Number:
4. Facility Location: SZSZ SW 12487 Street Address:
5. Facility Identification Number (DEP Use ONLY - do not fill in): 250756
Responsible Official
6. Name and Title of Responsible Official:
Name: State Garcia Title: Mag  7. Responsible Official Mailing Address: Organization/Firm: Rurek N Chean Dry Cleanure Inc.
7. Responsible Official Mailing Address:
Street Address: City: MIAM 7 County: Mumbude Zip Code: 33156
8. Responsible Official Telephone Number:
Telephone: (305) 23507/2 Fax: (305) 704-8800
Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):
y and the of admits (2 of thampto, plant manages).
10. Facility Contact Address:
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

**Facility Name and Location** 

Facility Information		Hycho cor	RISON			
1.(a) DRY-TO-DRY M	ACHINES ONL	LY C				
How many dry-to-dry ma	achines do you ha	eve on-site?				
For each dry-to-dry mach	nine on-site, pleas	se provide the following informati	on:			
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")			
ACCI	Existing N	lew RC/CA/None required	Same			
19243	Existing/N	lew RC/CA/None required				
KWL 18 200	Existing/N	New RC/CA/None required	· .			
*CONTROL DEVICE K	EY: RC=	refrigerated condenser CA	= carbon adsorber			
1.(b) TRANSFER MAC	CHINES ONLY					
How many washers do yo						
· · · · · · · · · · · · · · · · · · ·						
How many dryers/reclaid	ere do con have	<b>Pa</b> s <b>ik</b> ? [?] ] :	•			
How many dryers/reclair	era do cou kove					
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	•	sification based or one classification o		nitions found in sect	ion (3) of Pa	rt 11?	
Small A	Area Source						
	Dry-to-dry mach Transfer only on Both machine ty		(used le	ess than 140 gallons ess than 200 gallons ess than 140 gallons	of perc per y	ear)	
Large A	Area Source	[]					
. 2	Dry-to-dry mach Transfer only on Both machine ty		(used 2	40 - 2,100 gallons of 00 - 1,800 gallons of 40 - 1,800 gallons of	perc per yea	ar)	e <sup>s</sup>
4. What control (Indicate with		ired on machines p	oursuant	to section (5) of Part	II of this no	tification for	m?
	g machines at sma E REQUIRED)	ll area source		New machines at s Refrigerated conde		irce	
Carbon	g machines at large adsorber trated condenser	e area source		New machines at la Refrigerated conde		rce _]	
Rule 62-213.300	), F.A.C. Verify th		ot water g	not be eligible to us generating units on-s for the criteria).			
All steam and ho	ot water generating n-site	g units exempt		OR			
How many boile	ers do you have on-	-site?					
For each boiler,	indicate its horsep	ower (HP) rating:					
What type of fue	el do you use?	] propane ] No. 2 fue ] No. 6 fue		natural gas No. 4 fuel o			<u>.</u>
6. Equipment M	onitoring and Reco	ordkeeping Inform	ation		•	•	
Check all logs w	hich are required	to be kept on-site i	n accorda	ance with the require	ments of this	s general pen	nit:
(a) Purchase reco	eipts and solvent p	ourchases/solvent a	ddition le	og [	X)		
(b) Leak detection	on inspection and i	repair		. [	<u> </u>		
(c) Refrigerated	condenser tempera	ature monitoring		[			
(d) Carbon adsor	rber exhaust perc	concentration moni	itoring	Ĺ	]		
(e) Startup, shut	tdown, malfunction	n plan		[	]		

7. Surrender o	f Existing DEP Air Permit(s)
notification form; the permit number(s) are	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in thi notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification for
Responsible (	Official Certification
this notifi statement maintain comply w I will pro	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  In the Department of any changes to the information contained in this notification.

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Call 1-800-222-1	811	751112				

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#### **AIR GENERAL PERMITTING**

To:

KIMBERLY CREWS

From:

Dick Dibble

Date:

1/22/2010

Re:

RETURN CHECK #1036, dated 01-DEC-09, in the amount of \$100.00

REASON: NO PERMIT REQUIRED/NO FEE DUE - HYDROCARBON MACHINE ONLY - NO

PERCHLOROETHYLENE MACHINE OR PERCHLOROETHYLENE ON SITE

RETURN TO

**OUICK N CLEAN DRYCLEANERS INC dba SI BON DRYCLEANERS** 

c/o ERIC GARCIA, MANAGER

8283 SW 124<sup>TH</sup> ST

**PINECREST, FLORIDA 33156** 

Comments:

Kimberly,

Please prepare a "return check/no permit required" cover letter for Becky's signature.

I have attached the subject item check and unprocessed registration form to be returned.

Let me know if you have any questions.

Thank you,

Dick

2

### memo

#### **AIR GENERAL PERMITTING**

To:

KIMBERLY CREWS

From:

Dick Dibble

Date:

1/22/2010

Re:

RETURN CHECK #1036, dated 01-DEC-09, in the amount of \$100.00

REASON: NO PERMIT REQUIRED/NO FEE DUE - HYDROCARBON MACHINE ONLY - NO

PERCHLOROETHYLENE MACHINE OR PERCHLOROETHYLENE ON SITE

**RETURN TO:** 

**OUICK N CLEAN DRYCLEANERS INC dba SI BON DRYCLEANERS** 

c/o ERIC GARCIA, MANAGER

8283 SW 124<sup>TH</sup> ST

**PINECREST, FLORIDA 33156** 

Comments:

Kimberly,

Please prepare a "return check/no permit required" cover letter for Becky's signature.

I have attached the subject item check and unprocessed registration form to be returned.

Let me know if you have any questions.

Thank you,

Dick

QUICK N CLEAN DRYCLEANERS INC.

DBA SI BON DRYCLEANERS 8283 SW 124TH ST PINECREST, FLORIDA 33156

DATE 12 1 100

63-1428-631

1036

TO THE OF DEPARTMENT OF ENVIONMENTAL PROTECTION

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One Hundred

CNLBank...

Coral Gables, Florida - Coral Gables Office

FOR\_

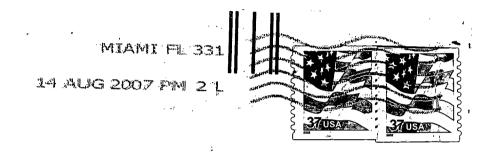
Mde appedes

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

476300 AUG16 287 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

FLAIR ACCT. CODE 372020350013755010000 Do NOT Remove Label **BENIFITTING OBJECT CODE 002000** BENIFITTING CATEGORY 000200 AIRS ID#250756 SI BON CLEANERS & TAILORING 8283 SW 124 Street ORG.: 37550101000 EO: A1 MIAMI, FLORIDA 33156 FUND: 20-2-035001 **OBJECT: 002273** Printed on recycled paper.



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