

Jeb Bush
Governor

Department of Environmental Protection

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 124th 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.

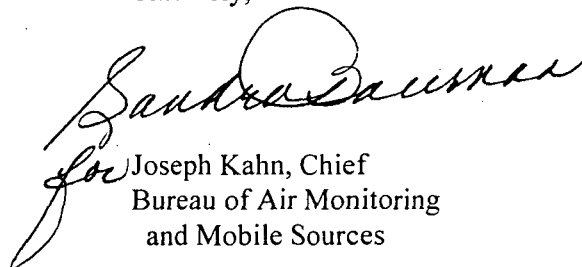
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES ..~~12/26~~ 2004
SOC REPORTS.....~~4~~
COMPLIANCE STATUS ..S.N.C./IN

5/02/2005

ACS/CCS

INS2-Compliance

Inspection Walkthrough



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 Drycleaners, 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,

A handwritten signature in black ink that reads "Rebecca J. Ajhar".

Rebecca Ajhar, Administrator
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

RA/kbc
Enclosure

RECEIVED

AUG 03 2005

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 21 2005

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):	MARIO/SIBON CLEANERS / TAILORING CO.
2. Site Name (For example, plant name or number):	SIBON CLEANERS / TAILORING CO.
3. Hazardous Waste Generator Identification Number:	139500243
4. Facility Location: Street Address: City:	8283 SW 124 street Miami
	Miami Dade Zip Code: 33156
5. Facility Identification Number (DEP use ONLY - do not fill in):	0250756-002

Responsible Official

6. Name and Title of Responsible Official: Name:	MARIO SUAREZ	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	8283 SW 124 street Miami	County:	Miami Dade
		Zip Code:	33156
8. Responsible Official Telephone Number: Telephone:	(305) 235-0712	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?

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")
1-3-89	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> 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?

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".)

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?

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

10

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:

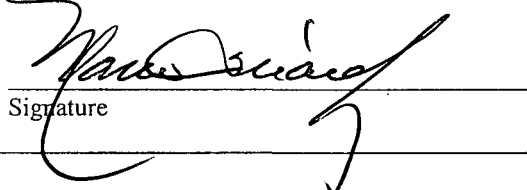
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Mauro Suarez
Print name of responsible official


Signature

7/21/05
Date

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

DEC 17 2009

Part III. Notification of Intent to Use General Permit Bureau of Air Management
& 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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Quick N Clean Drycleaner Inc</i>
2. Site Name (For example, plant name or number): <i>Sibon Drycleaner</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>8283 SW 124st</i> Street Address: City: <i>Miami</i> County: <i>Miami Dade</i> Zip Code: <i>33156</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250756</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Eric Garcia</i> Title: <i>Mgr</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Quick N Clean Drycleaner Inc</i> Street Address: City: <i>Miami</i> County: <i>Miami Dade</i> Zip Code: <i>33156</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 235 0712</i> Fax: <i>(305) 704-8700</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:
11. Facility Contact Telephone Number: Telephone: () Fax: ()

Facility Information

Hydro carbon

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")
9/2009 RENZACCI SER# 19243 MOD# KWL 18 2003	<input checked="" type="radio"/> Existing	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>SAME</u>
	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

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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".)

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?

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.

Eric Garcey
Print name of responsible official

[Signature]
Signature

11/16/2009
Date



EB952196951US



Addressee Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 23111	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 17.30
Date Accepted 12-15-09 Mo. Day Year	Scheduled Date of Delivery Month Day 12-16	Return Receipt Fee \$
Time Accepted 4:42 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Flat Rate <input checked="" type="checkbox"/> or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 17.50
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	16 10:59	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE ()

WILLIAM CARL
8114
10071
10071

TO: (PLEASE PRINT) PHONE ()

10071
10071
10071

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

15 2 4 7 + 2 4 0 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



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:
QUICK N CLEAN DRYCLEANERS INC dba SI BON DRYCLEANERS
c/o ERIC GARCIA, MANAGER
8283 SW 124TH 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



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:
QUICK N CLEAN DRYCLEANERS INC dba SI BON DRYCLEANERS
c/o ERIC GARCIA, MANAGER
8283 SW 124TH 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		1036
DATE <u>12/1/09</u>		63-1428-631
PAY TO THE ORDER OF <u>Department of Environmental Protection</u>	\$ <u>100.00</u>	
<u>One hundred</u>	<u>00/100</u>	DOLLARS
 CNLBank Coral Gables, Florida - Coral Gables Office		
FOR _____	<u>Mde Caspides</u>	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

476300 AUG16 2007

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

\$75.00 D.C.D.

TOTAL AMOUNT DUE: ~~\$50.00~~

Do NOT Remove Label

AIRS ID#250756
SI BON CLEANERS & TAILORING
CORP
8283 SW 124 Street
MIAMI, FLORIDA 33156

RECEIVED
AUG 22 2007
Bureau of Air Monitoring
& Mobile Sources

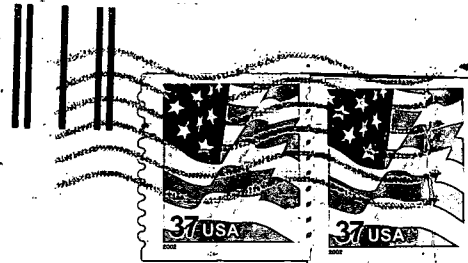
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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MIAMI FL 331

14 AUG 2007 PM 2 L



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

32315+3070 B099

