

Department of Environmental Protection

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

David B. Struhs Secretary

October 10, 2001

Mr. Jose A. Sanabria Colonial Cleaners 9595 Southwest 160 Street Miami, Florida 33157

Re: Facility No.: 0250760-002

Dear Mr. Sanabria:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 2001.

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,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

FeesPaid 96-00 50C 4 Compliance IN 0250760-002

Page 17 7. No DEP air permits currently exist--phould be marked.

Responsible afficial sign ænd date for changes mode.

DEP 1	ROUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3
1	4
2	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
ACTION/DISPOSITION	
DISCUSS WITH ME	
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	
SHARE WITH STAFF	
FOR YOUR FILES	
FROM:	DATE: PHONE:

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):
2. Site Name (For example, plant name or number):
COLONIAL CLANERS 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLD 107686057? 4. Facility Location: 9595 S.W. 16057.
Street Address
City: County: Zip Code: 33157 5. Facility Identification Number (DEP Use ONLY - do not fill in):
1.5. Tacini v identineation (valued i DE). OSC OIVET - do not in in i.
0250460-002
Responsible Official
6. Name and Title of Responsible Official:
Name: JOSE A. SANABRIA Title: RNES. 7. Responsible Official Mailing Address: 9595 S.W. 16054.
7. Responsible Official Mailing Address: 9595 S.W. 1605. Organization/Firm:
Street Address:
8. Responsible Official Telephone Number: Telephone: (305) 235-8 285
8. Responsible Official Telephone Number:
Telephone: (305) 235-2592 Fax: (305) 235-8285
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: () -
relephone: () - rax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 989 RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber1.(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 Status-Control Device Required* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") RC/CA/None required Existing/New 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? [228] 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 [X]
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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [15] [H]
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] No. 4 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. Surre	nder of Existing DEP Air Permit(s)	
Please in	ndicate with an "X" the appropriate selectio	n:
	I hereby surrender all existing DEP this notification form; the permit nu	air permits authorizing operation of the facility indicated in mber(s) are
	No DEP air permits currently exist f form.	For the operation of the facility indicated in this notification
Respons	sible Official Certification	
this stat mai com I wi	notification. I hereby certify, based on info ements made in this notification are true, ac intain the air pollutant emissions units and c aply with all terms and conditions of this get Ill promptly notify the Department of any ch	as defined in Part II of this form, of the facility addressed in formation and belief formed after reasonable inquiry, that the occurate and complete. Further, I agree to operate and air pollution control equipment described above so as to meral permit as set forth in Part II of this notification form. Tanges to the information contained in this notification.
t	TOSE A. SANABR	
Prin	nt name of respo sible official	/ 1
. (Ini O. Dallabir	8/20/01
Sign	nature /	Date

REACHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM SOLUTION. III. Notification of Intent to Use C

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Faci	lity Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Colonial Cleaners Irc.
2.	Site Name (For example, plant name or number):
	COLONIAL CLANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 107 68 60 57 7 Facility Location: 9595 S.W. 160 57.
1	Facility Location: 9595 S.w. 16057. Street Address:
	City: County: Zip Code: 33157
՜5. ⊍	racinty Identification Number (DEF OSE ONL); do not thin in).
	0250160-0025
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	ponsible Official Name and Title of Responsible Official:
0. Nam	name and Title of Responsible Official:
	JOSE A SANABRIA
	Responsible Official Mailing Address: 9595 S.W. 160 St. Organization/Firm: Street Address:
ļ.	City: Nipmi County: Mami-DAM Zip Code: 33157
	Responsible Official Telephone Number:
 	Telephone: (305) 235- 2592 Fax: (305) 235- 8285
Faci	ility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
]	Street Address:
	City:
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	Facility Contact Telephone Number: Telephone: () - Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Facility Information			on Rod of the state
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For each dry-to-dry mach	ine on-site, please	provide the following information	ti ang ta
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")
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	Existing/Nev	w RC/CA/None required	. ————
<u>:</u>	Existing/Nev	w RC/CA/None required	State of the state
*CONTROL DEVICE KI	EY: RC = re	frigerated condenser CA = c	carbon adsorber
1.(b) TRANSFER MACI	HINES ONLY	•	
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How many dryers/reclaim	ers do you have o	n-site?	্ত্তি বিশ্বস্থা প্রস্থাপর প্রতিষ্ঠার A বি
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7. Surrender o	of Existing DEP Air Permit(s)
Rlease indicat	te with an "X" the appropriate selection:
ر الله الله	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 notifications in the statement of t	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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. Simply notify the Department of any changes to the information contained in this notification. Simply Notification

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

421309 JAN 22003

Do NOT Remove Label

AIRS ID#0250760

COLONIAL CLEANERS INC JOSE A SANABRIA 9595 SW 160TH STREET MIAMI FL - 33157-- Bureau of Air Monitorine, & Mobile Sources

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