

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 Pierre Fench Cleaners 18460 Southwest 97 Avenue Miami, Florida 33157

Re: Facility No.: 0250761-002

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,

(25) 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.

Gestaid 96-00 SOC 5 Compliance FN

page 17
7. Add permit # to surrenda. If
work mark No DEP cein servits
currently exist.

Responsible official sign and date
for changes made.

DEP	ROUTING AND TRANSMIT	TAL 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:	

AIRS ID # 0250761001AG JOSE A SANABRIA PIERRE'S FRENCH CLEANERS 18460 SW 97TH AVE MIAMI FL 33157

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Loca	tion			
1. Facility Owner/Com	pany Name (Name of corporation	n, agency, or individ	lual owner):	
lienae	Est. Inc.	!		
2. Site Name (For exam	iple, plant name or number):			
Bierne Th	iand Chape	2N3		
3. Hazardous Waste Ge	enerator Identification Number:			
	•			
	18460 S.W. 97	Dua		
City: nua	County: Que	a: DADE	Zip Code:	33157
5. Facility Identification	n Number (DEP Use ONLY - do i	not fill in):		
		$ O\alpha$	076	1-002
Responsible Official	· · · · · · · · · · · · · · · · · · ·			!
6. Name and Title of R	=		า	i
Name:	SALABRIA	Title:	N66.	ļ
	··· ·· ·······························			
7. Responsible Official	_			1
Organization/Firm:	11/2 5 6 144 97	A.16.		
City:	County:	No - 2	Zip Code:	3-
Thia	County: Theorem	n. DADE	Zip Code.	93157
8. Responsible Official	Telephone Number:			
Telephone: (20)	7235-6063	Fax: (305	1) 72/- (9100
	033 6003	500	225	0 6 00
Facility Contact (If diffe	erent from Responsible Official)			
9. Name and Title of Fa	acility Contact (For example, plan	it manager):		
		•		·
10. Facility Contact Add	ress:	-		
Street Address:	•			,
City:	County:		Zip Code:	Ì
City.	County.		Zip Code.	
11. Facility Contact Tele	phone Number:			
Telephone: () -	Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONLY	<i>I</i>	
How many dry-to-dry ma	chines do you hav	e on-site?	
For each dry-to-dry mach	nine on-site, please	provide the following information	n:
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")
1989	Existing) Ne	w RC/CA/None required	CAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	· []	
How many dryers/reclain	ners do you have o	n-site?	
1993, it is a NEW unit (r	o units purchased		December 9, 1991 and September 22, wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
<u> </u>	Existing/New	RC/CA/None required	·
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
[2 8] gallo (b) If less than 12 more	roethylene (perc) has (You must fill onths, how many? [nave you used within the last 12 m	p records: []
	•		
		Unopened store [] (date of e	xpected opening)

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

3. What is the facility's sour Indicate with an "X". S	ce classification based of elect one classification		s found in section (3) of	Part II?
Small Area Source				
Transfer o	machines only on-site nly on-site nine types on-site	(used less than	1 140 gallons of perc per 1 200 gallons of perc per 1 140 gallons of perc per	year)
Large Area Source	(X)			
Transfer o	machines only on-site nly on-site nine types on-site	(used 200 - 1,	100 gallons of perc per y 800 gallons of perc per y 800 gallons of perc per y	/ear)
4. What control technology (Indicate with an "X".)	is required on machines	pursuant to sec	tion (5) of Part II of this	notification form?
Existing machines (NONE REQUIRE	at small area source D) []		machines at small area s gerated condenser [ource
Existing machines Carbon adsorber Refrigerated conde	at large area source I I I I I I I I I I I I I		machines at large area s gerated condenser [ource l
5. A facility which contains Rule 62-213.300, F.A.C. Ve exemption criteria or that no	erify that all steam and l	hot water genera	ating units on-site meet t	
All steam and hot water gen No such units on-site	erating units exempt	\bigcirc OR		. · ! .
How many boilers do you ha	ive on-site?			
For each boiler, indicate its	horsepower (HP) rating:	(X) (#)	رك	· ·
What type of fuel do you use	e? [] propane [] No. 2 fue [] No. 6 fue		natural gas No. 4 fuel oil Other (please list)	
6. Equipment Monitoring ar	nd Recordkeeping Inform	mation		
Check all logs which are red	quired to be kept on-site	in accordance v	with the requirements of	this general permit:
(a) Purchase receipts and so	lvent purchases/solvent	addition log	\mathcal{X}	1
(b) Leak detection inspection	n and repair	•	(X)	
(c) Refrigerated condenser t	emperature monitoring			
(d) Carbon adsorber exhaus	perc concentration mor	nitoring		
(e) Startup, shutdown, mali	unction plan		\bowtie	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: [X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are [M] 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, bused 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. [I will promptly notify the Department of any changes to the information contained in this notification. [Solution of the facility indicated in this notification. [I will promptly notify the Department of any changes to the information contained in this notification. [Solution of the facility indicated in this notification.] [Solution of the facility indicated in this notification. [Solution of the facility indicated in this notification.]

DEP Form No. 62-213.900(2)

Effective: 2/24/99



PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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

eau of All Mobile Sources

R. 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.

I aci	inty Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Pienae Est. Frc.	
2.	Site Name (For example, plant name or number):	
	Bierne Franch Clypnans	
3.	Hazardous Waste Generator Identification Number:	
	Facility Location: Street Address: 18460 S.w. 97 Ava	
	City: This Zip Code: 3357	
	Facility Identification Number (DEP Use ONLY - do not fill in):	i)
	0050461-004	2.1
Res	ponsible Official	
6.	Name and Title of Responsible Official:	- 1
Nam		1
	ne: José A. Savadria Title: Pres.	
7.	Responsible Official Mailing Address:	
	Organization/Firm:	1
	Street Address: 18460 S. w. 97 102	j
	Organization/Firm: Street Address: 18460 S. w. 97 Ava City: Ohia Zip Code: 33157	1
	Promotile Official Table by No. 1	 -
		1
	Telephone: (305) 235 6003 Fax: (305) 235 8285	
Faci	ility Contact (If different from Responsible Official)	
	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address:	.
	The state of the s	ł
	City: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	* * *

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

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How many dry-to-dry ma	chines do you hav	ve on-site?	n distribution of the consisted of the consisted of the consistency of
For each dry-to-dry mach	nine on-site, please	e provide the following informa	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installe (if already included at time purchase, write "SAME")
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	Existing/Ne	w RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
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TIOW Many washers do yo			
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DEP Form No. 62-213.900(2) Effective: 2/24/99

In	Small Area S		w T 1					
	•				i etali en galja a a a a a			us r voi
		-to-dry macl	hines only on-site		than 140 gallons than 200 gallons			
	Both	n machine ty	ypes on-site		than 140 gallons			
	Large Area S	Source	X				·	
			hines only on-site		- 2,100 gallons			
		nsfer only or			- 1,800 gallons - 1,800 gallons		-	
	Bou	n machine ty	ypes on-site	(usea 140	- 1,000 ganons	or perc per	year)	
4. Wha	at control techno	ology is req	uired on machines	pursuant to	section (5) of P	art II of this	notifica	tion form
	dicate with an "			į	. ,		. 1	
			all area source		lew machines at		source	
	(NONE REQ	(UIRED)		F	Refrigerated cond	denser [_]	
	Existing mac	hines at lar	ge area source	Ī	lew machines at	large area s	ource	
	Carbon adsor			F	Refrigerated cond	denser []	:
Rule 6 exemp	acility which co 2-213.300, F.A. tion criteria or am and hot was	.C. Verify that no such	exempt emissions that all steam and units exist on-site	hot water ge e (see attach	enerating units of ed, memo for the	use the ger n-site meet criteria).	neral pen the follo	wing Wing Windows
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DEP Form No. 62-213.900(2) Effective: 2/24/99

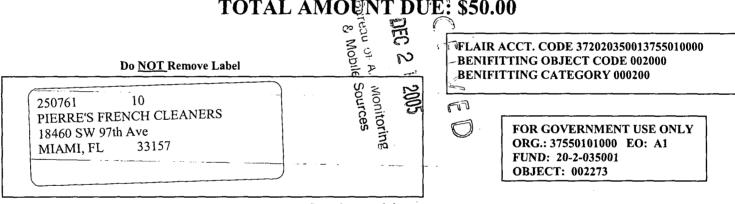
7. Surrender of Existing DEP Air Permit(s)

Ple	ease indicat	e with an "X" the appropriate selection:
(B)	ن	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.
Re	sponsible (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 cation. I hereby certify, bused on information and belief formed after reasonable inquiry, that the is 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. Imptly notify the Department of any changes to the information contained in this notification. Santhale
	Signature	Date Date
	Ju	V. Jamasana Millor

456983 DEC192005

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

TOTAL AMOUNT DUE: \$50.00



Printed on recycled paper.

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# 250761 10 PIERRE'S FRENCH CLEANERS 18460 SW 97th Ave MIAMI, FL 33157

FOR GOVERNMENT ESEONLY ORG.: 37550101000 EO: 31

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.



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

250761 JOSE SANABRIA PIERRE'S FRENCH CLEANERS 18460 SW 97TH AVE MIAMI FL 33157 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO:A1
Obj.: 002273

CCC
TOTAL
OCCUPANTO OCCU



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

421177 DEC30 2002

Do NOT Remove Label

AIRS ID#0250761

PIERRE'S FRENCH CLEANERS JOSE A SANABRIA 18460 SW 97TH AVE MIAMI FL of Air Monitor

FOR GOVERNMENT USE ONLY Porg.: 37,550101000 EO: A1

Fund: 20-2-035001



413615 JAN28 2002

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 # 0250761
PIERRE'S FRENCH CLEANERS
JOSE A SANABRIA
18460 SW 97TH AVE
MIAMI FL
33157

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273