

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 25, 2003

Mr. Enrique Gonzalez  
Payless Cleaners  
1290 West 68 Street  
Hialeah, Florida 33014

Re: Facility No.: 0250849-002

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 21, 2003.

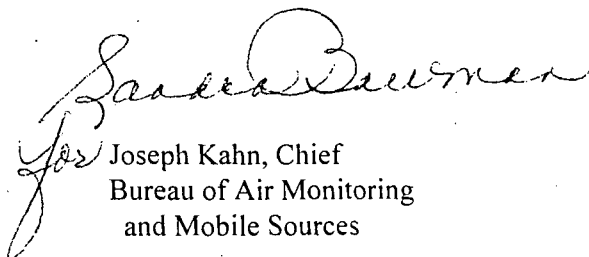
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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Fees 97-01

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JAN 21 2003

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality

Part III. Notification of Intent to Use General Permit Management 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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Homestead Cleaners Inc		
2. Site Name (For example, plant name or number):	Palms Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 981755523		
4. Facility Location:	1290 W. 68 street		
Street Address:			
City:	Hi/leah	County:	DADE
		Zip Code:	33014
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250849-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ENRIQUE GONZALEZ	Title:	Pres.
7. Responsible Official Mailing Address:	1290 West 68th Street		
Organization/Firm:			
Street Address:	SAME AS ABOVE		
City:	Hi/leah	County:	Dade
		Zip Code:	33014
8. Responsible Official Telephone Number:			
Telephone:	(305) 556-0024	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( ) -	Fax:	( ) -

Bureau of Air Monitoring & Mobile Sources

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**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 2 ]

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")
<u>Dec 94</u>	Existing/New	RC/CA/None required	<u>SAME</u>
<u>Dec 94</u>	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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?

[ 200 ] 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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" 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?  1

For each boiler, indicate its horsepower (HP) rating:  3  0

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.*

Enrique Gonzalez  
Print name of responsible official

[Signature]  
Signature

1-21-03  
Date

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

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

**TOTAL AMOUNT DUE: \$75.00**

**471089 MAR15 2007**

Do NOT Remove Label

AIRS ID#250849 ✓  
HOMESTEAD CLEANERS INC  
1290 W 68 STREET  
HIALEAH, FLORIDA 33014

RECEIVED  
MAR 19 2007  
SOURCES  
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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**Please include your AIRS ID# on your check or money order. This number is located on the mailing label.**

460076 MAR22 2006

**TOTAL AMOUNT DUE: \$50.00**

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AIRS ID# 250849 1st  
PAYLESS CLEANERS  
1290 W 68 STREET  
HIALEAH, FL 33014

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

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ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

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451038 APR14 2005

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**TOTAL AMOUNT DUE: \$75.00**

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AIRS ID# 250849 3<sup>rd</sup> Cert04  
PAYLESS CLEANERS  
1290 W 68 STREET  
HIALEAH, FL 33014

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

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Sent To  
 PAYLESS CLEANERS  
 1290 W 68 STREET  
 HIALEAH, FL 33014

Street, Apt. No. or PO Box No  
 City, State, Zi

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5869

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

AIRS ID# 250849 3<sup>rd</sup> Cert04  
 PAYLESS CLEANERS  
 1290 W 68 STREET  
 HIALEAH, FL 33014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Enrique Gonzalez 4-11-05

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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DEPT. OF ENVIRONMENTAL PROTECTION  
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2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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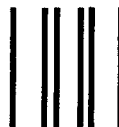
*Sent To* AIRS ID#0250849.....2<sup>nd</sup> Cert 05  
PAYLESS CLEANERS  
*Street, Apt. No. or PO Box No.* 1290 W 68 STREET  
*City, State, Zip* HIALEAH, FL 33014

PS Form 3800

7004 2510 0002 3939 3318

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <i>Aurana D...</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></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>1. Article Addressed to:</p> <p>AIRS ID#0250849.....2<sup>nd</sup> Cert 05  PAYLESS CLEANERS  1290 W 68 STREET  HIALEAH, FL 33014</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>
<p>2. Article Number  (Transfer from service label)</p> <p style="font-family: monospace; font-size: 1.2em;">7004 2510 0002 3939 3318</p>	

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TALLAHASSEE, FLORIDA 32390-2400

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7003 0500 0004 0144 7023

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

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Here

*Sent To* AIRS ID# 250849 1stC  
 PAYLESS CLEANERS  
*Street, Apt. No., or PO Box No.* 1290 W 68 STREET  
*City, State, ZIP+4* HIALEAH, FL 33014

PS Form 3800, June 2002

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

AIRS ID# 250849 1stC  
 PAYLESS CLEANERS  
 1290 W 68 STREET  
 HIALEAH, FL 33014

2. Article Number  
*(Transfer from service label)*

7003 0500 0004 0144 7023

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 *[Signature]*  Addressee
- B. Received by *(Printed Name)* C. Date of Delivery  
 2-7-05
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? *(Extra Fee)*  Yes

UNITED STATES POSTAL SERVICE



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DARM/MOBILE SOURCE CONTROL PROGRAM  
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MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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e-Mail  
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436846 FEB25 2004

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

ID# 250849  
ENRIQUE GONZALEZ  
PAYLESS CLEANERS  
1290 W 68 STREET  
HIALEAH, FL 33014

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Fund: 20-2-035001  
Obj.: 002273



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

*Postmark Here*  
 03

To: ID# 250849  
 Ser ENRIQUE GONZALEZ  
 PAYLESS CLEANERS  
 Str or I 1290 W 68 STREET  
 Cit HIALEAH, FL 33014

PS: SEE REVERSE FOR INSTRUCTIONS

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

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- 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.

1. Article Addressed to:

ID# 250849  
 ENRIQUE GONZALEZ  
 PAYLESS CLEANERS  
 1290 W 68 STREET  
 HIALEAH, FL 33014

2. Article Number  
 (Transfer from service label) 7003 2260 0003 5651 2127

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by: (Printed Name)  
 C. Date of Delivery: 2-6-01

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

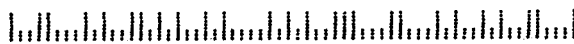
DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air, Mon.  
& Mobile Source

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425655 MAR132003

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**

*X*  
Bureau of Air Monitoring  
& Mobile Sources  
MAR 17 2003  
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AIRS ID#0250849

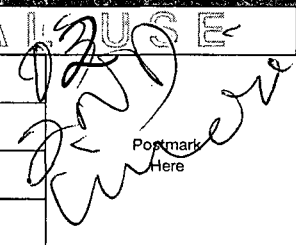
PAYLESS CLEANERS  
ENRIQUE GONZALEZ  
1290 W 68 STREET  
HIALEAH FL  
33014

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Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0250849

1  
 Se ENRIQUE GONZALEZ  
 St 1290 W 68 STREET  
 or HIALEAH FL  
 Ci 33014

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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- 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.

1. Article Addressed to:

AIRS ID#0250849

PAYLESS CLEANERS  
 ENRIQUE GONZALEZ  
 1290 W 68 STREET  
 HIALEAH FL  
 33014

2. Article Number

(Trac) 7001 0320 0001 7975 5601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 3/8

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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