



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 8, 2001

Ms. Clara I. Barrios
First Class Dry Cleaners
1550 West 84 Street, #3
Hialeah, Florida 33014

Re: Facility No.: 0250852-002

Dear Ms. Barrios:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 2001.

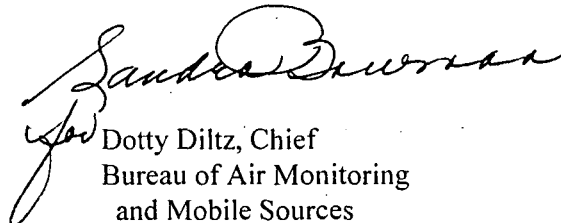
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Thursday, August 07, 2003 5:31 PM
To: Bowman, Sandy
Subject: RE: Draft Scope of Services & Inactivation of Dry Cleaning Facilities

Hi Sandy:

Please be informed that Mallika wanted yesterday an immediate response with my comments regarding the Draft Attachment A-2, Scope of Services (Third Service Period). Because of this reason my comments were given verbally instead of via E-mail as I originally planned. According to what I was told, Debbie and Mallika are working out the final comments to the Scope of Services and these comments will be sent to Pat Commer for distribution.

Regarding the status change of several dry cleaning facilities, please change the ASGP status from active into inactive for the following facilities:

ARMS	NAME		
COMMENT			
0251123	Save On Dry Cleaning		
Petroleum			
0250982	Rosbetty Cleaners	OOB	
0250782	One Hour Valentone		OOB
0250852	First Class Dry Cleaners		
Drop-off			
0250883	New Cleaners		
Drop-off			

Thanks for your help.

Regards.

Marcelo.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 01 2001

Part III. Notification of Intent to Use General Permit Air Quality
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):	CABA Inc DBA First class Dry Cleaners
2. Site Name (For example, plant name or number):	FIRST CLASS DRY CLEANERS.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: HIALEAH County: Dade Zip Code: 33014	1550 W 84 ST #3
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250852-002

Responsible Official

6. Name and Title of Responsible Official: Name: CLARA I BARRIOS Title: President	
7. Responsible Official Mailing Address: 1550 W 84 ST #3 Organization/Firm: CABA Inc. Street Address: 1550 W 84 ST #3 City: HIALEAH County: Dade Zip Code: 33014	
8. Responsible Official Telephone Number: Telephone: (305) 710-0758 Fax: (305) 715 9009	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	LEONARDO ARIZA (MANAGER)
10. Facility Contact Address: 1550 W 84 ST #3 Street Address: City: HIALEAH County: Dade Zip Code: 33014	
11. Facility Contact Telephone Number: Telephone: (305) 557-2220 Fax: (305) 715 9009	

RECEIVED
OCT 5 2001
Bureau of Air Monitoring
3100 N.W. 10th St
Miami, FL 33136

Facility Information

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

How many dry-to-dry machines do you have on-site? [0]

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")
_____	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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [1]

How many dryers/reclaimers do you have on-site? [1]

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")
1935	Existing/New	RC/CA/None required	_____
1935	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?

[20] 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? 1

For each boiler, indicate its horsepower (HP) rating: 1 5

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.

CLARA I BARRIOS

Print name of responsible official

Clara I Barrios
Signature

9/27/01
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423758 FEB26 2003

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#0250852
 FIRST CLASS DRY CLEANERS
 CLARA I BARRIOS
 1550 W 84TH STREET #3
 HIALEAH FL
 33014

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

Re: U.S. Air Mail Marketing & Mobile Services

RECEIVED
FEB 28 2003

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 5328

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee
 (Endorsement Required) _____
 Restricted Delivery Fee
 (Endorsement Required) _____
 Total Postage & Fees \$ _____

[Handwritten Signature]
 Postmark
 Here

AIRS ID#0250852

Sent To **FIRST CLASS DRY CLEANERS**
 Street, Apt. No., or PO Box No. **CLARA I BARRIOS**
1550 W 84TH STREET #3
 City, State, ZIP+4 **HIALEAH FL**
33014

PS Form 3800

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#0250852

FIRST CLASS DRY CLEANERS
CLARA I BARRIOS
1550 W 84TH STREET #3
HIALEAH FL
33014

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **2/7/03**

C. Signature
x Clara Lucie Barrios Agent Addressee

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

7001 0320 0001 7975 5328

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

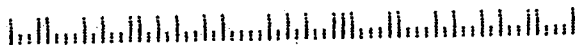
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2003

RECEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0013 3095 3997

OFFICIAL USE

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

Receipt
 Postmark
 Here
 02

Total P: 10 AIRS ID # 0250852001AG
 Sent To EDUARDO ECHEVARRIA
 Street, Ap FIRST CLASS DRY CLEANERS
 City, State HIALEAH FL
 33014

PS Form 3811, March 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

■ 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:

10 AIRS ID # 0250852001AG
 EDUARDO ECHEVARRIA
 FIRST CLASS DRY CLEANERS
 1550 WEST 84TH STREET
 HIALEAH FL
 33014

Delivered

2. Article Number
 (Transfer from service label) 7000 1670 0013 3095 3997

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

4. Restricted Delivery? (Extra Fee) Yes

A. Received by (Please Print Clearly) B. Date of Delivery
[Signature] *[Date]*

C. Signature
 Agent
 Addressee

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

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

Best Available Copy

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
AUG 08 20

Env. Monitoring
U.S. EPA

32399/2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414051 FEB132002

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 # 0250852

FIRST CLASS DRY CLEANERS
CLARA I BARRIOS
1550 W 84TH STREET #3
HIALEAH FL
33014

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 0763

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		CRANDON CLEANERS MOHAMED VISRAM 5222 NW 7TH AVE MIAMI FL 33127
Reci		alter)
Street		
City		

AIRS ID # 0250752

PS Form 3800, February 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
 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 # 0250752
 CRANDON CLEANERS
 MOHAMED VISRAM
 5222 NW 7TH AVE
 MIAMI FL
 33127

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Evelyn Chavez</i>	B. Date of Delivery <i>2/9/02</i>
C. Signature <i>E. Chavez</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

<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.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70000520002093730763

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 0817

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

Postmark
Here

AIRS ID # 0250852

FIRST CLASS DRY CLEANERS
CLARA I BARRIOS
1550 W 84TH STREET #3
HIALEAH FL
33014

mailer)

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

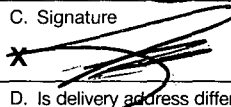
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250852
FIRST CLASS DRY CLEANERS
CLARA I BARRIOS
1550 W 84TH STREET #3
HIALEAH FL
33014

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Luis Barrios** B. Date of Delivery **2/9/02**

C. Signature  Agent
 Addressee

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

2. Article Number (Copy from service label)
70000520002093730817