

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 29, 2002

Mr. Hugo Cabrera
Surfside Cleaners
9536 Harding Avenue
Surfside, Florida 33154

Re: Facility No.: 0250865-002

Dear Mr. Cabrera:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 3, 2002.

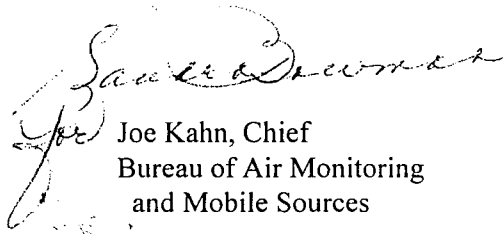
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-01

SOC 5

Compliance IN

Bureau of Air Monitoring
& Mobile Sources
OCT 03 2002

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 26 2002

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):	SURFSIDE CLEANER INC		
2. Site Name (For example, plant name or number):	SURFSIDE CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 984257113		
4. Facility Location:	9536 HARDING AVE		
Street Address:			
City:	County:	Zip Code:	
SURFSIDE	DADE	33154	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250865-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	HUGO CABRERA	Title:	Pres.
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME		
Street Address:	9536 HARDING AVE		
City:	County:	Zip Code:	
SURFSIDE	DADE		
8. Responsible Official Telephone Number:			
Telephone:	(305) 866-1966	Fax:	() - SAME

Facility Contact (If different from Responsible Official)

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

RENEWAL
Notification

Facility Information

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

How many dry-to-dry machines do you have on-site? 1

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")
Dec 1/97	Existing	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?

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

New machines at large area source Refrigerated condenser

Carbon adsorber

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

No such units on-site

How many boilers do you have on-site? 0 1 2

For each boiler, indicate its horsepower (HP) rating: 1 2 3

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.

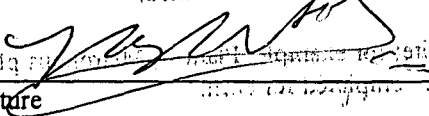
Responsible Official Certification

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.

Hugo CASERA

Print name of responsible official

 Date 9/26/02

Grant, Patricia

From: Thomas, Bruce X.

Sent: Wednesday, January 25, 2006 8:35 AM

To: 'barrom@miamidade.gov'

Cc: 'muthim@miamidade.gov'; Bowman, Sandy; Grant, Patricia

Marcelo,

Surfside Cleaners (0250865) has notified us the store is closed. The facility status has been changed to inactive.

Bruce Thomas, P.E.

Division of Air Resource Management

(850)-921-7744 or Bruce.X.Thomas@dep.state.fl.us

1/25/2006



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437547 MAR11 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAR 17 2004
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 250365

HUGO CABRENS
 SURFSIDE CLEANERS.
 9536 HARDING AVENUE
 SURFSIDE, FL 33154

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

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445131 JAN31 2005

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# 250865 10
SURFSIDE CLEANERS
9536 HARDING AVENUE
SURFSIDE, FL 33154

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

Printed on recycled paper.



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.

423154 FEB 19 2003

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0250865

SURFSIDE CLEANERS
HUGO CABRENS
9536 HARDING AVENUE
SURFSIDE FL
33154

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

Bureau of Air Mail
& Mobile Services

FEB 21 2003

RECEIVED

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

OFFICIAL USE

7000 2870 0000 7027 5500

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

[Handwritten Signature]
 Postmark Here

Total Post: AIRS ID#0250865

Sent To SURFSIDE CLEANERS
 HUGO CABRENS
 9536 HARDING AVENUE
Street, Apt. SURFSIDE FL
 33154
City, State,

PS Form 3800, May 2000

See Reverse for Instructions

TO THE RIGHT OF RETURN ADDRESS
 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#0250865

SURFSIDE CLEANERS
 HUGO CABRENS
 9536 HARDING AVENUE
 SURFSIDE FL
 33154

7000 2870 0000 7027 5500

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

[Handwritten Signature]
 2/18
 Agent
 Addressee

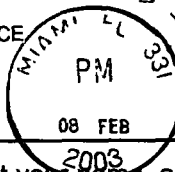
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

THAT MOVES AMERICA

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

3172D



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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	<i>2nd cert.</i> Postmark Here <i>2003</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		AIRS ID # 250865

Sent To: **HUGO CABRENS**
 Street, Apt. No., or PO Box No.: **SURFSIDE CLEANERS**
 City, State, ZIP+4: **9536 HARDING AVENUE**
SURFSIDE, FL 33154

PS Form 3800, July 2002

7003 0500 0004 0144 8921

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 # 250865

HUGO CABRENS
SURFSIDE CLEANERS
9536 HARDING AVENUE
SURFSIDE, FL 33154

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Carlos M. Hernandez* Addressee

B. Received by (Printed Name) Date of Delivery
3/6

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

3. Service Type

<input 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

7003 0500 0004 0144 8921

UNITED STATES POSTAL SERVICE



03 MAR
2004



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

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

DARMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2300 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 9 2004

RECEIVED

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Total Pr: ID# 250865

Sent To: HUGO CABRENS
 SURFSIDE CLEANERS
 9536 HARDING AVENUE
 SURFSIDE, FL 33154

PS Form 3800, June 2002 See Reverse for instructions

7003 2260 0003 5651 2103

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

ID# 250865
 HUGO CABRENS
 SURFSIDE CLEANERS
 9536 HARDING AVENUE
 SURFSIDE, FL 33154

2. Article Number
(Transfer from service label)

7003 2260 0003 5651 2103

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

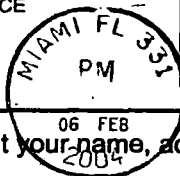
B. Received by (*Printed Name*) C. Date of Delivery

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



First-Class Mail
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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Mobile Sources

FEB 9 2004

RECEIVED

