

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

August 17, 2004

Mr. Luis R. Acosta
Very Clean Dry Cleaners
5512 Northwest 114 Avenue #103
Miami, Florida 33178

Re: Facility No.: 0250873-004

Dear Mr. Acosta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 13, 2004.

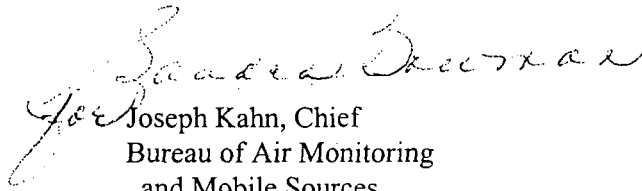
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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EMISSION FEE DATES¹⁹⁹⁻²⁰⁰³.....
SOC REPORTS.....³.....
COMPLIANCE STATUS^{IN}.....
^{5/21/2004}

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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Part III. Notification of Intent to Use General Permit

JUL 13 2004

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. Air Quality Management Division

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MIAMI EXPRESS DRY CLEANERS INC.
2. Site Name (For example, plant name or number):	VERY CLEAN DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	FLR 000044982
4. Facility Location: Street Address: City:	11865 SW 26TH STREET SUITE E8 MIAMI
County:	Miami-Dade
Zip Code:	33145
5. Facility Identification Number (DEP USE ONLY):	0250873-004

Responsible Official

6. Name and Title of Responsible Official: Name:	LOUIS R. ACOSTA	Title:	PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	5512 NW 11A AVE #103 MIAMI	County:	Miami-Dade
Zip Code:	33148		
8. Responsible Official Telephone Number: Telephone:	(305) 281-7466	Fax:	(305) 594-0514

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	PATRICIA M. RODRIGUEZ	MANAGER	
10. Facility Contact Address: Street Address: City:	5512 NW 11A AVE #103 MIAMI	County:	FL
Zip Code:	33148		
11. Facility Contact Telephone Number: Telephone:	(305) 338-2943	Fax:	(305) 594-0514

Bureau of Air Monitoring
& Mobile Sources
JUL 19 2004

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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")
<u>2/20/2000</u>	<u>Existing</u> /New	RC/CA/ <u>None required</u>	_____
_____	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? 0

How many dryers/reclaimers do you have on-site? 260

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?

60 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?

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

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.

LUIS R. ACOSTA

Print name of responsible official

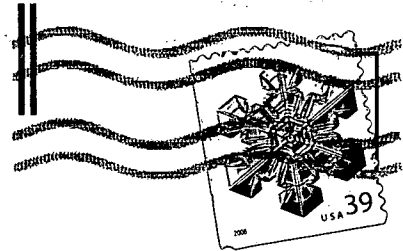
[Signature]
Signature

07/09/04
Date

MIAMI EXPRESS DRY CLEANERS INC.
DBA VERY CLEAN DRY CLEANERS
11865 S.W. 26TH STREET SUITE E 8
MIAMI, FL 33175

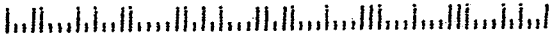
SOUTH FLORIDA PDC

FL 330 4 T
02 MAR 2007 PM



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070 5099



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.

447391 FEB 24 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250873 1stC
VERY CLEAN DRY CLEANERS
11865 SW 26th St #E8
MIAMI, FL 33175

FOR GOVERNMENT USE ONLY
ORG.: 3755010100 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Bureau of Air Monitoring
& Mobile Sources
FEB 24 2005

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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.

470555 MAR 5 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250873
MIAMI EXPRESS DRY
CLEANER, INC
11865 SW 26th St #E8
MIAMI, FLORIDA 33175

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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& MOBILE SERVICES

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MAR 09 2007

U.S. Postal Service™									
CERTIFIED MAIL™ RECEIPT									
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
For delivery information visit our website at www.usps.com ®									
OFFICIAL USE									
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
1 AIRS ID# 250873 1stC Se VERY CLEAN DRY CLEANERS Si 11865 SW 26th St #E8 or MIAMI, FL 33175. Ci									
PS Form 3800, June 2002 See Reverse for Instructions									

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>AIRS ID# 250873 1stC VERY CLEAN DRY CLEANERS 11865 SW 26th St #E8 MIAMI, FL 33175</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X</i> </p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery <i>X</i>  2/1/05</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>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
7003 0500 0004 0144 6378	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail
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• 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 1 1 2005

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