

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 29, 2002

Mr. Luis Acosta
Very Clean Dry Cleaners
11865 Southwest 26 Street #E8
Miami, Florida 33145

Re: Facility No.: 0250873-003

Dear Mr. Acosta:

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

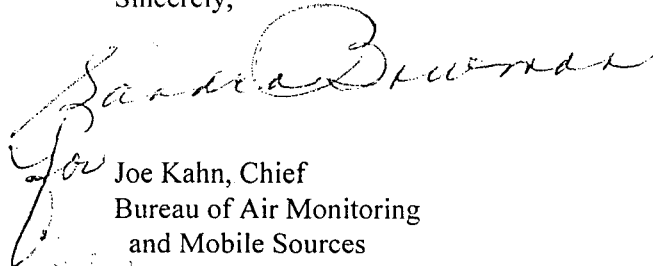
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

SEP 27 2002

Air Quality
Permit 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.

Bureau of Air Monitoring
& Mobile Sources
1007 03 2002

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MIAMI ELECTRONICS EXPORT - IMPORT INC		
2. Site Name (For example, plant name or number):	VERY CLEAN DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLR 000 044 982		
4. Facility Location:	11865 SW 26TH STREET #E8		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33145
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250873-0003		

Responsible Official

6. Name and Title of Responsible Official:		
Name:	LUIS ACOSTA	Title: PRESIDENT
7. Responsible Official Mailing Address:		
Organization/Firm:	11865 SW 26TH STREET #E8	
Street Address:		
City:	MIAMI	County: DADE
		Zip Code: 33145
8. Responsible Official Telephone Number:		
Telephone:	(305) 559 0299	Fax: (305) 559 0299

Facility Contact (If different from Responsible Official)

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

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>3/97</u>	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required	<u>03/97</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? [_____]

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?

[120] 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.

Lois Acosta

Print name of responsible official

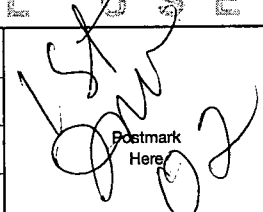
[Signature]
Signature

09/27/2002
Date

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

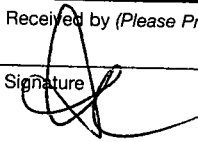
OFFICIAL USE

7000 2870 0000 7027 5425

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID#0250873

Sent To VERY CLEAN DRY CLEANERS
 LUIS ACOSTA
 11865 SW 26TH STREET #E8
Street, Apt. No. MIAMI FL
 33175
City, State, ZIP

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> <p style="text-align: right;">AIRS ID#0250873</p> <p>VERY CLEAN DRY CLEANERS LUIS ACOSTA 11865 SW 26TH STREET #E8 MIAMI FL 33175</p>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery</p> <p>C. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</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>2. Article Number <i>(Transfer from service label)</i></p> <p style="font-size: 1.2em; font-family: cursive;">70002870000070275425</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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

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 •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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7003 2260 0003 5651 1915	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	
Postage \$		Postmark Here <i>[Handwritten Signature]</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Price	ID# 250873	
Sent To	LUIS ACOSTA	
Street, A or PO Box	VERY CLEAN DRY CLEANERS	
City, State	11865 SW 26TH STREET #E8	
	MIAMI, FL 33175	
PS Form 3811, August 2001		Actions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Handwritten Signature]</i> Date of Delivery <i>06 FEB 2004</i></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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 250873 LUIS ACOSTA VERY CLEAN DRY CLEANERS 11865 SW 26TH STREET #E8 MIAMI, FL 33175</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>7003 2260 0003 5651 1915</p> </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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 •

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

Bureau of Air Monitoring
& Mobile Sources

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423963 FEB 27 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#0250873

VERY CLEAN DRY CLEANERS
LUIS ACOSTA
11865 SW 26TH STREET #E8
MIAMI FL
33175

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

Bureau of Air Monitoring
& Mobile Spills

MAR 03 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436426 FEB17 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# 250873
LUIS ACOSTA
VERY CLEAN DRY CLEANERS
11865 SW 26TH STREET #E8
MIAMI, FL 33175

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

Bureau of Air Monitoring
& Mobile Sources

FEB 20 2004

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