

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 11, 2003

Mr. Amado Branas  
Doug Sand Cleaners  
4850 Southwest 8<sup>th</sup> Street  
Miami, Florida 33134

Re: Facility No.: 0250906-002

Dear Mr. Branas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 10, 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,

*for* Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

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Fees 97-01

SOC 5

Comp Compliance MHC  
recordkeeping

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PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 10 2003

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):	Jua Mater Corp		
2. Site Name (For example, plant name or number):	Doug Sand Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 984194886		
4. Facility Location: Street Address: City:	4850 SW - 857	Miami	County: Dade Zip Code: 33134
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250906-002		

Responsible Official

6. Name and Title of Responsible Official:	Amado Branas		
Name:	Amado Branas	Title:	Vice Presidente
7. Responsible Official Mailing Address:	Jua Mater Corporation		
Organization/Firm:	Jua Mater Corporation		
Street Address:	Same as above		
City:	4850 SW 8th Street	County:	Dade Zip Code: 33134
8. Responsible Official Telephone Number:	Telephone: 305 448-2827 Fax: ( )		

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: ( )		

Bureau of Air Monitoring  
& Mobile Sources

JAN 16 2003

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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>Nov-91</u>	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	<u>Same</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?

90 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 checked="" 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 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:  1  5

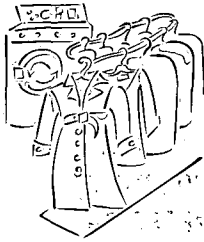
What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 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





# Doug Sand Cleaners

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February 1, 2006

Department of Environmental  
Protection  
Division of Air Resource Management  
2600 Blair Stone Rd, MS 5510  
Tallahassee, FL 32399-2400

To Whom It May Concern:

The following letter is to inform you that Doug Sand Cleaners at 4850 S.W. 8<sup>th</sup> Street, Miami, FL 33134 (#250906) was being used as a drop store from March 2003 to April, 2005. As of April 2005 all equipment was removed and building was leased to OXXO Care Cleaners c/o Edgardi Alamo @ (786) 346-8032.

As of January 15<sup>th</sup> 2006, the above mentioned plant is still undergoing remodeling.

If you need any further information, please do not hesitate to contact me.

Regards,



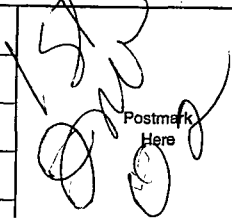
Amador Brañas  
Doug Sand Cleaners

AB/is

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

**OFFICIAL USE**

7000 2670 0000 7027 5579

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

**Total Postage \$**

**Sent To** DOUG SAND CLEANERS  
 AMADO BRANAS  
**Street, Apt. No.:** 4850 SW 8TH STREET  
**City, State, ZIP+** MIAMI FL 33134

AIRS ID#0250906

PS Form 3800, May 2000 See Reverse for Instructions

**SEND**

- 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:

DOUG SAND CLEANERS  
 AMADO BRANAS  
 4850 SW 8TH STREET  
 MIAMI FL  
 33134

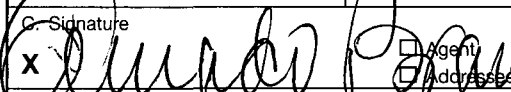
AIRS ID#0250906

7000 2670 0000 7027 5579

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **FEB 7 2003**

C. Signature 

Addressee  Agent

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

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  
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USPS  
Permit No. G-10

• 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  
2500 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

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**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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7000 1670 0133 1000 0700 0470 0000

**OFFICIAL USE**

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

102  
 310  
 102  
 Postmark  
 Here

**Total Post**

AIRS ID#0250906

Sent To **DOUG SAND CLEANERS**  
**AMADO BRANAS**  
 Street, Apt. 1 **4850 SW 8TH STREET**  
**MIAMI FL**  
 City, State, z **33134**

PS Form 3800, May 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:

**DOUG SAND CLEANERS**  
**AMADO BRANAS**  
**4850 SW 8TH STREET**  
**MIAMI FL**  
**33134**

AIRS ID#0250906

2. Article Number (Copy from service label)

**7000 1670001331092183**

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature **APR 10 2003**  
 Agent  
 Address

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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Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES  
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MAIL STATION 5510  
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TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING  
& MOBILE SOURCES

APR 15 2003

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

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Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total: **ID# 250906**

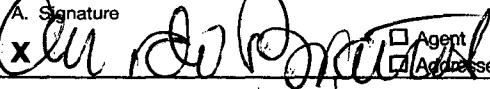
Sent To: **AMADO BRANAS**  
**DOUG SAND CLEANERS**

Street, or PO Box: **4850 SW 8TH STREET**

City, State: **MIAMI, FL 33134**

Postmark Here

PS Form 3800, June 2002 See Reverse for Instructions

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   <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <b>2/6</b></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>ID# 250906            AMADO BRANAS            DOUG SAND CLEANERS            4850 SW 8TH STREET            MIAMI, FL 33134</p> </div>	<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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer) <b>7003 2260 0003 5651 0369</b></p>	

UNITED STATES GOVERNMENT



Postage and Fees Paid  
USPS  
Permit No. G-10

• 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

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**OFFICIAL USE**

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

AIRS ID# 250906 1stC  
 DOUG SAND CLEANERS  
 4850 SW 8TH STREET  
 MIAMI, FL 33134

PS Form 3811, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2625

**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# 250906 1stC  
 DOUG SAND CLEANERS  
 4850 SW 8TH STREET  
 MIAMI, FL 33134

2. Article Number

*(Transfer from service label)*

7004 2510 0002 3939 2625

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*2/8*

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

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  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

U.S. MAIL MONITORING  
MOBILE SOURCE CONTROL

FEB 10 2005

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U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	<i>[Handwritten Signature]</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250906	
Se DOUG SAND CLEANERS Si AMADO BRANAS or 4850 SW 8TH STREET C MIAMI FL 33134	
<small>For Instructions</small>	

7001 0320 0001 7975 4642

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>	A. Signature <i>[Handwritten Signature]</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </div>
1. Article Addressed to:	B. Received by (Printed Name) _____ C. Date of Delivery <b>MAP</b>
AIRS ID#0250906  DOUG SAND CLEANERS AMADO BRANAS 4850 SW 8TH STREET MIAMI FL 33134	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
7001 0320 0001 7975 4642	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

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MAR 13 2003

Bureau of Air Monitoring  
& Mobile Sources

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



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**OFFICIAL USE**

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

**Total Postage:** AIRS ID# 250906 3<sup>rd</sup> Cert04

**Sent To:** DOUG SAND CLEANERS  
 4850 SW 8TH STREET  
 MIAMI, FL 33134

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5982

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. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 10px; margin: 5px 0;">           AIRS ID# 250906 3<sup>rd</sup> Cert04            DOUG SAND CLEANERS            4850 SW 8TH STREET            MIAMI, FL 33134         </div>	<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. A...</p>	<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. A...</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0004 6986 5982

PS Form 3811, February 2004

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

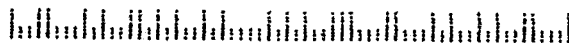
• Sender: Please print your name, address, and ZIP+4 in this box •

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

VEL  
APR 13 2005

Monitoring  
& Mobile Sources

01





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435984 FEB 5 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: \$75.00**

~~RECEIVED~~  
FEB 11 2004

Do **NOT** Remove Label

AIRS ID#0250906
DOUG SAND CLEANERS AMADO BRANAS 4850 SW 8TH STREET MIAMI FL 33134

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

439126 MAY14 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

250906  
AMADO BRANAS  
DOUG SAND CLEANERS  
4850 SW 3TH STREET  
MIAMI FL 33134

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: AI  
Fund: 20-03500  
Obj.: 002273

*Duplicate  
Payment  
12/3/03*  
BUREAU OF AIR  
& MOBILE SERVICES  
MAY 19 2004  
RECEIVED

(CUT HERE)

**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: \$50.00**

**Do NOT Remove Label**

AIRS ID# 250906 1st  
DOUG SAND CLEANERS  
4850 SW 8TH STREET  
MIAMI, FL 33134

**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**

*Printed on recycled paper.*