

Department of Environmental Protection

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

David B. Struhs Secretary

February 18, 2003

Mr. Enrique Chantres Chantres Cleaners 2555 Southwest Eighth Street Miami, Florida 33135

Re: Facility No.: 0250928-002

Dear Mr. Chantres:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 17, 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,

Joseph 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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Few 97-01 506 4 Comp MAC recordbeeping



JAN 17

Air Quality

Management Division

JAN 17 2883

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Qualifyart III. Notification of Intent to Use General Permit Wanagement Bivision

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.

Fac	cility Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	HANTRES Clarers	
2.	Site Name (For example, plant name or number):	7
	CHANTRES CLEANERS (Chantres CLEANERS)	
3.	Hazardous Waste Generator Identification Number:	7
	F(1) 9B1079507	
4.		
	Street Address: 2555 G.W. Bestreet	
	City: Wismi County: DADE Zip Code: 33135	
.5.	Facility Identification Number (DEP Use ONLY) do not fill in	
	0250928-00	
		9.88
Res	sponsible Official	
6.	Name and Title of Responsible Official: Enrique Chantres	
Nai	me: Title:	
	ENLIGHT CHAMINES / SUSTANI	_
7.	Responsible Official Mailing Address: Organization/Firm:	
	Street Address:	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number:	
	Telephone: (305) 642 - 2555 Fax: (305)	
	Telephone: (305) Guz - 2555 Fax: (305) Guz - 0667	
For	cility Contact (If different from Responsible Official)	
	Name and Title of Facility Contact (For example, plant manager):	\neg
<i>,</i> .	Traine and Trite of Carting Contact (Coronample, plant manager).	Ì
	GAME PS ABOX	
10.	Facility Contact Address:	
		JAN
	Street Address:	
	Street Address: City: County: Zip Code:	, L
11	Facility Contact Telephone Number:	28

DEP Form No. 62-213.900(2)

Telephone: (.

Effective: 2/24/99

Fax: (

X TO TO TO TO

Facility Information

or each dry-to-thy inact	rine on-site, pleas	e provide the following informati	on;
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")
11/99	Existing	RCCA/None required	pour
	Existing/Nô	ew RC/ÇA/None required	
· ·	Existing/No	ew RC/CA/None required	
CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber
.(b) TRANSFER MAC	HINES ONLY		
ow many washers do yo	ou have on-site?		
ow many dryers/reclain	ners do you have o	on-site? {]	
,			normation;
ate Initially Purchased	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
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ate Initially Purchased	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of
Pate Initially Purchased	Status (circle one) Existing/New	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of
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ate Initially Purchased from Manufacturer CONTROL DEVICE K (a) How much perchlo	Status (circle one) Existing/New Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA: CA:	Date Control Device Installed (if already included at time of purchase, write "SAME")
CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA: this in)	Date Control Device Installed (if already included at time of purchase, write "SAME")
CONTROL DEVICE K (a) How much perchlo [a] t gallo (b) If less than 12 more	Status (circle one) Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill nths, how many?	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA: this in)	Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber imonths?
(b) If less than 12 mor	Status (circle one) Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill nths, how many?	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required cfrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Indicate with an "	s source classificati X" Select one cla			itions found in:	section (3) of	Part II?	
Small Area S	онгсс	X					
Tran	to-dry machines or sfer only on-site machine types on-		(used less	s than 140 gallo s than 200 gallo s than 140 gallo	ns of perc per	year)	
Large Area S	ource	[]					
Tran	to-dry machines or sfer only on-site machine types on-		(used 200) - 2,100 gallons) - 1,800 gallons) - 1,800 gallons	of perciper y	ear)	
4. What control techno (Indicate with an "Z	-	ı machines į	pursuant to	section (5) of	Part II of this	notification	form?
Existing mach (NONE REQ	hines at small area UIRED)	source]		New machines a Refrigerated cor		Source]	
Existing mach Carbon adsor Refrigerated of		source]]	_	New machines a Refrigerated con		ource]	
5. A facility which co Rule 62-213.300, F.A. exemption criteria or t	C. Verify that all s	steam and h	ot water g	enerating units	on-site meet t		
All steam and hot wate No such units on-site	er generating units	exempt 		OR .			
How many boilers do y	ou have on-site? ;						
For each boiler, indica	te its horsepower (HP) rating:	301	1[]			
What type of fuel do yo	ou use?	propane No. 2 fuel No. 6 fuel] natural g] No. 4 fue] Other (pl	el oil		,
6. Equipment Monitor	ing and Recordkee	ping Inform	ation				
Check all logs which a	ire required to be k	ept on-site i	n accorda	nce with the rec	juirements of	this general [permit:
(a) Purchase receipts a	nd solvent purchas	es/solvent a	ddition lo	2	<u> </u>		
(b) Leak detection inst	rection and repair						
(c) Refrigerated conde	nser temperature n	nonitoring			1/2		
(d) Carbon adsorber ev	chaust perc concen	tration moni	itoring		lĺ	•	
(e) Startup, shutdown.	. malfunction plan				1 X 1		

DEP Form No. 62-213 900(2)

Effective: 2/24/99

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7. Surrender	of Existing DEP Air Permit(s)					
Please indica	te with an "X" the appropriate selection:					
	1 hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are					
ll	No DEP air permits currently exist for the operation of the facility indicated in this notification form.					
Responsible	Official Certification					
this notif statemen maintain comply w I will pro	dersigned, am the responsible official. as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification. Date Date					

DEP Form No. 62-213.900(2) Effective: 2/24/99 TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315+3070-70 B099

Tolloolidatkaallilaladlalladladladladladladlad

469754 FEB22 2007

TOTAL AMOUNT DUE: \$50.00

AIRS ID#250928
SPANNY CLEANERS INC
2555 SW 8TH STREET
MIAMI, FLORIDA 33135

Printed on récycled paper.

FLAIR ACCT. CODE 372020350013755010000
BENIFITTING OBJECT CODE 002000
BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

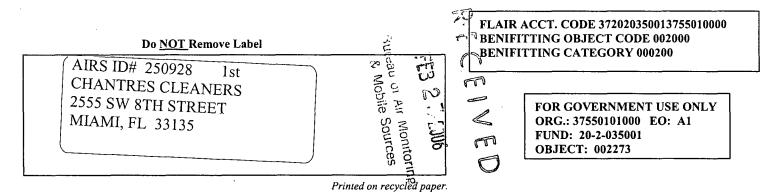
FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459243 FEB242996

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

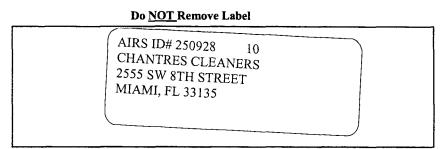
TOTAL AMOUNT DUE: \$50.00



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Please include your AIRS ID# on your check or money order. This number is located on the mailing label. ECEIVED IN TO

TOTAL AMOUNT DUE: \$50.00



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

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

3231543070

Please include your AIRS ID# on your check or money order. This number is look REFUND DUE

15T PAYMENT RECO 2/22/07 TOTAL AMOUNT DUE: \$50,00

REFUND REQUEST # 15250

FLAIR ACC Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

Do NOT Remove Label

AIRS ID# 250928 CHANTRES FUVESTMENTS SPANNY CLEANERS INC 2555 SW 8TH STREET

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

BENIFITTING, CATEGORY 000200

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000

474466 MAY182007

OBJECT: 002273

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MIAMI, FLORIDA 33135



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435690 JAN26 2004

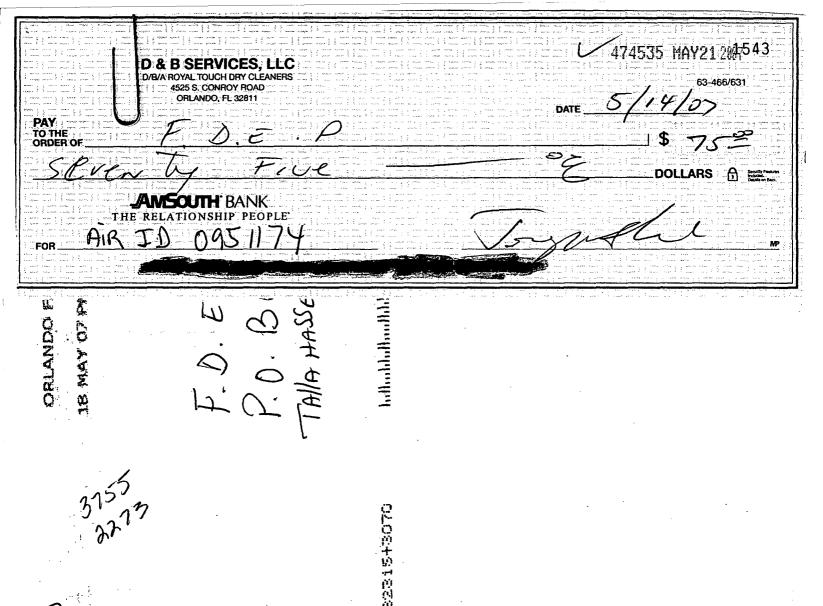
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

250928 **ENRIQUE CHANTRES** CHANTRES CLEANERS 2555 SW 8TH STREET MIAMI EL 33135

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



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F.D. EP ReceipTs P.O. BOX 3070 TALLA HASSEE FZ, 32315-3070

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