

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 12, 2003

Mr. Roland Losas
Giralda Cleaners
2230 Southwest 57 Avenue
Miami, Florida 33155

Re: Facility No.: 0250930-002

Dear Mr. Losas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 10, 2003.

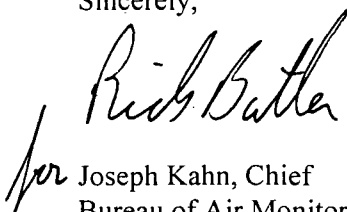
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

Feed 97-01

SOC 5

Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 10 2003

Part III. Notification of Intent to Use General Permit

Air Quality

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):	Roland Losas / Giralda Cleaners, Inc.	
2. Site Name (For example, plant name or number):	Plant name: Giralda Cleaners	
3. Hazardous Waste Generator Identification Number:	FLR000078329	
4. Facility Location: Street Address:	4369 SW 8th Street	
City:	Miami	County: Dade
		Zip Code: 33134
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250930-002	

Responsible Official

6. Name and Title of Responsible Official: Name:	Roland Losas	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	2230 SW 57 Ave.	City:	Miami
	County: Dade	Zip Code:	33155
8. Responsible Official Telephone Number: Telephone:	(305) 443-5049	Fax:	(305) 266-9880

Facility Contact (If different from Responsible Official)

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

Bureau of Air Monitoring
& Mobile Sources

JAN 16 2003

RECEIVED

62-213.900(2)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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>1992</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
<u>1999</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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?

[100] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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: 20

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) petroleum

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.

Roland Losas.

Print name of responsible official

Roland Losas

Signature

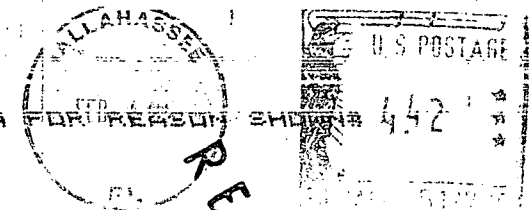
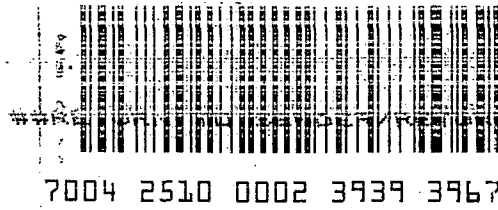
1/10/03

Date

MS# 5510 MC Acct # 5571

CERTIFIED MAIL

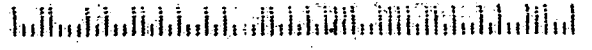
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



RECEIVED
FEB 28 2005
Bureau of Air Monitoring
& Mobile Sources

AIRS ID# 250930 1stC
GIRALDA CLEANERS
4369 SW 8TH STREET
MIAMI, FL 33134

7004 2510 0002 3939 3967



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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID# 250930 1stC GIRALDA CLEANERS 4369 SW 8TH STREET MIAMI, FL 33134
Sent To	
Street, Apt. No. or PO Box No.	
City, State, ZIP	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3967

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# 250930 1stC
GIRALDA CLEANERS
4369 SW 8TH STREET
MIAMI, FL 33134

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

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

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

Giralda Dry Cleaners & Laundry

2801

Department of Environmental Protection

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
1/15/2007	Bill	2006 - #250930	50.00	50.00		50.00
				Check Amount		50.00

1/31/2007

Bank of America

50.00

TOTAL AMOUNT DUE: \$50.00

468847 FEB 9 2007

Do NOT Remove Label

AIRS ID# 250930
 GIRALDA CLEANERS INC ✓
 4369 SW 8TH STREET
 MIAMI, FLORIDA 33134

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

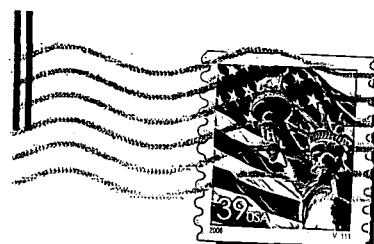
FEB 13 2007
 Bureau of Air Pollution
 & Mobile Sources

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

Giralda Dry Cleaners & Laundry
 4369 SW 8th Street
 Coral Gables, FL 33134
 Phone: (305) 443-5049

MIAMI FL 331

07 FEB 2007 PM 2 L



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

3/1

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.

458490 JAN 30 2006
RECEIVED
FEB 01 2006
Bureau of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

250930 10
GIRALDA CLEANERS
4369 SW 8TH STREET
MIAMI, FL 33134

FLAIR ACCT. CODE 37550101000
BENEFITTING OBJECT CODE 002200
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

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

446290 FEB 14 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 250930 10
GIRALDA CLEANERS
4369 SW 8TH STREET
MIAMI, FL 33134

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

Printed on recycled paper.

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

436852 FEB 25 2004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

ID# 250930
ROLAND LOSAS
GIRALDA CLEANERS
2230 SW 57TH AVENUE
MIAMI, FL 33155

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

RECEIVED
FEB 16 2005
Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAR 3 2004
Bureau of Air Monitoring & Mobile Sources

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

ID# 250930
 Total F **ROLAND LOSAS**

Sent To **GIRALDA CLEANERS**

Street, or PO B **2230 SW 57TH AVENUE**

City, State **MIAMI, FL 33155**

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5651 0390

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# 250930
 ROLAND LOSAS
 GIRALDA CLEANERS
 2230 SW 57TH AVENUE
 MIAMI, FL 33155

2. Article Number
 (Trans) **7003 2260 0003 5651 0390**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
2/6/04

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. •

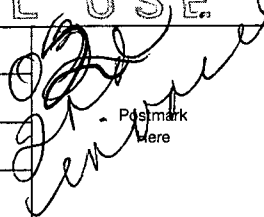
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250930	
St or Ci	KAPRY CLEANERS VICTOR M LOSAS 4369 SW 8TH STREET MIAMI FL 33134
PS	See Reverse for Instructions

0250 0320 0001 7975 4420

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:

KAPRY CLEANERS
 VICTOR M LOSAS
 4369 SW 8TH STREET
 MIAMI FL
 33134

AIRS ID#0250930

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 4420

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Victor M Losas

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/12

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 17 2003

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7976 4993

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

[Handwritten Signature]
 Postmark
 Here

AIRS ID#0250930

KAPRY CLEANERS
 VICTOR M LOSAS
 4369 SW 8TH STREET
 MIAMI FL
 33134

See 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:

AIRS ID#0250930

KAPRY CLEANERS
 VICTOR M LOSAS
 4369 SW 8TH STREET
 MIAMI FL
 33134

COMPLETE THIS SECTION ON DELIVERY

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

2/11/03

C. Signature *[Handwritten Signature]* 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

2. Article Number *(Copy from service label)*

7001 0320 0001 7976 4993

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5515
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 19 2003

RECEIVED

GIRALDA DRY CLEANERS & LAUNDRY

5511

Department of Environmental Protection

3/6/2003

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
02/20/2003	Bill		50.00	50.00		50.00
					Check Amount	50.00

Ocean Bank

AIRS ID# 0250930

50.00

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

425234 MAR10 2003

RECEIVED

Do **NOT** Remove Label

AIRS ID#0250930

KAPRY CLEANERS
 VICTOR M LOSAS
 4369 SW 8TH STREET
 MIAMI FL
 33134

MAR 13 2003
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-03500 Bureau of Air Monitoring
 Obj.: 002273 & Mobile Sources

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
03/10/2003	Bill		50.00	50.00		50.00
					Check Amount	50.00

Bank of America

AIRS ID# 0250930

50.00

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#0250930

KAPRY CLEANERS
VICTOR M LOSAS
4369 SW 8TH STREET
MIAMI FL
33134

427519 APR 7 2003

RECEIVED

APR 9 2003

Bureau of Air Monitoring
& Mobile Sources

3/10/03

DON 425234

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

Giralda Dry Cleaners & Laundry
4369 S.W. 8th St.
Coral Gables, FL. 33134
Phone: (305) 443-5049

MIAMI FL 33134

RETURN FOR 37c POSTAGE

37 USA

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

