

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 12, 2003

Mr. Paul Velazquez
Gabriel Cleaners, Inc.
10760 Southwest 24 Street
Miami, Florida 33165

Re: Facility No.: 0250942-003

Dear Mr. Velazquez:

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

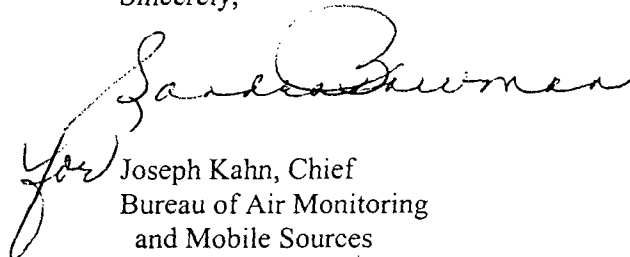
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - 198-2002
SOC REPORT - 2
Compliance status - Compliance Inspection
Walkthrough - 7/28/2003
(MNC)
New Owner - 11/2001



**TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**



Miami-Dade County Department of Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

RECEIVED

SEP 07 2005

FACILITY OWNER/COMPANY NAME Gabriel Cleaners Air Quality
 SITE NAME: Same Management Division # 0250942
 FACILITY LOCATION 10760 SW 24 Street Miami FL 33165
 TYPE OF FACILITY: Dry Cleaning
 RESPONSIBLE OFFICIAL: Mansoor Hashmi PHONE NUMBER: 305-226 7087

YOU ARE HEREBY NOTIFIED that on 8/30/2005 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
62-213.300 (3)(b)	Non-payment of annual fee	Pay all outstanding annual fee	September 15, 2005
62-213.205(1)(B)	Nonpayment of associated penalty	Pay all associated penalty.	September 15, 2005

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
 The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO 3-2005

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MIAAMI-DADE COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): TERRENCE ANDERSON

Received By (please print): Via US Mail

Section: Air Facilities Date: 8/30/05

Title: # 7003 1010 0002 0222 Date: 8/30/05

Signature: [Signature]

Signature: 4464

MARCO BONNOS
(305) 372-6925

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

PERMIT # 0250942

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.

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OCT 06 2003

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
OCT 10 2003

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GABRIEL CLEANERS INC		
2. Site Name (For example, plant name or number):	GABRIEL CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982088866		
4. Facility Location:	10760 SW 24th Street		
Street Address:	MIAMI FL		
City:	33165	County:	DADE Zip Code: 33165
5. Facility Identification Number (DEP Use ONLY; do not fill in):	0250942-003		

Air Quality
Management Division

Responsible Official

6. Name and Title of Responsible Official:	Name: PAUL VELAZQUEZ Title: PRES		
7. Responsible Official Mailing Address:	Organization/Firm: GABRIEL CLEANERS INC.		
Street Address:	10760 Southwest 24th Street		
City:	MIAMI	County:	DADE Zip Code: 33165
8. Responsible Official Telephone Number:	Telephone: (305) 226-7087 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: ()		

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")
1/90	Existing <u>New</u>	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

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".)

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: [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) _____

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:

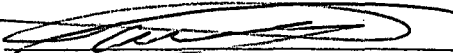
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

PAUL JEZQUEL
Print name of responsible official


Signature

10-2-03
Date

Page 15

1. (a) Select appropriate Control Device Required for 1998 dry-to-dry machine.
Date Control Device Installed should be entered for 1998 dry-to-dry machine.

Page 16

4. New machine at small area source should be marked for a 1998 dry-to-dry machine using less than 140 gallons.
6. (e) Startup, shutdown, malfunction plan is required for all sources.

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<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)									
AIRS ID#0250942.....2 nd Cert 05 GABRIEL CLEANERS 10760 SW 24th St MIAMI, FL 33165									
PS Form 3800, June 2002 See Reverse for Instructions									

7004 2510 0004 6986 5388

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#0250942.....2nd Cert 05
 GABRIEL CLEANERS
 10760 SW 24th St
 MIAMI, FL 33165

2. Article Number
(Transfer from service label)
COMPLETE THIS SECTION ON DELIVERY
A. Signature

X *Olaya Armenta* Agent Addressee

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

3-4-05

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

7004 2510 0004 6986 5388

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DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile Sources

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To AIRS ID# 250942 3rd Cert04
GABRIEL CLEANERS
Street, Apt. No.;
or PO Box No. 10760 SW 24th St
City, State, ZIP+4 MIAMI, FL 33165

PS Form 3800

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# 250942 3rd Cert04
GABRIEL CLEANERS
10760 SW 24th St
MIAMI, FL 33165

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 9150

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Olga Orlovskaya Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
4-8-05

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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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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MAIL ROOM
MOBILE SOURCES

01



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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

AIRS ID# 250942 1stC
GABRIEL CLEANERS
 Sent To 10760 SW 24th St
 MIAMI, FL 33165

Street, Apt. or PO Box #
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4087

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# 250942 1stC
GABRIEL CLEANERS
 10760 SW 24th St
 MIAMI, FL 33165

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Olga Ovchinnikova* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 2/7/05

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.

7004 2510 0002 3939 4087

Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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

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MOBILE SOURCE CONTROL

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01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436415 FEB172004

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# 250942
PAUL VELAZQUEZ
GABRIEL CLEANERS
10760 SW 24TH ST
MIAMI, FL 33165

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

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& Mobile Sources

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

Paul Velazquez
Postmark Here

Total Postage ID# 250942
Sent To PAUL VELAZQUEZ
GABRIEL CLEANERS
10760 SW 24TH ST
MIAMI, FL 33165
Street, Apt. A
or PO Box No.
City, State, Z

PS Form 3800, June 2002

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:

ID# 250942
PAUL VELAZQUEZ
GABRIEL CLEANERS
10760 SW 24TH ST
MIAMI, FL 33165

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 9295

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Paul Velazquez* Agent
 Addressee
B. Received by (Printed Name) _____ Date of Delivery *2/6*
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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