



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 17, 1998

Mr. David Stahl
Clean Clothes Coin
Laundry and Drycleaners
600 Northeast 25 Avenue
Hallandale, Florida 33009

Re: Facility No.: 0250967

Dear Mr. Stahl:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 1998.

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,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	STAHL'S REALTY CORPORATION		
2. Site Name (For example, plant name or number):	CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	1360 SW 8 ST		
City:	MIAMI	County:	DADE
		Zip Code:	33135
5. Facility Identification Number (DEP Use):	0050967		

Responsible Official

6. Name and Title of Responsible Official:	DAVID STAHL, PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:	STAHL'S REALTY CORPORATION		
Street Address:	13 600 NE 25 AVE		
City:	Hallandale	County:	Broward
		Zip Code:	33009
8. Responsible Official Telephone Number:			
Telephone:	(954) 458-0969	Fax:	() same

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:	() -

RECEIVED
JUL 28 1998
Bureau of Air Monitoring
& Mobile Sources

0250967

p15

(c)

Add date control device installed.

If give as date purchased add some date.

(c)

Should not be marked. Mark out and initial.

p16

Responsible official sign and date
for changes

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		#1 OCT96							
(1) w/ ref. condenser		Yes							
(2) w/ carbon adsorber		Yes							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

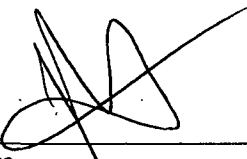
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.



Signature
DAVID STAHL

6/10/98

Date



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

JANUARY 22, 1999

STAHL'S REALTY CORPORATION
600 N.E. 25 AVENUE
HALLANDALE, FL 33009

We are returning check #1105 to you for the following reason:

xx Check not signed.

(Numerical and Written Amounts)

Other. Please provide more information so that we can properly apply your check.
850-488-2400
Thank you.

Sincerely,

*Donna Oxendine
for*

Ann R. Sullivan
Accounting Services Supervisor
Receipts Section
Bureau of Finance and Accounting

AS/sj
Attachment
cc: reading file

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359130

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

RECEIVED
MAIL ROOM
FEB -2 99

TOTAL AMOUNT DUE: \$50.00

99
~~0359130~~
✓

Do NOT Remove Label

AIRS ID # 0250967
CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS DAVID STAHL 600 NE 25 AVENUE HALLANDALE FL 33009

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN 19 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

X

TOTAL AMOUNT DUE: \$50.00

424143 FEB28 2003

Do NOT Remove Label

AIRS ID#0250967
 CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL
 33009

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392269

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 # 0250967
 CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL 33009

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
MAIL ROOM
FEB 17 2003



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414400 FEB22 2002

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

AIRSID# 0250967
CLEAN CLOTHES COIN LAUNDRY &
DRYCLEANERS
DAVID STAHL
600 NE 25 AVENUE
HALLANDALE FL 33009

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406981 MAR 7 2001

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

Bureau of Air Monitoring
& Mobile Sources

MAR - 9 2001

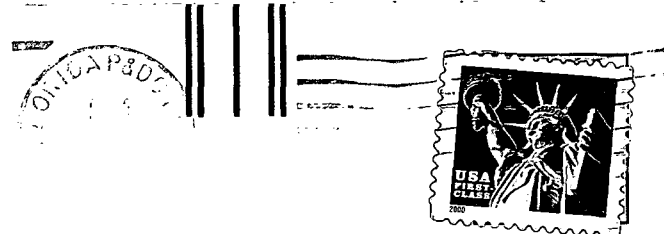
RECEIVED

Do NOT Remove Label

AIRS ID # 0250967
CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS DAVID STAHL 600 NE 25 AVENUE HALLANDALE FL 33009

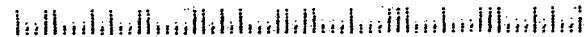
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--

*Stahl
600 NE 25 Ave
Hallandale FL 33009*



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

32315X3070



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

OFFICIAL USE

7000 1670 0001 3108 8261

Postage	\$	<i>Received</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage 10 AIRS ID # 0250967001AG
 Sent To DAVID STAHL
 STAHL'S REALTY CORPORATION
 Street, Apt. No., 600 NE 25 AVENUE
 City, State, ZIP+4 HALLANDALE FL 33009

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

- 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:

 10 AIRS ID # 0250967001AG
 DAVID STAHL
 STAHL'S REALTY CORPORATION
 600 NE 25 AVENUE
 HALLANDALE FL 33009

2. Article Number
(Transfer from service label)
 70001670000133108 8261

COMPLETE THIS SECTION ON DELIVERY

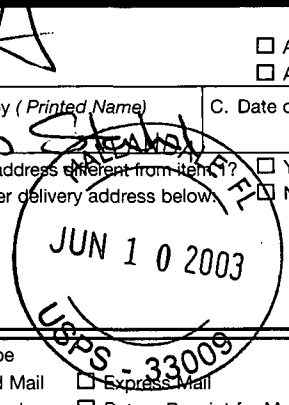
A. Signature *[Signature]* Agent Addressee

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

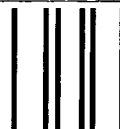
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below.

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes



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 # 6510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 12 2005

RECEIVED

2399/2400



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
Postmark Here		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot		
AIRS ID # 0250967		
Reci	CLEAN CLOTHES COIN LAUNDRY &	
	DRYCLEANERS	
Street	DAVID STAHL	
City	600 NE 25 AVENUE	
	HALLANDALE FL 33009	
PS Form		Instructions

7000 0600 0026 7825 6454

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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <u>2/12</u></p> <p>C. Signature <u><i>David Stahl</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250967</p> <p>CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS DAVID STAHL 600 NE 25 AVENUE HALLANDALE FL 33009</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. Article Number <i>(Copy from service label)</i></p> <p><u>7000 0600 0026 7825 6454</u></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

OFFICIAL USE

7001 0320 0001 7976 5150

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

Postmark
 Here

AIRS ID#0250967

CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL
 33009

else 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#0250967

CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL
 33009

COMPLETE THIS SECTION ON DELIVERY

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

David Stahl 2/10/03

C. Signature

X *[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 5150

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 •

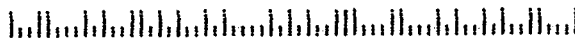
BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2003

RECEIVED

01



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

7000 0520 0020 0200 0200 9373 0893

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0250967		
CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS DAVID STAHL 600 NE 25 AVENUE HALLANDALE FL 33009		by mailer)

PS Form 3800, February 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>A. Received by (Please Print Clearly) <i>[Signature]</i> B. Date of Delivery <i>2/11/02</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250967 CLEAN CLOTHES COIN LAUNDRY & DRYCLEANERS DAVID STAHL 600 NE 25 AVENUE HALLANDALE FL 33009</p>	<p>C. Signature <i>X David Stahl</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label) <i>7000 0520 0020 0200 9373 0893</i></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>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Z 333 667 163

2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0250967

CLEAN CLOTHES COIN LAUNDRY &
DRYCLEANERS
DAVID STAHL
600 NE 25 AVENUE
HALLANDALE FL 33009

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

COMPLETE THIS SECTION ON DELIVERY

■ 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 # 0250967

CLEAN CLOTHES COIN LAUNDRY &
DRYCLEANERS
DAVID STAHL
600 NE 25 AVENUE
HALLANDALE FL 33009

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) **Evelyn Stahl**

B. Date of Delivery **2-14-00**

C. Signature *Evelyn Stahl*

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0600 0026 4125 7587

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

AIRES ID # 0250967

CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL 33009

See reverse for instructions

COMPLETE THIS SECTION ON DELIVERY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

■ 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:

AIRES ID # 0250967

CLEAN CLOTHES COIN LAUNDRY &
 DRYCLEANERS
 DAVID STAHL
 600 NE 25 AVENUE
 HALLANDALE FL 33009

A. Received by (Please Print Clearly) B. Date of Delivery
 2/5/9

C. Signature
 x *Evelyn Stahl* 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)
 7000 0600 0026 4125 7587

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789