

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

April 18, 2000

Mr. Ralph Concepcion
President
Rosbetty Cleaners
9630 Southwest 24 Street
Miami, Florida 33165

Re: Facility No.: 0250982-002

Dear Mr. Concepcion:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 13, 2000.


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: Ms. Mallika Muthiah, Dade County

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

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

MAR 03 2000

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):	Rosbetty Cleaners, Corp
2. Site Name (For example, plant name or number):	Rosbetty Cleaners
3. Hazardous Waste Generator Identification Number:	FLD 05-0893281
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33105	9630 SW 24 St
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250982-002

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MAR 15 2000

Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: Ralph Conception Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: Same as Above City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 480-0070 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: N/A City: County: Zip Code: A Circ Control Device Required
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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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

Air Quality

Management Division

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")
1/99	Existing/New	RC/CA/None required	Same
	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?

[30] 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: [X] Did not keep records: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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Management Division

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?

For each boiler, indicate its horsepower (HP) rating:

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.

RALPH CONCEPCION

Print name of responsible official

Ralph Concepcion
Signature

3/5/00
Date

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Air Quality
Management Division

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

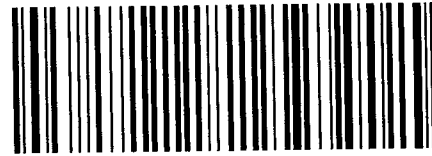
This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

BEST AVAILABLE COPY

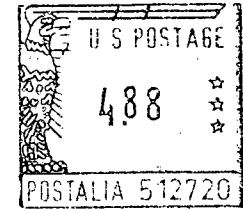
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399 2400

5510

5521

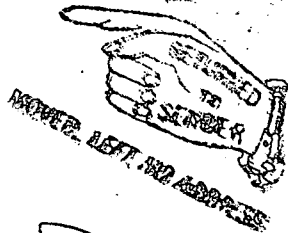


7003 0500 0004 0144 4121

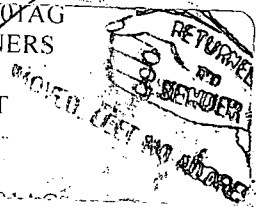


RECEIVED
SEP 16 2003
Bureau of Air Monitoring
& Mobile Sources

MLNA



TO 025098200TAG
ROSBETTY CLEANERS
CARLOS BRINGA
9630 SW 24 STREET
MIAMI, FL 33165



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
DO NOT REMOVE FROM MAIL

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:

1077 0250982001AG
 ROSBETTY CLEANERS
 CARLOS BRINGA
 9630 SW 24 STREET
 MIAMI, FL 33165

2. Article Number

(Transfer) 7003 0500 0004 0144 4121

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

7003 0500 0004 0144 4121

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)	

*Receipt
 Cert 03
 JAW04*

Total Paid TO 0250982001AG
 Sent To ROSBETTY CLEANERS
 CARLOS BRINGA
 Street, Apt. or PO Box: 9630 SW 24 STREET
 City, State: MIAMI, FL 33165

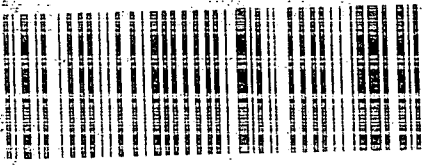
PS Form 3800, June 2002

See Reverse for Instructions

CERTIFIED MAIL

MS# _____ MC Acct # _____

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



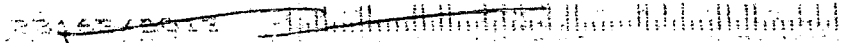
7001 0320 0001 7976 0209

AIRS ID # 0250982
ROSBETTY CLEANERS
RALPH CONCEPCION
9630 SW 24TH STREET
MIAMI FL
33165

Bureau of Air Monitoring
Mobile Sources

MAR 18 2002

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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 # 0250982

ROSBETTY CLEANERS
 RALPH CONCEPCION
 9630 SW 24TH STREET
 MIAMI FL
 33165

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

7001 0320 0001 7976 0209

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)

7001 0320 0001 7976 0209

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

Postmark Here

AIRS ID # 0250982

ROSBETTY CLEANERS
 RALPH CONCEPCION
 9630 SW 24TH STREET
 MIAMI FL
 33165

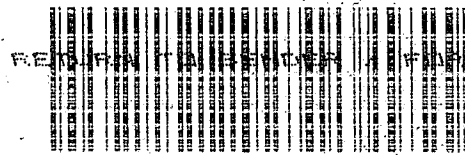
POST OFFICE USE ONLY

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MS# 5510 MC Acct # 5511

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



7000 0600 0026 4128 7843

REASON SHOWN

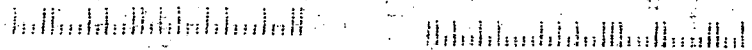
RECEIVED
FEB 20 2002
Bureau of Air Monitoring
& Mobile Sources

MANA

ADDRESS

AIRS ID # 0250982
ROSBETTY CLEANERS
RALPH CONCEPCION
9630 SW 24TH STREET
MIAMI FL
33165

331652400



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1"> <tr> <td data-bbox="1123 99 1470 165">A. Received by (Please Print Clearly)</td> <td data-bbox="1470 99 1648 165">B. Date of Delivery</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery
A. Received by (Please Print Clearly)	B. Date of Delivery		
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250982</p> <p>ROSBETTY CLEANERS RALPH CONCEPCION 9630 SW 24TH STREET MIAMI FL 33165</p>	<p>C. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <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. Article Number (Copy from service label)</p> <p>7000 0600 0026 4128 7893</p>	<p>3. Service Type</p> <p><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>		

PS Form 3811, July 1999

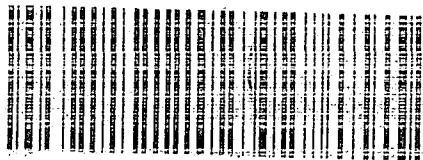
Domestic Return Receipt

162595-93-M-1769

U.S. Postal Service							
CERTIFIED MAIL RECEIPT							
(Domestic Mail Only. No Insurance Coverage Provided)							
7000 0600 0026 4128 7893	<table border="1"> <tr> <td data-bbox="945 867 1323 1040"> <p>Return Receipt For (Endorsement Required)</p> <p>Restricted Delivery For (Endorsement Required)</p> <p>Total</p> </td> <td data-bbox="1323 867 1575 1040"> <p>Postmark Here</p> </td> </tr> <tr> <td colspan="2" data-bbox="945 1040 1575 1156"> <p style="text-align: center;">AIRS ID # 0250982</p> <p>ROSBETTY CLEANERS RALPH CONCEPCION 9630 SW 24TH STREET MIAMI FL 33165</p> </td> </tr> <tr> <td colspan="2" data-bbox="945 1156 1575 1369"> <p style="text-align: right;">Instructions</p> </td> </tr> </table>	<p>Return Receipt For (Endorsement Required)</p> <p>Restricted Delivery For (Endorsement Required)</p> <p>Total</p>	<p>Postmark Here</p>	<p style="text-align: center;">AIRS ID # 0250982</p> <p>ROSBETTY CLEANERS RALPH CONCEPCION 9630 SW 24TH STREET MIAMI FL 33165</p>		<p style="text-align: right;">Instructions</p>	
<p>Return Receipt For (Endorsement Required)</p> <p>Restricted Delivery For (Endorsement Required)</p> <p>Total</p>	<p>Postmark Here</p>						
<p style="text-align: center;">AIRS ID # 0250982</p> <p>ROSBETTY CLEANERS RALPH CONCEPCION 9630 SW 24TH STREET MIAMI FL 33165</p>							
<p style="text-align: right;">Instructions</p>							

CONFIDENTIAL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0600 0026 4126 1133

550304
MS5510

RETURN TO
SENDER
MOVED, LEFT NO ADDRESS

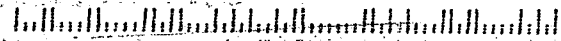
AIRS ID # 0250082

ROSSETTY CLEANERS
RALPH CONCEPCION
9630 SW 24TH STREET
MIAMI FL 33165

RECEIVED

MAR 17 11 20 AM '83
BUREAU OF ENVIRONMENTAL PROTECTION
STATE OF FLORIDA

33165+8013



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 # 0250982

ROSBETTY CLEANERS
 RALPH CONCEPCION
 9630 SW 24TH STREET
 MIAMI FL 33165

2. Article Number (Copy from service label)

7000 0600 0026 4126 1133

COMPLETE THIS SECTION ON DELIVERY

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

C. 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

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 4126 1133

Postmark Here

Return to shipper (Endorsement Required)

Postnet barcode

Total Postage & Fees

AIRS ID # 0250982

Recipient
 Street
 City

ROSBETTY CLEANERS
 RALPH CONCEPCION
 9630 SW 24TH STREET
 MIAMI FL 33165

Instructions