

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

September 14, 2004

Mr. Francisco Monagas  
Silver Hanger Dry Cleaners  
3098-10 Fuller Street  
Miami, Florida 33133

Re: Facility No.: 0251016-003

Dear Mr. Monagas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 29, 2004.

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,

A handwritten signature in black ink that reads "Joe Kahn". The signature is stylized and written in a cursive-like font.

Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES *2000-2003*  
SOC REPORTS.....*3*.....  
COMPLIANCE STATUS ..*FN*.....  
*7/7/4/2004*

RECEIVED  
JUL 29 2004

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 23 2004

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):	Silver Hanger Dry Cleaners
2. Site Name (For example, plant name or number):	Silver Hanger Dry Cleaners.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City: Miami County: Dade Zip Code: 33122	2621 NW 79 Avenue
5. Facility Identification Number (DEP Use ONLY, do not fill in):	0251016-003

Responsible Official

6. Name and Title of Responsible Official: Name: FRANCISCO MONAGAS Title: Member
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: MIAMI County: Dade Zip Code: 33133
8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Same as Responsible Official
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")
<u>1999</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / CA / None required	<u>SAME</u>
_____	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? 0

How many dryers/reclaimers do you have on-site? 200 101250

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?**

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 0 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 8/01/09)

RECEIVED  
JUL 29 2004

RECEIVED

JUL 23 2004

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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):	SILVER HANGER Dry cleaners		
2. Site Name (For example, plant name or number):	Silver Hanger Dry cleaners.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	2621 NW 79 Avenue		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33122
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0051016-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	FRANCISCO MONAGAS	Title:	Member
7. Responsible Official Mailing Address:	3098-10 Fuller Street		
Organization/Firm:			
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33133
8. Responsible Official Telephone Number:			
Telephone: ( ) -	Fax: ( ) -		

Facility Contact (If different from Responsible Official)

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



(CONFIDENTIAL)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

460933 APR192006

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

**TOTAL AMOUNT DUE: \$75.00**

Do **NOT** Remove Label

AIRS ID# 251016  
 PRESSED FOR TIME  
 2621 NW 79th Avenue  
 MIAMI, FL 33122

Bureau of Air Mail  
& Mobile Services

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

APR 21 2006

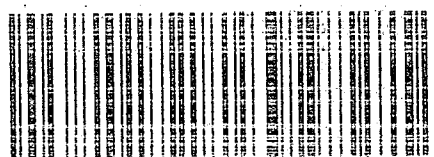
**FOR GOVERNMENT USE ONLY**  
 ORG.: 37550101000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

Printed on recycled paper.

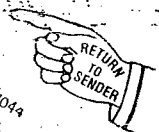
**CERTIFIED MAIL**

MS# 555 MC Acct # 555

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



2510 0004 6986 5135



UNKNOWN AT  
THIS PO BOX  
NAME IS NOT ON  
BOX APPLICATION

RETURN TO SENDER  
LN044  
GULF Breeze 325052000  
NOTIFY SENDER OF NEW  
GULF COAST PLATING  
PO BOX 91  
ATLANTA GA 30361-0091  
FIRST  
GULF  
INC.  
3810 Liggett  
PENSACOLA, FL 32505

RECEIVED  
MAR 18 2005  
MAIL ROOM

32399-2400  
325054522K 06



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to:  AIRS ID# 330227 1stC GULF COAST PLATING COMPANY INC 3810 Liggett Street PENSACOLA, FL 32505	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
2. Article Number ( <i>Transfer from service label</i> )	D. is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
7004 2510 0004 6986 5135		

0510

5527

MS# \_\_\_\_\_ MC Acct # \_\_\_\_\_

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

**CERTIFIED MAIL**



7004 2510 0002 3939 9341

AIRS ID# 251016 3<sup>rd</sup> Cert04  
PRESSED FOR TIME  
2621 NW 79th Avenue  
MIAMI, FL 33122

**RETURN FOR POSTAGE**

**RECEIVED**  
APR 15 2005  
Bioscience Resource  
& Mobile Sources  
Monitoring

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to:  AIRS ID# 251016 3 <sup>rd</sup> Cert04 PRESSED FOR TIME 2621 NW 79th Avenue MIAMI, FL 33122	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811 February 2004		Domestic Return Receipt

7004 2510 0002 3939 9341

PS Form 3811 February 2004

Domestic Return Receipt

102505-02-ff-1540



7004 2510 0002 3939 9341

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>											
<table border="1"> <tr> <td>Postage</td> <td>\$</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> <tr> <td>Total Postage &amp; Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<table border="1"> <tr> <td>Sent To</td> <td>AIRS ID# 251016 3<sup>rd</sup> Cert04 PRESSED FOR TIME</td> </tr> <tr> <td>Street, Apt. No., or PO Box No.</td> <td>2621 NW 79th Avenue</td> </tr> <tr> <td>City, State, ZIP</td> <td>MIAMI, FL 33122</td> </tr> </table>		Sent To	AIRS ID# 251016 3 <sup>rd</sup> Cert04 PRESSED FOR TIME	Street, Apt. No., or PO Box No.	2621 NW 79th Avenue	City, State, ZIP	MIAMI, FL 33122				
Sent To	AIRS ID# 251016 3 <sup>rd</sup> Cert04 PRESSED FOR TIME										
Street, Apt. No., or PO Box No.	2621 NW 79th Avenue										
City, State, ZIP	MIAMI, FL 33122										

PS Form 3811, 4

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$	Postmark Here "
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage: AIRS ID# 251016 1stC PRESSED FOR TIME	
Sent To	2621 NW 79th Avenue
Street, Apt or PO Box	MIAMI, FL 33122
City, State	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4148

**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# 251016 1stC  
PRESSED FOR TIME  
2621 NW 79th Avenue  
MIAMI, FL 33122

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
ROMULO OSORIO 2/11

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

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.

4. Restricted Delivery? (Extra Fee)  Yes

7004 2510 0002 3939 4148

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2005

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01



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To: AIRS ID#0251016.....2<sup>nd</sup> Cert 05  
 PRESSED FOR TIME

Street, Apt. No., or PO Box No.: 2621 NW 79th Avenue  
 City, State, ZIP: MIAMI, FL 33122

PS Form 3800

7004 2510 0002 3939 4667

**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#0251016.....2<sup>nd</sup> Cert 05  
 PRESSED FOR TIME  
 2621 NW 79th Avenue  
 MIAMI, FL 33122

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

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

ROMULO OSORIO 3/9

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

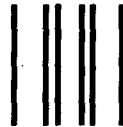
3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from serv) 7004 2510 0002 3939 4667

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

Bur. of Air Monitoring & Mobile Sources

MAR 18 2005

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