

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

November 22, 2006

Ms. Angel Sanchez  
Kristal Cleaner  
8192 Northwest 103<sup>rd</sup> Street  
Hialeah Garden, Florida 33016

Re: Facility No.: 0251023-003

Dear Ms. Sanchez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 18, 2006.

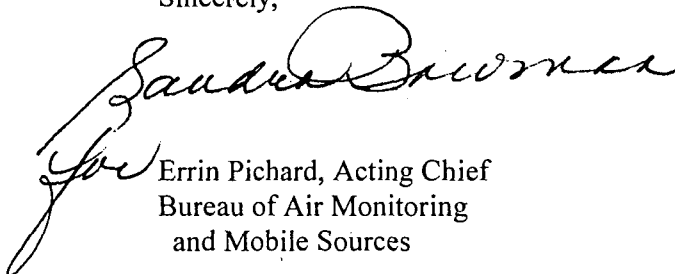
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Errin Pichard, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

EP/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

Printed on recycled paper.

NO ACTIVITY FOR FACILITY .....  
EMISSION FEE DATES ~~2002-2006~~  
SOC REPORTS ~~4~~ .....  
COMP. STATUS - SNC MNC (N) 10/12/2006

INS 2 - Compliance Inspection  
walkthrough

Insp - Miami-Dade Co - M Muthiah

RECEIVED

OCT 18 2006

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 12 2006

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit ~~Air Quality~~  
Management Division

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): ANGEL SANCHEZ ARBS, LLC	
2. Site Name (For example, plant name or number): KRISTAL CLEANER	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 8192 NW 103 ST Street Address: City: HIALEAH GARDEN County: DADE Zip Code: 33016	
5. Facility Identification Number (DEP Use Only - Do not fill in):	

0251023-003

Responsible Official

6. Name and Title of Responsible Official: Name: ANGEL SANCHEZ Title: OWNER/MANAGER	
7. Responsible Official Mailing Address: Organization/Firm: 8192 NW 103 ST Street Address: City: HIALEAH GARDEN County: DADE Zip Code: 33016	
8. Responsible Official Telephone Number: Telephone: (305) 484-7081 Fax: (305) 827-5742	

PER MR. SANCHEZ

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")
3/1996	Existing	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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?

[ ] 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 \_\_\_\_\_)

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?  1

For each boiler, indicate its horsepower (HP) rating:  15

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:

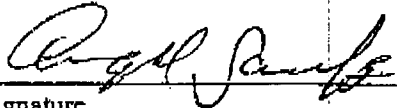
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

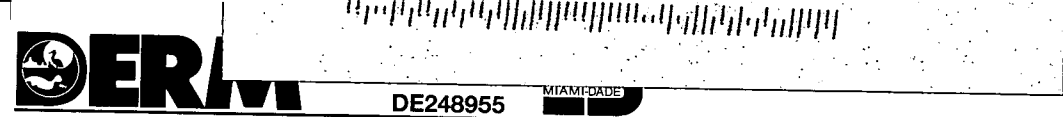
*I will promptly notify the Department of any changes to the information contained in this notification.*

ANGEL SANCHEZ  
Print name of responsible official

  
Signature

3-13-06  
Date

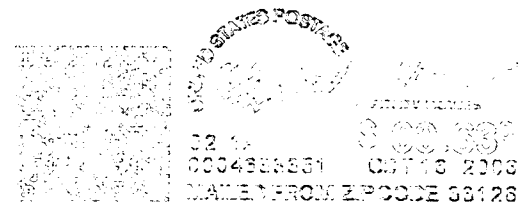
BEST AVAILABLE COPY



DE248955

MIAMI-DADE

MIAMI-DADE COUNTY, FLORIDA  
ENVIRONMENTAL RESOURCES MANAGEMENT  
AIR QUALITY MANAGEMENT DIVISION  
33 SW 2nd AVENUE SUITE 900  
MIAMI FLORIDA 33130-1540  
161.01-44 4/02



Attn: Sandy Bowman  
FDEP, DARM  
MS 5500  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400

RECEIVED

OCT 23 2006

Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 19 2006

Air Quality  
Management Division

Part III. Notification of Intent to Use General Permit

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3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	8192 NW 103 ST		
Street Address:			
City:	HIALLEAH GARDEN	County:	DADK
		Zip Code:	33016
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251023-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	ANGEL SANCHEZ.	Title:	Owner/MANAGER.
7. Responsible Official Mailing Address:			
Organization/Firm:	8192 NW 103 ST		
Street Address:			
City:	HIALLEAH GARDEN	County:	DADK
		Zip Code:	33016
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How many washers do you have on-site?

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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

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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.

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*I will promptly notify the Department of any changes to the information contained in this notification.*

ANGEL SANCHEZ  
Print name of responsible official

7-13-06

  
Signature

10/19/06  
Date

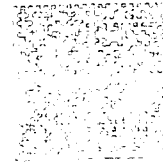


*Delivering Excellence Every Day*

**Environmental Resources Management**

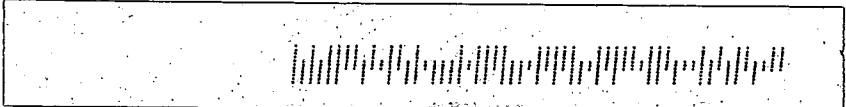
Air Quality Management Division  
33 SW 2nd Avenue • 9th Floor  
Miami Florida 33130-1540

DE248955 161\_01-44 12/04



UNITED STATES  
FIRST CLASS  
\$ 00.00  
0004686361 OCT 20 2008  
MAILED FROM ZIP CODE 33128

Attn: Sandy Bowman  
FDEP, DARM  
MS 5510  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400



**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.

465964 DEC12 2006

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 251023  
A & BS LLC  
8192 NW 103rd Street  
HIALEAH GARDEN, FLORIDA  
33016

Bureau of Air Monitoring  
& Mobile Sources

REC 13 2006

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

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

RECEIVED