

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 11, 2002

Mr. Jorge Luis Salazor
Nice & Quick Cleaners
5773 Northwest 7 Street
Miami, Florida 33126

Re: Facility No.: 0251075-002

Dear Mr. Salazor:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 7, 2002.

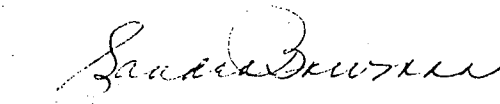
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Kahn, Acting Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

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

0251075-002

Page 16

4. New machines at small area source should be only response.

6 (a) Required for all sources. Should be marked "yes".

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

____ FOR YOUR FILES

FROM: _____ DATE: _____ PHONE: _____

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JAN 31 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division

RECEIVED

JAN 31 2002

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): | NICE & QUICK CLEANERS CORP. | | |
| 2. Site Name (For example, plant name or number): | 5773 NW 7 ST MIAMI FL 33126 | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 981018773 PERMAFIX ID# FLA 980711071 | | |
| 4. Facility Location: | 5773 NW 7 ST | | |
| Street Address: | | | |
| City: | MIAMI | County: | DADE |
| | | Zip Code: | 33126 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in) | 0251075-002 | | |

Responsible Official

| | | | |
|--|--|--|--|
| 6. Name and Title of Responsible Official: | Name: JORGE LUIS SALAZAR Title: PRESIDENT | | |
| 7. Responsible Official Mailing Address: | JORGE LUIS SALAZAR Organization/Firm: NICE & QUICK CLEANERS Street Address: 5773 NW 7 ST City: MIAMI County: DADE Zip Code: 33126 | | |
| 8. Responsible Official Telephone Number: | JORGE LUIS SALAZAR Telephone: (305) 266-0802 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: () | | |

Bureau of Air Monitoring
& Mobile Sources

FEB 7 2002

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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

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>1995</u> | Existing/New | RC/CA/None required | <u>SAME</u> |
| <u>N/A</u> | Existing/New | RC/CA/None required | |
| <u>N/A</u> | Existing/New | RC/CA/None required | |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

N/A

How many washers do you have on-site? 1

How many dryers/reclaimers do you have on-site? 1

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") |
|--|---------------------|---------------------------------------|---|
| <u>N/A</u> | Existing/New | RC/CA/None required | |
| <u>N/A</u> | Existing/New | RC/CA/None required | |
| <u>N/A</u> | 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?

20 gallons (You must fill this in)

(b) If less than 12 months, how many? 7 months

Check why it is less than 12 months: New owner: 7 months Did not keep records: 1

New store: 1 New machine 1

Unopened store 1 (date of expected opening 8/13/01)

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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input checked="" type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> (10) |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> (N) |
| 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 Yes OR
 No such units on-site No

How many boilers do you have on-site? 1

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

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 NO
- (b) Leak detection inspection and repair YES
- (c) Refrigerated condenser temperature monitoring YES
- (d) Carbon adsorber exhaust perc concentration monitoring NO
- (e) Startup, shutdown, malfunction plan YES

7. Surrender of Existing DEP Air Permit(s) 0251075

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 0
- 0251075
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.

JORGE LUIS SOLAZAR
Print name of responsible official

[Signature]
Signature

1/28/2000
Date

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.

465972 DEC 13 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 251075
NICE & QUICK CLEANERS
5773 NW 7 Street
MIAMI, FLORIDA 33126

Bureau of Air Monitoring
& Mobile Sources
DEC 13 2006

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458715 FEB 8206

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

251075 10
NICE & QUICK CLEANERS
5773 NW 7 Street
MIAMI, FL 33126

Bureau of Air Monitoring
& Mobile Sources

FEB 09 9 53 AM '06

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444300 JAN10 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 251075 10
NICE & QUICK CLEANERS
5773 NW 7 Street
MIAMI, FL 33126

RECEIVED
JAN 11 2005
Bureau of Air Monitoring
& Mobile Sources

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

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OFFICIAL USE

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

ID# 251075

Se
Si
or
Ci

JORGE SALAZOR
NICE & QUICK CLEANERS
5773 NW 7TH STREET
MIAMI, FL 33126

See reverse for instructions

7003 2260 0003 5650 0384

Jorge Salazar

Postmark
Here

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# 251075
JORGE SALAZOR
NICE & QUICK CLEANERS
5773 NW 7TH STREET
MIAMI, FL 33126

2. Article Number
(Transfer from service label)

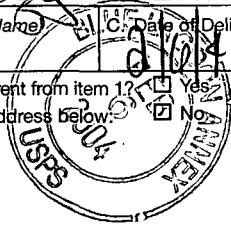
7003 2260 0003 5650 0384

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Jorge Salazar Addressee

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

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP code in this box

DAP/MOBILE SOURCE CONTROL PROCESSES
ECON. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

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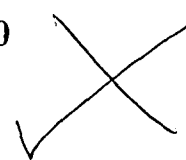


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435924 FEB 3 2004

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

251075
JORGE SALAZOR
NICE & QUICK CLEANERS
5773 NW 7TH STREET
MIAMI FL 33126

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



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.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0251075
 NICE & QUICK CLEANERS
 JORGE LUIS SALAZOR
 5773 NW 7TH STREET
 MIAMI FL
 33126

422711 FEB10 2003

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

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 FBI
 & Mobile Sources
 Monitoring

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

OFFICIAL USE

7001 0320 0001 7975 6288

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

Postmark Here

AIRS ID#0251075

Sent to: NICE & QUICK CLEANERS
 JORGE LUIS SALAZOR
 Street, or PO: 5773 NW 7TH STREET
 City, S: MIAMI FL
 33126

PS Form 3811, July 1999 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:

 AIRS ID#0251075

NICE & QUICK CLEANERS
 JORGE LUIS SALAZOR
 5773 NW 7TH STREET
 MIAMI FL
 33126

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
 _____ 21 07 03

C. Signature
 X 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 7975 6288

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 12 2003

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