



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

November 20, 2000

Ms. Zoila L. Lora  
The City Dry Cleaners  
724 Northwest 183 Street  
Miami, Florida 33169

Re: Facility No.: 0251085-001

Dear Ms. Lora:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 9, 2000.

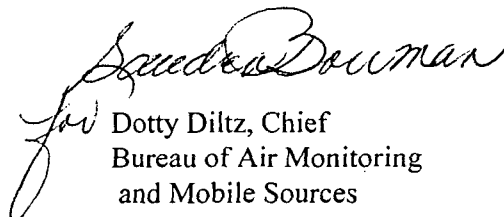
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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OCT 02 2000

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.

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OCT 13 2000  
Bioscience Resource Monitoring

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner)	The City Dry Cleaners		
2. Site Name (For example, plant name or number):	The City Dry Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	724 NW 103 <sup>RD</sup>	County: DADE	Zip Code: 33169
City:	MIAMI, FL		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251085-001		

Responsible Official

6. Name and Title of Responsible Official: Name:	Zoila L. LORA	Title:	President
7. Responsible Official Mailing Address: Organization/Firm:	The City Dry Cleaners		
Street Address:	724 NW 103 <sup>RD</sup>		
City:	MIAMI, FL	County:	DADE
		Zip Code:	33169
8. Responsible Official Telephone Number: Telephone:	(305) 651-6160	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Richard LORA (Plant Manager)		
10. Facility Contact Address:	3847 NE 168 <sup>ST</sup> Apt. 3C		
Street Address:			
City:	N. MIAMI, FL	County:	DADE
		Zip Code:	33160
11. Facility Contact Telephone Number: Telephone:	(305) 651-6160	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>Sept-1992</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? [ \_\_\_\_\_ ]

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?

[ 20 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 4 ] 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.

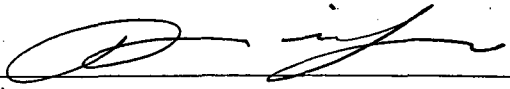
**Responsible Official Certification**

*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.*

*Richard Lora*

Print name of responsible official

  
Signature

*9/28/00*  
Date

**RECEIVED**

OCT 02 2000

Air Quality  
Management Division

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Richard Lora  
Print name of responsible official

[Signature]  
Signature

9/29/00  
Date

[Signature]  
Zula LORA

9-28-00  
DATE

RECEIVED  
OCT 27 2000  
Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
OCT 20 2000  
Air Quality  
Management Division

METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management  
33 S.W. 2nd Avenue  
Miami, FL. 33130-1540

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**SEND TO:**

Name: Rick Butler

Company/Department: FDEP

Phone Number:

Fax Number: 850 - 922 - 6979

Message: Proper R.O. signature for

The City Dry Cleaners. If anything else is needed, let me know.

Ivan

P.S. The original is in the mail

RECEIVED  
OCT 20 2000  
Bureau of Air Monitoring  
Mobile Sources

**FROM:**

Name: Ivan Fannin

Division/Section: Air Facilities

Phone Number: 305 - 372 - 6931

Fax Number: (305) 372-6954

Date: 10 - 20 - 00

Number of Pages (including this one): 2

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

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

*Richard Lora*

Print name of responsible official

*[Signature]*

Signature

*9/29/00*

Date

*Zula Lora*  
Zula Lora

*9-28-00*  
DATE

RECEIVED

OCT 20 2000

Air Quality  
Management Division



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**

7004 2510 0002 3939 0638

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	AIRS ID# 251085 1stC	
Sent To	THE CITY DRY CLEANERS	
	724 NW 183 Street	
Street, Apt. No.; or PO Box No.	MIAMI, FL 33169	
City, State, ZIP+		

PS Form 3800, June 2002 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# 251085 1stC  
THE CITY DRY CLEANERS  
724 NW 183 Street.  
MIAMI, FL 33169

2. Article Number  
(Transfer from service label)

7004 2510 0002 3939 0638

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 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

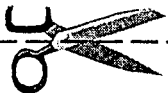
• Sender: Please print your name, address, and ZIP+4 in this box •

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

RECEIVED  
FEB 21 2005  
Bureau of Air Monitoring  
& Mobile Sources

01





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434631 DEC22 2003

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

251085  
ZOILA LORA  
THE CITY DRY CLEANERS  
724 NW 183 ST  
MIAMI FL 33169

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423265 FEB 20 2003

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#0251085

THE CITY DRY CLEANERS  
ZOILA L LORA  
724 NW 183 ST  
MIAMI FL  
33169

RECEIVED  
FEB 26 2003  
Bureau of Air Monitoring  
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400889

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 # 0251085

THE CITY DRY CLEANERS  
 ZOILA L LORA  
 724 NW 183 ST  
 MIAMI FL 33169

Bureau of Air Monitoring  
& Mobile Sources

DEC 29 2005

RECEIVED

*12-26-05*

DEC 26 00

RECEIVED  
MAIL ROOM

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 2012-035001  
 Obj.: 002273

411902 DEC192001

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.

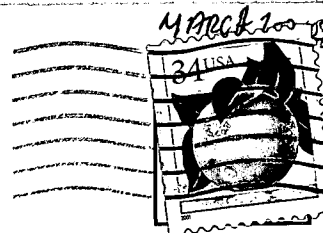
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0251085  
THE CITY DRY CLEANERS  
ZOILA L LORA  
724 NW 183 ST  
MIAMI FL  
33169

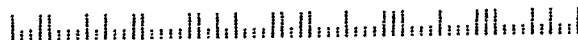
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

THE City Dry Cleaners Inc.  
724 N.W. 183<sup>rd</sup> St.  
Miami, FL 33169



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

32315+3070 99



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

7001 0320 0001 7975 6233

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

Postmark  
Here

AIRS ID#0251085

Sent To **THE CITY DRY CLEANERS**  
 Street, Apt. **ZOILA L LORA**  
 or PO Box **724 NW 183 ST**  
 City, State, **MIAMI FL**  
**33169**

PS Form 38

Items

**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#0251085

THE CITY DRY CLEANERS  
 ZOILA L LORA  
 724 NW 183 ST  
 MIAMI FL  
 33169

**COMPLETE THIS SECTION ON DELIVERY**

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

2/7/03

C. Signature-

X *Zoila L Lora*  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 6233



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 10 2005

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**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.

445230 FEB 3 2005

**TOTAL AMOUNT DUE: \$50.00**

**RECEIVED**  
FEB 4 2005  
Bureau of Air Monitoring  
& Mobile Sources

Do **NOT** Remove Label

AIRS ID# 251085 10  
THE CITY DRY CLEANERS  
724 NW 183 Street  
MIAMI, FL 33169

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

*Printed on recycled paper.*