

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

July 1, 2002

Ms. Vivian Vazquez
To Press Cleaners
8862 Southwest 129 Terrace
Miami, Florida 33176

Re: Facility No.: 0251120-001

Dear Ms. Vazquez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 28, 2002.

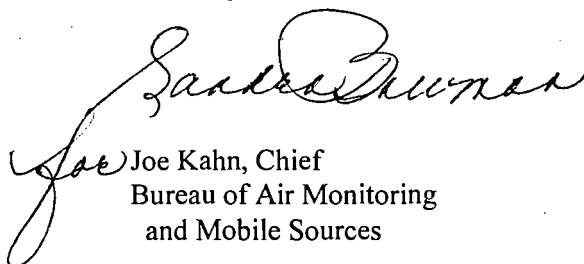
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Monday, August 14, 2006 2:29 PM
To: Bowman, Sandy
Subject: FW: Inactivation in GPCI and ARMS of TVGP Facilities

Attachments: SDOC0389.pdf



SDOC0389.pdf (2
MB)

Hi Sandy:

Please inactivate from the GPCI and ARMS databases the following facilities (see attached inspection reports):

Gables Dryclean and Wash	0251195
Jarquin Best Cleaners	0251063
To Press Cleaners	0251120
Dry-clean Fl	0251013
Bethany Family	0251081

Thanks.

Marcelo A. Barros
Environmental Resources Project Supervisor AQMD/Air Facilities Section Miami-Dade County
DERM
(305) 372-6925

-----Original Message-----

From: Marcelo Barros [mailto:barrom@miamidade.gov]
Sent: Monday, August 14, 2006 3:17 PM
To: Barros, Marcelo (DERM)
Subject:

<<SDOC0389.pdf>> This E-mail includes attached file(s) sent from "RNP6F8396" (Aficio 1075).

Scan Date: 08.14.2006 14:16:53 (-0500)

RECEIVED

MAY 28 2002

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

APR 23 2002

Air Quality
Management Division

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.

TBD06260

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	TO PRESS CLEANERS/VMC International Franchising, LLC.		
2. Site Name (For example, plant name or number):	TO PRESS CLEANERS		
3. Hazardous Waste Generator Identification Number:	IWS -		
4. Facility Location:			
Street Address:			
City:	130 SW 8 th Street	County:	DADE
		Zip Code:	33130
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251120-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	VIVIAN VAZQUEZ	Title:	GENERAL MANAGER.
7. Responsible Official Mailing Address:	VIVIAN VAZQUEZ		
Organization/Firm:	TO PRESS		
Street Address:	8862 SW 129 TERRACE.		
City:	MIAMI	County:	DADE
		Zip Code:	33176.
8. Responsible Official Telephone Number:			
Telephone:	(305) 969 9900	Fax:	(305) 969 9700

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address:	VIVIAN VAZQUEZ		
Street Address:	8862 SW 129 TERRACE		
City:	MIAMI	County:	DADE
		Zip Code:	33176
11. Facility Contact Telephone Number:			
Telephone:	(305) 969 9900	Fax:	(305) 969 9700

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? 2

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>4/26/02</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
<u>4/26/02</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
<u>N/A</u>	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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? [] 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 6/20/02)

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? NO

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) ELECTRICAL

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.

Vivian Vasquez - Managing Member

Print name of responsible official

Vivian Vasquez

Signature

5/27/2003

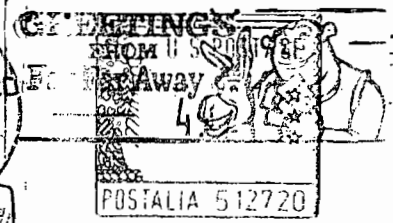
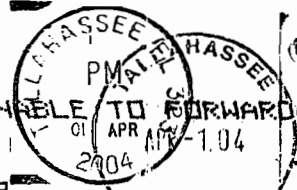
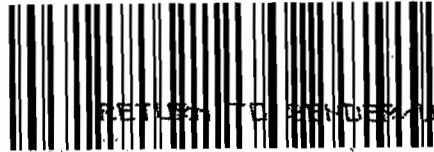
Date

5510

5521

ORIGINAL MAIL

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



RECEIVED

APR 19 2004

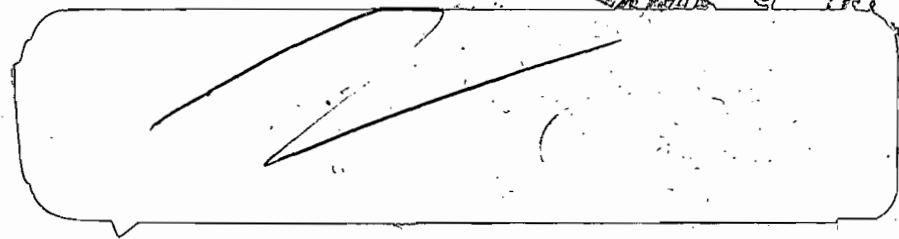
Bureau of Air Monitoring
& Mobile Sources

AC 5521
BAMMS/PCD
JOEY ROBERTS
5510

FORWARDING
#25120

FL
\$0.46
4-3-04
NOTICE
NOTICE

FORWARDING
TIME EXPIRED



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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 # 251120
 TO PRESS CLEANERS
 VIVIAN VAZQUEZ
 8862 SW 129TH TERRACE
 MIAMI, FL 33176

Delivered 5/16/2004

Will be returned to sender

2. Article Number
(Transfer from service label)

7001 1140 0001 7556 3036

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

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

OFFICIAL USE

7001 1140 0001 7556 3036

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

AIRS ID # 251120

Sent To TO PRESS CLEANERS
 VIVIAN VAZQUEZ
 Street, Apt. No. or PO Box No. 8862 SW 129TH TERRACE
 City, State, ZIP MIAMI, FL 33176

PS Form 3800

Postmark Here

DO NOT REMOVE

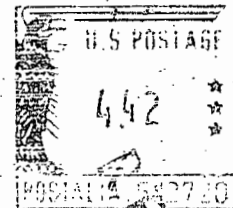
MS# 5510 MC Acct # 6624

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

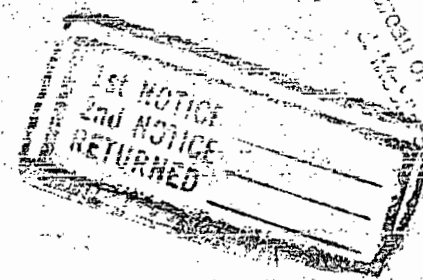
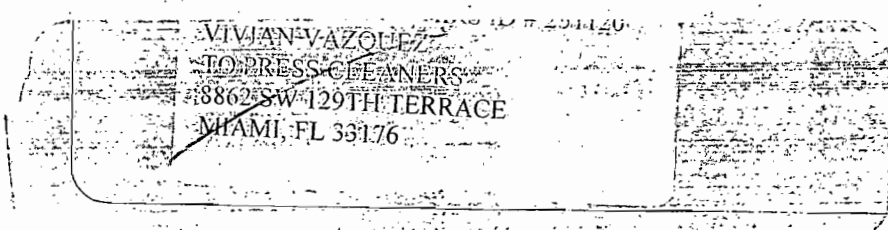
CERTIFIED MAIL



7003 0500 0004 0144 9119

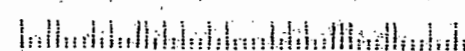


RETURNED TO SENDER
**IF MOVED, LET
NO ADDRESS**



RECEIVED
MAR 15 2004
BUREAU OF AIR MAIL SERVICES

33176 10039342400



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 # 251120

VIVIAN VAZQUEZ
 TO PRESS CLEANERS
 8862 SW 129TH TERRACE
 MIAMI, FL 33176

2. Article Number: 7003 0500 0004 0144 9119
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

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)		
Total		

2nd Cl

Postmark Here 2003

AIRS ID # 251120

Sent to:
 Street, or PO:
 City, St:

VIVIAN VAZQUEZ
 TO PRESS CLEANERS
 8862 SW 129TH TERRACE
 MIAMI, FL 33176

SEE INSTRUCTIONS

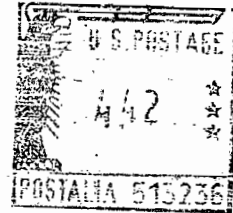
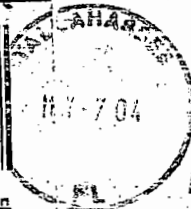
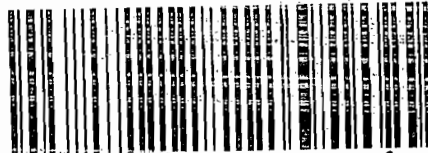
7003 0500 0004 0144 9119

3510

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

5521

CERTIFIED MAIL



AC5521

7003 0500 0004 0140 8528

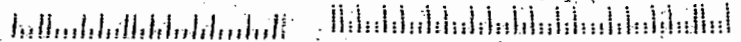
BAMMS/BCD
JOEY ROBERTS
5510

RECEIVED
MAY 10 2004
Bureau of Air Quality
& Mobile Sources
1st NOTICE
2nd NOTICE
RETURNED

FOE
R 7646
5-10-04

AIRS-ED# 520112U
TO PRESS CLEANERS
VIVIAN VAZQUEZ CT
8862 SW 129th TERRACE
MIAMI FL 33176

33176+8531 46



SENDER - COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>AIRS ID# 251120 TO PRESS CLEANERS VIVIAN VAZQUEZ 8862 SW 129 TERRACE MIAMI FL 33176</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 0500 0004 0140 8628</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>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, August 2001		Domestic Return Receipt	
		102595-02/M-1540	

7003 0500 0004 0140 8628

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 \$	<i>Remailed</i> <i>5/6/2004</i> Postmark Date
Certified Fee	
Return Receipt Fee	
AIRS ID# 251120 TO PRESS CLEANERS VIVIAN VAZQUEZ 8862 SW 129 TERRACE MIAMI FL 33176	
PS Form 3800, June 2002. See reverse for instructions.	

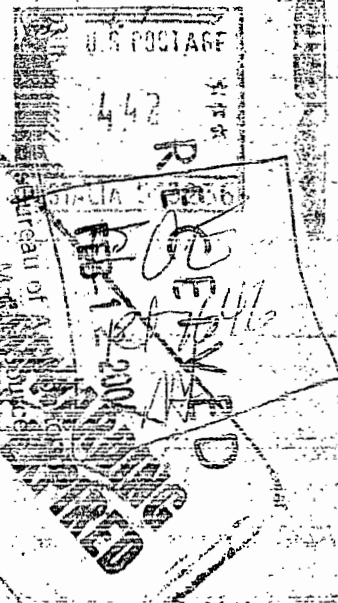
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



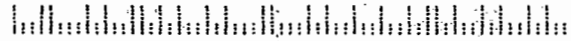
7003 2260 0003 5650 7401



RETURN TO SENDER
FORWARDED
TO THE
E-9800

U.S. POSTAGE
442
R
BUREAU OF ENVIRONMENTAL PROTECTION
MIAMI
FEB 14 2003
D
RECEIVED

ID# 25120
VIVIAN VAZQUEZ
TO PRESS CLEANERS
8862 SW 129TH TERRACE
MIAMI, FL 33176



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# 251120
 VIVIAN VAZQUEZ
 TO PRESS CLEANERS
 8862 SW 129TH TERRACE
 MIAMI, FL 33176

2. Article Number

(transfer from service label)

7003 2260 0003 5650 7901

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

102595-02-M-1540

RECEIVED

RECEIVED

7003 2260 0003 5650 7901

U.S. Postal Service™
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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)	

ID# 251120
 VIVIAN VAZQUEZ
 TO PRESS CLEANERS
 8862 SW 129TH TERRACE
 MIAMI, FL 33176

PS Form 3800, June 2002

Postmark
 1/19/02

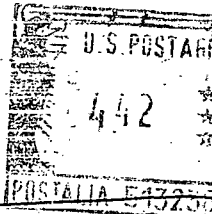
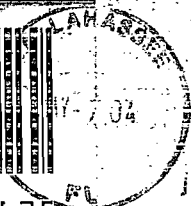
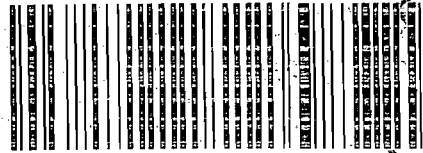
See Reverse for Instructions

5510

5521

CERTIFIED MAIL

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



ACE521

7003 0500 0004 0140 8635

BANKS/RODRIGUEZ
ROBERTO
5510

TO PRESS CLEANERS
WIVIAN VAZQUEZ
8862 SW 129TH TERRACE
MIAMI FL 33176

Bureau of Air Monitoring
& Mobile Sources

NOTICE
MAY 21 2004

RECEIVED

FOR
Rt 7646
5-10-04

32176331133

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 checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> AIRS ID# 251121 TO PRESS CLEANERS VIVIAN VAZQUEZ 8862 SW 129 TERRACE MIAMI FL 33176 </div>		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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, August 2001		Domestic Return Receipt 102595-02; M-1540	

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 \$	<i>Remailed</i> <i>5/6/2004</i> Postmark Here
Certified Fee	
Return Receipt Fee	
AIRS ID# 251121 TO PRESS CLEANERS VIVIAN VAZQUEZ 8862 SW 129 TERRACE MIAMI FL 33176	
PS Form 3800 June 2002	

7003 0500 0004 0140 8635

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)		

AIRS ID# 251120 1stC
 TO PRESS CLEANERS
 130 SW 8th Street
 MIAMI, FL 33130

Postmark
Here

PS Form 3800, June 2002 See Reverse for Instructions

MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

- 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# 251120 1stC
 TO PRESS CLEANERS
 130 SW 8th Street
 MIAMI, FL 33130

2. Article Number
(Transfer from service label)

A. Signature Agent
 Addressee

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

Priscilla ... 2/7/05

D. Is delivery address different from item label?
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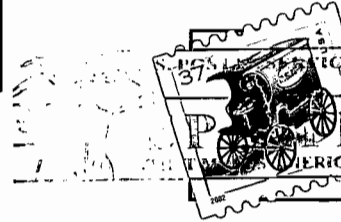
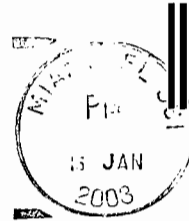
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