

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 25, 2003

Mr. Marisol Baute
Clean & Clean USA
3500 Coral Way, #409
Coral Gables, Florida 33145

Re: Facility No.: 0251159-001

Dear Mr. Baute:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 2003.

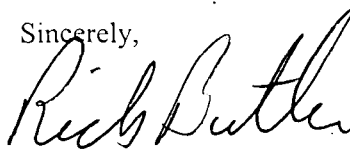
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

for 

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED
OCT 27 2003

Bureau of Air Monitoring
& Mobile Sources

TBD 07040

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

OCT 22 2003

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): ALONSO E. SUBARAN
2. Site Name (For example, plant name or number): CLEAN & CLEAN USA LLC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 1923 Ponce de Leon Blvd. City: Coral Gables County: MIAMI-DADE Zip Code: 33134
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0251159-001

Responsible Official

6. Name and Title of Responsible Official: Name: Marisol Baute Title: President
7. Responsible Official Mailing Address: Organization/Firm: Clean & Clean USA LTD Street Address: 3500 Coral Way #409 City: Coral Gables County: MIAMI-DADE Zip Code: 33145
8. Responsible Official Telephone Number: Telephone: (786)306 9963 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): MARISOL BAUTE
10. Facility Contact Address: Street Address: 3500 Coral Way #409 City: Coral Gables County: MIAMI-DADE Zip Code: 33145
11. Facility Contact Telephone Number: Telephone: (786) 306 9963 Fax: () -

080128-001

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")
To Be Bought	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	hasn't been bought yet
To Be Bought	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	hasn't been bought yet
_____	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?

[158] gallons (You must fill this in) — This is an estimated amount based on other shops same size.

(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 06/15/04)

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

How many boilers do you have on-site?

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) ELECTRIC

6. Equipment Monitoring and Recordkeeping Information - STORE IS NOT OPENED YET

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.

MARISOL BAUTE

Print name of responsible official

Marisol Baute

Signature

08/22/03

Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445950 FEB102005

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# 251159 1stC
CLEAN & CLEAN USA
1923 Ponce De Leon Blvd
CORAL GABLES, FL 33134

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

Printed on recycled paper.

RECEIVED
FEB 15 2005
BU & Mobile Sources
Air Monitoring

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458851 FEB 13 2006

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

RECEIVED

FEB 15 2006

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 251159 1st
CLEAN & CLEAN USA
1923 Ponce De Leon Blvd
CORAL GABLES, FL 33134

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

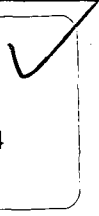
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

473740 APR30 2007

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#251159
CLEAN & CLEAN USA LCC
1923 Ponce De Leon Blvd
CORAL GABLES, FLORIDA 33134



Bureau of Air Mail
& Mobile Services

MAY 02 2007

RECEIVED

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

(305) 444 7407

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JAME MUNERA - PARTNER - ANSELMI INT'L INVEST CORP.

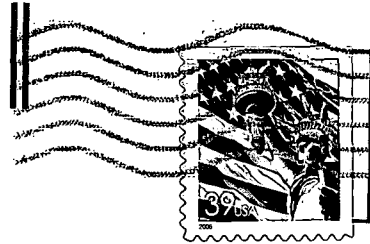
jaimemunera@hotmail.com

INVEST CORP.

CLEAN f CLEAN
1923 Ponce De Leon BLVD
CORAL GABLES - FL
33134

MIAMI FL 331

26 APR 2007 PM 2 L



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

323153070 8099



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

OFFICIAL USE

7001 1140 0001 7556 3050

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 25.15

303
unsorted
 Postmark Here

Sent To AIRS ID # 251159
 CLEAN & CLEAN USA
 MARISOL BAUTE
 Street, Apt. or PO Box 3500 CORAL WAY #409
 City, State, CORAL GABLES, FL 33145

#0251159

PS Form 3811

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 # 251159
 CLEAN & CLEAN USA
 MARISOL BAUTE
 3500 CORAL WAY #409
 CORAL GABLES, FL 33145

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 3050

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery *4/2/04*
- 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

Bureau of Air Monitoring
& Mobile Sources

APR 5 2004

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U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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 Pos	AIRS ID# 251159 1stC CLEAN & CLEAN USA
Sent To	1923 Ponce De Leon Blvd
<i>Street, Apt or PO Box</i>	CORAL GABLES, FL 33134
<i>City, State</i>	
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# 251159 1stC
CLEAN & CLEAN USA
1923 Ponce De Leon Blvd
CORAL GABLES, FL 33134

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 6460

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Leslie Lopez* Agent
 Addressee

B. Received by (Printed Name)
Leslie Lopez

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 •

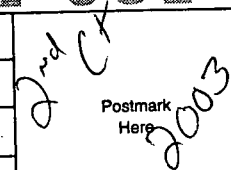
Bureau of Air Mail
Mobile Sources

RECEIVED
FEB 10 2005

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



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> AIRS ID # 251159 MARISOL BAUTE CLEAN & CLEAN USA 3500 CORAL WAY #409 CORAL GABLES, FL 33145 </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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7003 0500 0004 0144 9669	
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									
<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> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here 
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
AIRS ID # 251159									
To Mar. MARISOL BAUTE Str. CLEAN & CLEAN USA or F. 3500 CORAL WAY #409 City CORAL GABLES, FL 33145									
PS Form 3800, June 2002 See Reverse for Instructions									

9669 4470 0004 0000 0500 0004 0144 9669