

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

June 2, 2006

Mr. Nayelys Leoh
Twins Professional Dry Cleaner
Services, Incorporated
3144 West 76th Street
Hialeah, Florida 33018

Re: Facility No.: 0251172-003

Dear Mr. Leoh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 24, 2006.

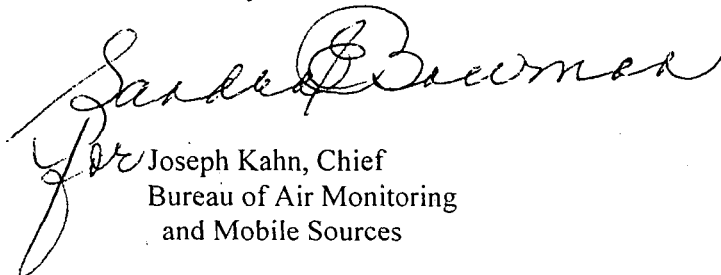
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Miami-Dade County

"More Protection, Less Process"

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EMISSION FEE DATES 2004-2005
NO ACTIVITY FOR FACILITY
ACTIVIREPORTS..1.....
3/21/2006
COMP. STATUS - SNC MNC IN

INSP - Miami-Dade -
INS2 - Compliance Inspection Walkthrough

RECEIVED

MAR 29 2006

Bureau of Air Monitoring
& Mobile SourcesPERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAR 24 2006

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):	Twins Professional Dry cleaner Serv, Inc.		
2. Site Name (For example, plant name or number):	twins professional dry cleaner services, inc.		
3. Hazardous Waste Generator Identification Number:	FLDEP		
4. Facility Location: 3144 W 76 ST			
Street Address:			
City: Hialeah	County: DADE	Zip Code: 33018	
025172-003			

Responsible Official

6. Name and Title of Responsible Official:			
Name: Nayelys Leon	Title: President		
7. Responsible Official Mailing Address: 3144 W 76 ST			
Organization/Firm:			
Street Address:			
City: Hialeah	County: Dade	Zip Code: 33018	
8. Responsible Official Telephone Number:			
Telephone: (305) 818-1003	Fax: (305) 818-1003		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Claribel		
10. Facility Contact Address:			
Street Address: SAME			
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?

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")
1/11/2004	Existing/New	RC/CA/None required	Same
_____	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?

gallons (You must fill this in)

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

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 **X**
- 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 checked="" type="checkbox"/> X |
| <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 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? **1**

For each boiler, indicate its horsepower (HP) rating: **3** **0**

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.

NAYELY Leon
 Twins Professional Dry cleaner Serv, Inc.
 Print name of responsible official

Nayely Leon
 Signature

03/21/06
 Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

472933 APR 16 2007 1493

TWINS PROFESSIONAL
3144 W 76 ST
HIALEAH FL 33018

AIRSID# 0251172

DATE 04/10/07

63-8376/2670
111

PAY TO THE ORDER OF F.D.E.P. \$ 75.00

Seventy five with 00/100

DOLLARS



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1455 West 49th Street
Hialeah, FL 33012
1-888-7-DAY-BANK

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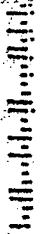
FOR 0251-172

Naepher G.



Twins Professional Dry cleaners
3144 W 76 ST
Miami, FL 33018

Receipts
P.O Box 30-
Tallahassee, F



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3255
2273

Bureau of Air Mail
& Mobile Services

APR 18 2007

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MS# 5510 MC Acct# 5527

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

*Twin Professional Drycleaner
Navelys Leah
305/868-1063*

AIRS ID#251172
LUIS MARIN
3144 W 76 ST
MIAMI, FLORIDA 33018
Hialeah, FL 33018

*NOT ON
business
date co
m miami*



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02/02/2007

Mailed From 32399
US POSTAGE

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*Return to
Sender
Success*

FEB 23 2007

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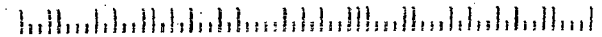
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ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 32399240099 *0839-08095-02-40

33018+3888-44 8008
323992400



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. 458469 JAN26 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FLAIR ACCT. CODE 37202350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

251172 10
AMERICLEAN
3144 W 76 ST
MIAMI, FL 33018

J. H. Puig Investments

U.S. AIR MAIL
& Mobile Sources
JAN 27 2006

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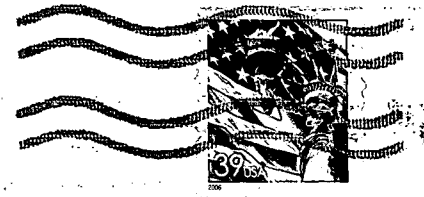
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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Twins Professional Dry cleaners
3144 W 76 ST
Miami, FL, 33018

SOUTH FLORIDA PDC

FL 330 1 T
12 APR 2007 PM



Receipts
P.O. Box 3070
Tallahassee, FL, 32315-3070

32315+3070

