



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

February 9, 2005

Mr. Jesus Puig
JH Puig Investment, Incorporated
3144 West 76th Street
Miami, Florida 33018

Re: Facility No.: 0251172-002

Dear Mr. Puig:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 7, 2005.

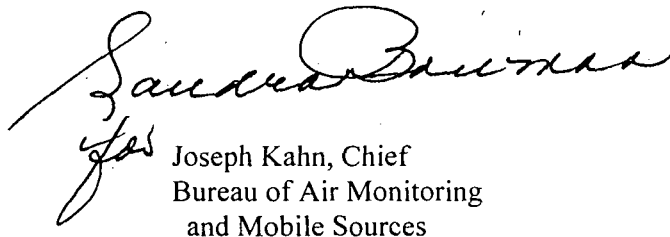
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 7

NO ACTIVITY FOR FACILITY.....

SOC REPORTS 2

COMP. STATUS - SNC MNC 8/11/2004

We are planning to have a demonstration on GPCI at the Annual Air Meeting next month. I hope the changes will make things easier for you.

Sandy Bowman

Environmental Administrator

Division of Air Resource Management

850/921-9583 or sandy.bowman@dep.state.fl.us

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

From: Barros, Marcelo (DERM) [<mailto:BarroM@miamidade.gov>]

Sent: Monday, May 16, 2005 10:35 AM

To: Bowman, Sandy

Cc: Strattman, Natalia (DERM)

Subject: FW: JH Puig Investment

Hi Sandy:

Please be informed that the ASGP database has not been updated regarding JH Puig Investment (ARMS 0251172). The ASGP shows the old name (Americlean) as the facility name.

Disregard the name Sagua Dry Cleaners, since this name was never incorporated into the Initial Notification.

Please update the ASGP database.

Thanks.

Marcelo

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

From: Strattman, Natalia (DERM)

Sent: Friday, May 13, 2005 11:02 AM

To: Barros, Marcelo (DERM)

Subject:

Hi Marcelo- There is another Dry Cleaner that has recently changed ownership and is not updated in ASGP. The AIRS# is 0251172. The old name is Americlean and the new name of the business is Sagua Dry Cleaners, although in their notification they wrote JH Puig Investment, Incorporated.

Natalia

RECEIVED

JAN 7 2005
Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

DEC 15 2004

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 *J*

Miami Dade Co

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>JH Puig Investment IC</i>
2. Site Name (For example, plant name or number): <i>3144 W Same</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: <i>3144 W 76 St.</i> County: <i>Miami-Dade</i> Zip Code: <i>33018</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0251172-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JESUS H Puig</i> Title: <i>Presidente</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>Same</i> County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(305) 881-1083</i> Fax: () <i>Same</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>Same</i>
10. Facility Contact Address: Street Address: 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?

[20] gallons (You must fill this in)

(b) If less than 12 months, how many? [10] months

Check why it is less than 12 months: New owner: [X] 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".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <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"/> |
| 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: 30 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) electric

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.

Jesus H. Puig
Print name of responsible official


Signature

12/14/04
Date

7004 2510 0002 3939 3332

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

Sent To AIRS ID#0251172.....2nd Cert 05
 AMERICLEAN
 Street, Apt. No., or PO Box No. 3144 W 76 ST
 City, State, ZIP+4 MIAMI, FL 33018

PS Form 3800, J

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Jesus P. R. G. 3/4</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>1. Article Addressed to:</p> <p>AIRS ID#0251172.....2nd Cert 05 AMERICLEAN 3144 W 76 ST MIAMI, FL 33018</p>	<p>3. Service Type <input 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0002 3939 3332</p>	

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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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MOBILE SOURCES
AIR MONITORING

MAR 7 2005

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Postage	\$	Postmark Here
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID# 251172 1stC
AMERICLEAN
 Sent 3144 W 76 ST
 Street or P.O. Box
 MIAMI, FL 33018
 City, State, ZIP+4®

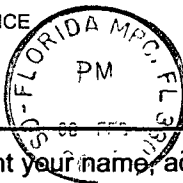
PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 2977

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR A DOTTED LINE

<p>SENDER: COMPLETE THIS SECTION</p> <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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>AIRS ID# 251172 1stC AMERICLEAN 3144 W 76 ST MIAMI, FL 33018</p> </div> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X</i> <i>Rodriguez</i></p> <p>B. Received by <i>(Printed Name)</i> C. Date of Delivery <i>Daisy Rodriguez</i> <i>2/8</i></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 <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
7004 2510 0002 3939 2977	Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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First-Class Mail
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Permit No. G-10 and

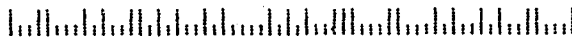
• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN 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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JESUS H. INVESTMENTS INC.
SAGUA DRY CLEANING

01-05

448945 MAR 11 2005 1020

305-818-1003
3144 WEST 76TH ST.
PIALEAH, FL 33018

DATE

3/4/05

63-27/631 FL
822

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Dispel Lewis



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