

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 1 2001

Mr. Jorge Saldana  
Conway Cleaners  
4450 Curry Ford Road  
Orlando, Florida 32812

Re: Facility No.: 0950291-002

Dear Mr. Saldana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 2001.

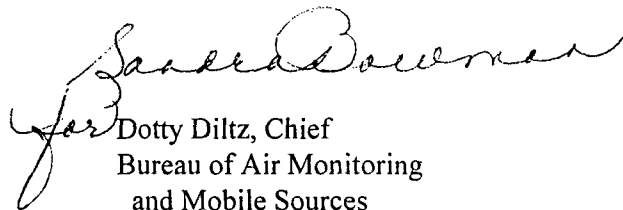
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0950291-002

P15

1(a) (RC) should be circled under Control  
Device Required  
add Date Control Device Installed.

P17

Responsible Official signs and date for  
changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

COMMENTS:

\_\_\_\_ SECRETARY'S SIGNATURE

\_\_\_\_ DIV/DIST DIR SIGNATURE

\_\_\_\_ MY SIGNATURE

\_\_\_\_ YOUR SIGNATURE

\_\_\_\_ DUE DATE \_\_\_\_\_

ACTION/DISPOSITION

\_\_\_\_ DISCUSS WITH ME

\_\_\_\_ COMMENTS/ADVISE

\_\_\_\_ REVIEW AND RETURN

\_\_\_\_ SET UP MEETING

\_\_\_\_ FOR YOUR INFORMATION

\_\_\_\_ HANDLE APPROPRIATELY

\_\_\_\_ INITIAL AND FORWARD

\_\_\_\_ SHARE WITH STAFF

\_\_\_\_ FOR YOUR FILES

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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):	<del>CONWAY CLEANERS D.B.A.</del> SALDANA-AGUIRRE INC.		
2. Site Name (For example, plant name or number):	CONWAY CLEANERS		
3. Hazardous Waste Generator Identification Number:	9800705 FLD 982168783		
4. Facility Location: Street Address:	4450 CUREY ROAD Rd.		
City:	County:	Zip Code:	
ORLANDO	ORANGE	32812	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950291-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	JORGE SALDANA	Title:	PRESIDENT.
7. Responsible Official Mailing Address: Organization/Firm:	CONWAY CLEANERS		
Street Address:	4450 CUREY ROAD Rd.		
City:	County:	Zip Code:	
ORLANDO	ORANGE	32812	
8. Responsible Official Telephone Number: Telephone:	(407) 275-0397	Fax:	(407) 384-9721

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
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")
8-1998	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

**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

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?

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) \_\_\_\_\_

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 982168783.
- 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.*

JORGE SARDANA  
Print name of responsible official

Jorge Sardana  
Signature

6-14-01  
Date

Bureau of Air Monitoring  
& Mobile Sources

JUN 18 2001

RECEIVED

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

*not all  
SOCK's*



0950291-002

p15

(RC) should be circled under Control  
Device Required  
add Date Control Device Installed.

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
OCT 15 2001  
end files.

Prior to complete

Facility Name

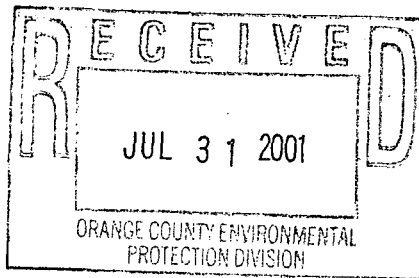
1. Facility
Cont
2. Site Name
C
3. Hazardous
4. Facility Street A City:
5. Facility

p17

Responsible Official sign and date for changes made.

Responsible

6. Name and Name:
7. Responsible Organization Street A City:
8. Responsible Telephone



Facility Contact

9. Name and
10. Facility Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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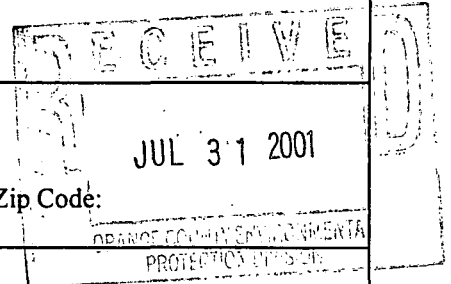
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2. Site Name (For example, plant name or number):	CONWAY CLEANERS		
3. Hazardous Waste Generator Identification Number:	<del>9500705 FLD</del> 982168783		
4. Facility Location: Street Address:	4450 CUREY ROAD Rd.		Zip Code: 32812
City:	ORLANDO	County: ORANGE	Zip Code: 32812
5. Facility Identification Number (DEP Use ONLY - do not fill in):	095-0291-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	JORGE SALDANA	Title:	PRESIDENT.
7. Responsible Official Mailing Address: Organization/Firm:	CONWAY CLEANERS		Zip Code: 32812
Street Address:	4450 CUREY ROAD Rd.		Zip Code: 32812
City:	ORLANDO	County: ORANGE	Zip Code: 32812
8. Responsible Official Telephone Number: Telephone:	(407) 275-0397	Fax:	(407) 384-9721

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address: Street Address:			Zip Code:
City:	County:		
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**Facility Information**

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

How many dry-to-dry machines do you have on-site?   4  

For each dry-to-dry machine on-site, please provide the following information:

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<u>8-1998</u>	Existing/ <u>New</u>	<u>RC</u> /CA/ <del>None required</del> <sup>GRS</sup>	<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?   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/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?**

  105   gallons (You must fill this in)

(b) If less than 12 months, how many?   0   months

Check why it is less than 12 months: New owner:   0   Did not keep records:   0  

New store:   0   New machine   0  

Unopened store   0   (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

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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

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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:

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(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:

Permit renewal

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 982168783
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**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.*

JORGE SACDANA  
Print name of responsible official

Jorge Saldana  
Signature

6-14-01  
Date  
8-14-01

Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
JUN 18 2001

# IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

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If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you **do not** wish to continue your **eligibility**, please disregard this

*What are  
SOER's*

*DUPLICATE  
PAYMENT*

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

*1st PAID 12/20/2006*  
Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

471713 MAR282007

*PAY 3-22-07  
#8385 \$150.00*

*REFUND REQUEST # 15082*

TOTAL AMOUNT DUE: \$50.00

*bsa608@aol.com*

Do NOT Remove Label

*EXP  
PERMIT  
7/19/2006*

950291 10  
CONWAY CLEANERS  
4450 Curry Ford Road  
ORLANDO, FL 32812

*DUPLICATE  
MARCH 30 2007  
Subj: FBI Air Monitoring  
Mobile Sources*

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

*JORGE SALDANO (407) 275-0997*

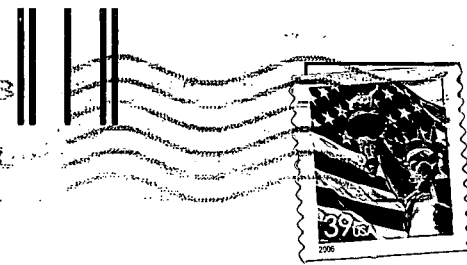
Printed on recycled paper.

*COMPL. INSP 2/26/07 - IN*

Gonway Cleaners  
4450 Curry Ford Rd.  
Orlando, FL 32812

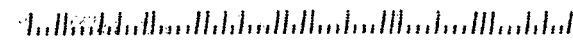
ORLANDO FL 328

26 MAR 07 PM 2 L



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

323153070 8099





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

466260 DEC202006

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# 950291 ✓  
SALDANA AGURTO INC  
4450 Curry Ford Road  
ORLANDO, FLORIDA 32812

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

Bureau of Air Mail  
& Mobile Services

DEC 21 2006

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459067 FEB21 2006

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# 950291 1st  
CONWAY CLEANERS  
4450 Curry Ford Road  
ORLANDO, FL 32812

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

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RECEIVED  
FEB 22 2006  
Bu. of Int. Affairs  
e Source

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

440095 FEB 11 2005

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# 950291 1stC  
CONWAY CLEANERS  
4450 Curry Ford Road  
ORLANDO, FL 32812

Bureau of Air Monitoring  
& Mobile Sources

FEB 15 2005

PAID 2-8-05  
#6497

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

Printed on recycled paper.

**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

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

Sent To: AIRS ID# 950291 1stC  
 CONWAY CLEANERS  
 Street, or PO: 4450 Curry Ford Road  
 City, St: ORLANDO, FL 32812

PS Form Instructions

7004 2510 0002 3938 6501

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         AIRS ID# 950291 1stC          CONWAY CLEANERS          4450 Curry Ford Road          ORLANDO, FL 32812       </div> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Maria Saldaña</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <i>Maria Saldaña</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <i>5-7-08</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 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>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           7004 2510 0002 3938 6501         </div>	

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 1010  
666 SEAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400

RECEIVED  
FEB 16 2005

Air Monitoring  
Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434158 DEC122003

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

95029;  
JORGE SALDANA  
CONWAY CLEANERS  
4450 CURRY FORD ROAD  
ORLANDO FL 32812

Bureau of Air Mobility  
& Missile Support

~~DEC 16 2003~~  
R 3  
CONWAY

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421019 DEC23 2002

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#0950291

CONWAY CLEANERS  
JORGE SALDANA  
4450 CURRY FORD ROAD  
ORLANDO FL  
32812

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

RECEIVED  
JAN 02 2003  
Bureau of Air Mail  
& Mobile Services

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**

✓ 412356 DEC28 2001

Do **NOT** Remove Label

AIRS ID # 0950291  
CONWAY CLEANERS  
JORGE SALDANA  
4450 CURRY FORD ROAD  
ORLANDO FL  
32812

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