

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 26, 2003

Mr. Milagros Cruz
Southside \$1.50 Cleaners
11570 South Orange Blossom Trail, Unit 15
Orlando, Florida 32837

Re: Facility No.: 0951256-002

Dear Mr. Cruz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 22, 2003.

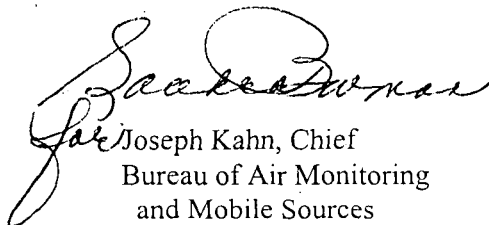
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

New Owner

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 22 2003

Part III. Notification of Intent to Use General Permits

Bureau of Air Monitoring
& Mobile Sources

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):	Milagros Cruz		
2. Site Name (For example, plant name or number):	Southside \$1.50 cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	11570 S. ORANGE BLOSSOM TRL. unit 15		
Street Address:			
City:	ORLANDO FLA	County:	Orange
		Zip Code:	32837
5. Facility Identification Number (DEP USE ONLY - do not fill in)	0000000000		

RECEIVED

JUL 28 2003

DIVISION OF AIR
RESOURCE MANAGEMENT

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Milagros Cruz	Title: OWNER
7. Responsible Official Mailing Address:	Southside \$1.50 cleaners	
Organization/Firm:	11570 South ORANGE Blossom Trail, unit 15	
Street Address:		
City:	ORLANDO	County: ORANGE
		Zip Code: 32837
8. Responsible Official Telephone Number:		
Telephone:	(407) 438-2980	Fax: (407) 438-2918

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: () -

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUL 22 2003

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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): <i>Milagros Cruz</i>
2. Site Name (For example, plant name or number): <i>Southside #150 cleaners</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>11570S. ORANGE BLOSSOM TRL. unit 15</i> Street Address: City: <i>ORLANDO FLA</i> County: <i>USA</i> Zip Code: <i>32837</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in) <i>0951256-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: _____ Title: _____
7. Responsible Official Mailing Address: Organization/Firm: <i>Southside #150 cleaners</i> Street Address: <i>11570 South ORANGE Blossom Trail, unit 15</i> City: <i>ORLANDO</i> County: <i>ORANGE</i> Zip Code: <i>32837</i>
8. Responsible Official Telephone Number: Telephone: () - Fax: () -

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? 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>4-2002</u>	Existing/New	RC/CA/None required	<u>SAME</u>
<u>4-2002</u>	Existing/New	RC/CA/None required	<u>SAME</u>
_____	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?

205 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 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 _____)

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.

Milagros Cruz
Print name of responsible official

Milagros Cruz
Signature

7-15-03
Date

BEST AVAILABLE COPY

TRANSMISSION VERIFICATION REPORT

TIME : 07/27/2003 22:44
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 07/27 22:43
FAX NO./NAME 614074382918
DURATION 00:00:49
PAGE(S) 02
RESULT OK
MODE STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 7/28/2003

TO: Milagros Cruz

PHONE: 407-438-2980

FAX: 407-438-2918

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

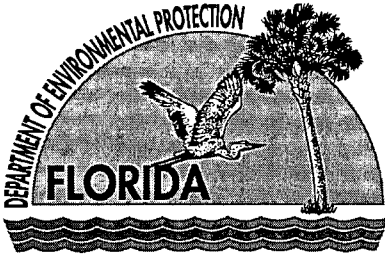
RE: Title V Air General Permit

CC: _____

Total number of pages including cover sheet: 2

Message

Please complete #'s 1 and 2 Ret... 1



Florida
Department of
Environmental Protection

Jeb Bush
Governor

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

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 7/28/2003

TO: Milagros Cruz

PHONE: 407-438-2980

FAX: 407-438-2918

FROM: Rich Butler

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: Title V Air General Permit

CC: _____

Total number of pages including cover sheet: 2

Message

*Please complete #'s 6 and 8. Return by
fax listed above. Thanks you!*

Rich Butler

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

Printed on recycled paper

f 407-438-2918

p 407-438-2980

Grant, Patricia

From: Bowman, Sandy
Sent: Thursday, May 13, 2004 2:20 PM
To: Grant, Patricia
Subject: FW: Annual Operation Fees

Pat,

The following facilities will need to be inactivated. Thank you

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

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

From: John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]
Sent: Thursday, May 13, 2004 1:01 PM
To: Thomas, Bruce X.
Cc: Bowman, Sandy; Butler, Rick; Ilka.Bundy@ocfl.net; Jane.Heppner@ocfl.net; Marie.Driscoll@ocfl.net
Subject: Annual Operation Fees

Hi Bruce:

Here is an update regarding the four facilities in Orange County that have not paid their Annual Operating Fees:

0951256 Southside \$1.50 Cleaners is under new ownership. The new R.O is Ashley Freeman. I have sent him an application which he will be submitting soon. The facility name remains the same.

0951242 Magic Touch Dry Cleaners has a new owner, Amir Memon. This facility is currently a drop store. Please inactive this facility in ARMS.

0951153 Mr. Clean Dry Cleaners is under new ownership. The new R.O. is Vibhavari Pankhania. I have provided him with an application which he will be submitting soon. The facility name remains the same.

0950301 Peppermint Cleaners is no longer using perchloroethylene (landlord forbids it's use), this facility has switched to a petroleum based solvent. Please inactivate this facility in ARMS.

If you have any questions please let me know.

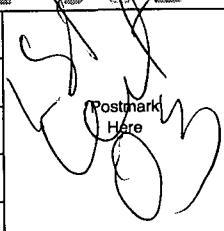
John X. Parker
Environmental Specialist
Orange County Air Quality
Phone: (407) 836-1445
Fax: (407) 836-1498
<mailto:John.Parker@ocfl.net>

7003 2260 0003 5650 8960

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	\$	Postmark Here 
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	\$	
ID# 951256		
Sent To	MILAGROS CRUZ	
Street, Apt. # or PO Box N	SOUTHSIDE \$1.50 CLEANERS	
City, State, Z	11570 S ORANGE BLOSSOM TRAIL	
	ORLANDO, FL 32827	
PS Form 3811		08

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# 951256
 MILAGROS CRUZ
 SOUTHSIDE \$1.50 CLEANERS
 11570 S ORANGE BLOSSOM TRAIL
 ORLANDO, FL 32827

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 8960

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mirtha Villanueva* Agent
 Addressee

B. Received by (Printed Name)

MIRTHA VILLANUEVA C. Date of Delivery
2/6/01

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: No

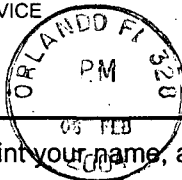
3. Service Type

- 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. •

DARM/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 9 2004

RECEIVED

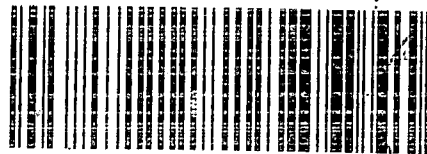


BEST AVAILABLE COPY

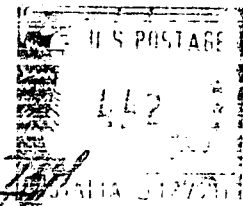
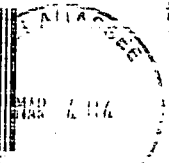
WAA
MS# 5516 MC Acct #

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

CERTIFIED MAIL



7003 0500 0004 0144 887



Rk #
Cdn. Mail
Date

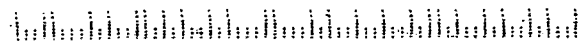
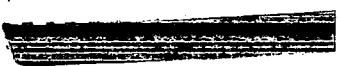
- Not Deliverable As Addressed
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due

DEPT. OF ENVIRONMENTAL PROTECTION
MAIL SOURCES

MAR 15 2004

RECEIVED

MILAGRO
SOUTHSHORE SMO CLEANERS
11570 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32827



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 type="checkbox"/> Addressee</p> <p>B: Received by (Printed Name) C: Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 081203</p> <p>MILAGROS CRUZ SOUTHSIDE \$1.50 CLEANERS 11570 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32827</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 8877</p>	

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 \$	<p>2nd Cert.</p> <p>Postmark Here</p> <p>2003</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	AIRS ID # 951256
Sent To	MILAGROS CRUZ
Street or PO E	SOUTHSIDE \$1.50 CLEANERS
City, St	11570 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32827
PS Form	Instructions

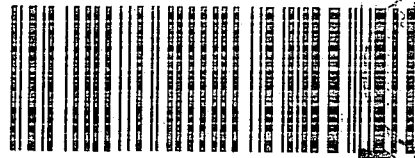
7003 0500 0004 0144 8877

5510

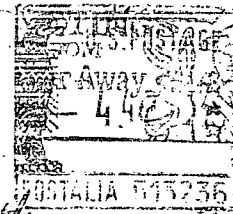
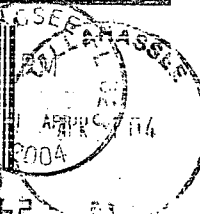
5521

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

CERTIFIED MAIL



7001 1140 0001 7556 4262



U.A.A.

ROBERTS
RAMMS/ROO
JOEY ROBERTS
5510

Pr. # 724
Carr. Init. 47
Date

- Not Deliverable As-Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted-Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed-No Order
- Returned For Better Address
- Postage Due

Bureau of Air Monitoring
& Mobile Sources

APR 8 2004

RECEIVED

AIR510 11570
SOUTHSIDE \$1.50 CLEANERS
MILAGROS CRUZ
11570 SOUTH ORANGE BLOSSOM
TRAIL
ORLANDO, FL 32827

328374

<p>SEN</p> <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>SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>AKS ID # 951236 SOUTHSIDE \$1.50 CLEANERS MILAGROS CRUZ 11570 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32827</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number: (Transfer from service label) 7001 1140 0001 7556 4262</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>PS Form 3811, August 2001</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>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

<p>U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)</p>	
<p>OFFICIAL USE</p>	
Postage \$	<p><i>Handwritten:</i> \$1.03 Postmark Here</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	<p>AKS ID # 951236 SOUTHSIDE \$1.50 CLEANERS MILAGROS CRUZ 11570 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32827</p>
Sent To	
Street, Apt. No. or PO Box No.	
City, State, ZIP	#0951256
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	

7001 1140 0001 7556 4262