

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

May 30, 2002

Mr. Pedro Ivan Caban  
Southside \$1.50 Cleaners  
11570 South Orange Blossom Trail  
Orlando, Florida 32837

Re: Facility No.: 0951256-001

Dear Mr. Caban:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 29, 2002.

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,

*Rich Butler*  
for Joe Kahn, Acting Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Marie Driscoll, Orange County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Printed on recycled paper.

0951256-001

Page 15

1(a) RC should be circled under Control  
Device Required for each machine.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. \_\_\_\_\_  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_

PLEASE PREPARE REPLY FOR:

\_\_\_\_ 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

COMMENTS:

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

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

APR 29 2002

RECEIVED

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 and 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): <b>PEDRO IVAN CABAN</b>
2. Site Name (For example, plant name or number): <b>SOUTHSIDE #1,50 CLEANERS</b>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>11570 S. ORANGE BLOSSOM TRAIL #15</b> City: <b>ORLANDO</b> County: <b>ORANGE</b> Zip Code: <b>32837</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0951256-001</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>PEDRO IVAN CABAN</b> Title: <b>OWNER</b>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <b>11570 S. OBT</b> City: <b>ORLANDO</b> County: <b>ORANGE</b> Zip Code: <b>32837</b>
8. Responsible Official Telephone Number: Telephone: <b>(407) 438-2980</b> Fax: <b>(407) 438-2918</b>

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")
4/2002	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
4/2002	Existing <input checked="" type="radio"/> New	RC/CA/None required	SAME
	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".)

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

- (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:

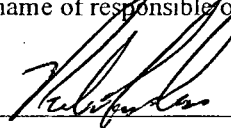
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

PEDRO IVAN CABAN  
Print name of responsible official

X   
Signature

4/24/02  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

APR 29 2002

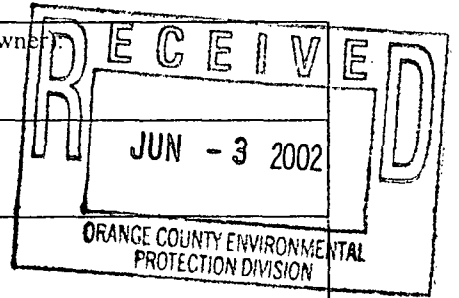
RECEIVED

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4. Facility Location: Street Address: 11570 S. ORANGE BLOSSOM TRAIL #15 City: ORLANDO County: ORANGE Zip Code: 32837	
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0951256-001



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6. Name and Title of Responsible Official: Name: PEDRO IVAN CABAN Title: OWNER
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Bureau of Air Monitoring  
& Mobile Sources

OCT 21 2002

RECEIVED



**Facility Information**

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4/2002	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
	Existing/New	RC/CA/None required	

*RC*  
CHANGES MADE

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
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2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

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  - 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).

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

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Please indicate with an "X" the appropriate selection:

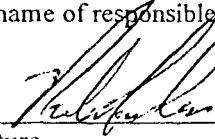
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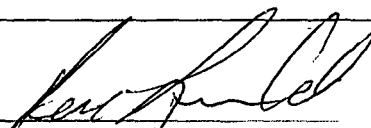
*I will promptly notify the Department of any changes to the information contained in this notification.*

PEDRO IVAN CABAN  
Print name of responsible official

  
Signature

4/24/02  
Date

CHANGES  
MADE:

  
PRINT NAME

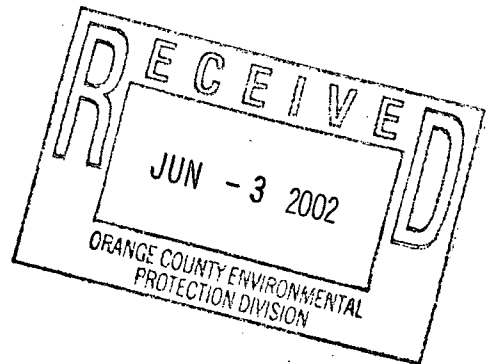
Pedro Luis Caban  
SIGNATURE

6-14-02  
DATE

0951256-001

Page 15

1(a) RC should be circled under Control  
Device Required for each machine.



**Bowman, Sandy**

---

**From:** 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>

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

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID#0951256

1 SOUTHSIDE \$1.50 CLEANERS  
 Se PEDRO IVAN CABAN  
 11570 S ORANGE BLOSSOM TRAIL #15  
 Sh ORLANDO FL  
 or 32837  
 Ci

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0001 7976 4641

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>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery  <span style="float:right">2/27/03</span></p> <p>C. Signature    <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</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 align="right">AIRS ID#0951256</p> <p>SOUTHSIDE \$1.50 CLEANERS          PEDRO IVAN CABAN          11570 S ORANGE BLOSSOM TRAIL #15          ORLANDO FL          32837</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  <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7976 4641</p>	
PS Form 3811, March 2001	Domestic Return Receipt
102595-01-M-1424	



**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#0951256

SOUTHSIDE \$1.50 CLEANERS  
 PEDRO IVAN CABAN  
 11570 S ORANGE BLOSSOM TRAIL #15  
 ORLANDO FL  
 32837

2. Article Number ( ) 7001 0320 0001 7976 5648

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

8495 9262 1000 0220 1001 7001 0320 0001 7976 5648

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

**OFFICIAL USE**

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

02  
 3rd  
 Signature  
 Postmark Here

AIRS ID#0951256

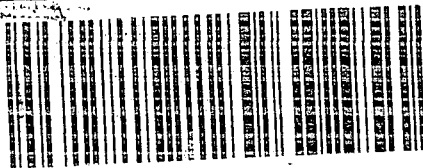
S  
 SOUTHSIDE \$1.50 CLEANERS  
 S  
 PEDRO IVAN CABAN  
 O  
 11570 S ORANGE BLOSSOM TRAIL #15  
 C  
 ORLANDO FL  
 32837

For Instructions

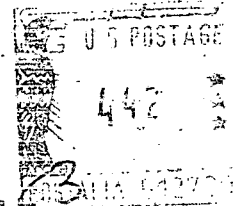
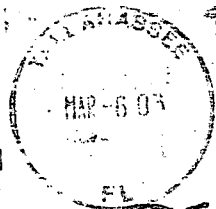


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400  
5510

5521



7001 0320 0001 7976 6089

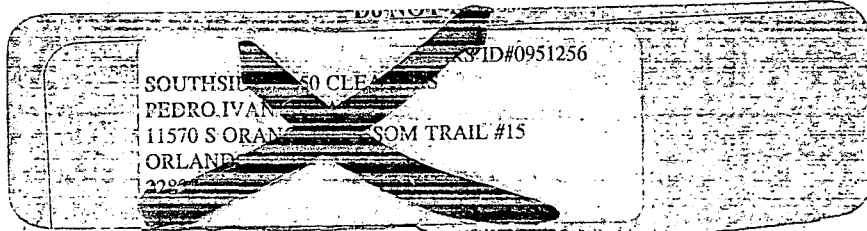


Pr. 9  
Carr Int. 104  
Date 3/13/05

- 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

RECEIVED  
MAR 13 2005





**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

AIRS ID#0951256

SOUTHSIDE \$1.50 CLEANERS  
 PEDRO IVAN CABAN  
 11570 S-ORANGE BLOSSOM TRAIL #15  
 ORLANDO FL  
 32837

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)    **7001 0320 0001 7976 6089**

PS Form 3811, July 1999    Domestic Return Receipt    102595-00-M-0952

7001 0320 0001 7976 6089

<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here 
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
AIRS ID#0951256	
Sent To	
SOUTHSIDE \$1.50 CLEANERS	
PEDRO IVAN CABAN	
Street, Apt. No., or PO Box No. 11570 S ORANGE BLOSSOM TRAIL #15	
City, State, ZIP+4 ORLANDO FL	
32837	
PS Form 3800, July 1999	