

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 27, 2003

Ms. Gina Duran
Unicorn Quality Cleaners
5830 Northwest 183 Street
Hialeah, Florida 33015

Re: Facility No.: 0250985-003

Dear Ms. Duran:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 24, 2003.

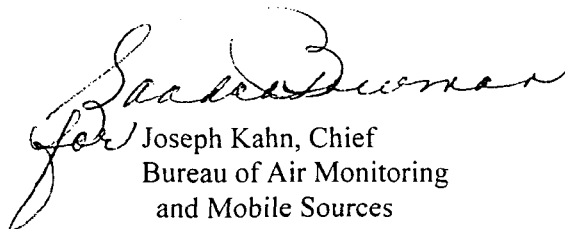
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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RECEIVED

APR 30 2003

Bureau of Air Quality Management
PERCHLOROETHYLENE DRY CLEANER
AIR/GENERAL PERMIT NOTIFICATION FORM

RECEIVED

APR 24 2003

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):	GINA DURAN, D' DAGO INC.		
2. Site Name (For example, plant name or number):	UNICORN QUALITY CLEANERS		
3. Hazardous Waste Generator Identification Number:	EPA ID - FLD 984171694 - FL R000025726		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	5830 NW 183 street	Hialeah	MI Dade 33015
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250985-003		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:			
	GINA DURAN	PRESIDENT			
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
	UNICORN QUALITY CLEANERS	5830 NORTHWEST 183 STREET	HIALEAH	DADE	33015
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(305) 828-3688	()			

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? [1]

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")
1991 1996	Existing <u>New</u>	RC <u>CA</u> / 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?

[60] gallons (You must fill this in)

(b) If less than 12 months, how many? [6] 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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <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: 20

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.

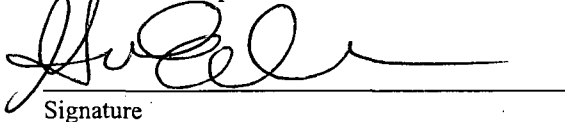
Responsible Official Certification

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.

GINA DUYAY

Print name of responsible official



Signature

4/24/03

Date

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

471108 MAR162007

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

1ST PAYMENT
MAR 2, 2007

DUPLICATE
PAYMENT
REFUND REQUEST
#15030

REQUEST - 3/21/07

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250985
D'DAGO INC
5830 NW 183rd Street
HIALEAH, FLORIDA 33015

UNIT 320
2 MAILING SOURCE
FL 41 MAILING

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

RECEIVED
MAR 20 2007

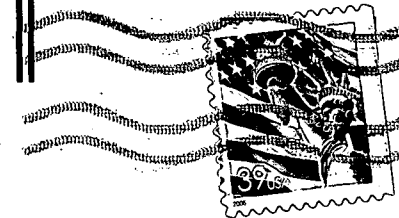
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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SOUTH FLORIDA PDC

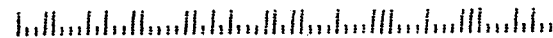
FL 330 2 L

14 MAR 2007 PM



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

323153070 8098



(CUT HERE)

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.

470397 MAR 2207

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#250985
D'DAGO INC
5830 NW 183rd Street
HIALEAH, FLORIDA 33015



FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

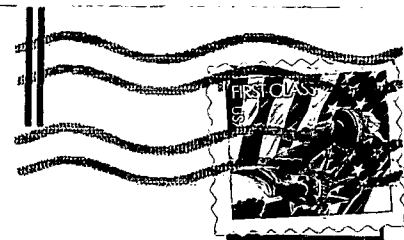
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Mail
Mobile Sources
MAR 07 2007

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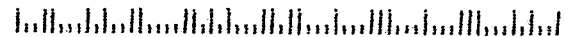
SOUTH FLORIDA PDC

FL 330-1
28 FEB 2007 PM



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

3231533070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448290 MAR 3 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# 250985 1stC UNICORN CLEANERS 5830 NW 183rd Street HIALEAH, FL 33015

Printed on recycled paper.

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

RECEIVED
 MAR 7 2005
 Bureau of Air Monitoring
 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435988 FEB 5 2004

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

250985 GINA DURAN UNICORN CLEANERS 5830 NW 183RD STREET HIALEAH FL 33015
--

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

RECEIVED
 FEB 17 2004
 Bureau of Air Monitoring
 & Mobile Sources

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
For delivery information visit our website at www.usps.com									
OFFICIAL USE									
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
TR AIRS ID#0250985.....2 nd Cert 05 UNICORN CLEANERS 5830 NW 183rd Street HIALEAH, FL 33015									
PS Form 3800, June 2002 See Reverse for Instructions									

7004 2510 0004 6986 5401

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. 	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">A. Signature </td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td>B. Received by (Printed Name) DURAN</td> <td>C. Date of Delivery 3-4</td> </tr> </table>	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) DURAN	C. Date of Delivery 3-4
A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee				
B. Received by (Printed Name) DURAN	C. Date of Delivery 3-4				
1. Article Addressed to: AIRS ID#0250985.....2 nd Cert 05 UNICORN CLEANERS 5830 NW 183rd Street HIALEAH, FL 33015	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No				
2. Article Number <i>(Transfer from service label)</i>	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.				
7004 2510 0004 6986 5401	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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

MAR 7 2005

RECEIVED

INTERNAL USE ONLY
MOBILE SOURCE CONTROL
PROGRAM



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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	

AIRS ID# 250985 1stC
 UNICORN CLEANERS
 5830 NW 183rd Street
 HIALEAH, FL 33015

Sent To _____
 Street, Apt. 1 or PO Box # _____
 City, State, & _____

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4025

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# 250985 1stC
 UNICORN CLEANERS
 5830 NW 183rd Street
 HIALEAH, FL 33015

7004 2510 0002 3939 4025

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Liia Leon

B. Received by (Printed Name) C. Date of Delivery
Liia Leon 2/9

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.

ad 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
& Mobile Source
Monitoring

RECEIVED
FEB 9 2005



U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Total Postage & ID# 250985
 Sent To GINA DURAN
 UNICORN CLEANERS
 Street, Apt. No. or PO Box No. 5830 NW 183RD STREET
 City, State, ZIP+4 HIALEAH, FL 33015

PS Form 3800, June 2002 See Reverse for Instructions

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# 250985
 GINA DURAN
 UNICORN CLEANERS
 5830 NW 183RD STREET
 HIALEAH, FL 33015

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9431

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 Gina Carmelo 2/6/04
- 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

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 Quality
& Mobile Sources Monitoring

FEB 9 2004

RECEIVED

