

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 23, 2007

Ms Halain Suarez Jersey Cleaners, LLC 1432 West Flagler Street Miami, Florida 33125

Re: Facility No.: 0251036-003

Dear Ms. Suarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 20, 2007.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SFV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

NO ACTIVITY FOR FACILITY ......
EMISSION FEE DATES 2060 2000 SOC REPORTS .....
COMP. STATUS – SNC MNC (IN)

INSP-FUI-FollowupInspection. INSP-Miami-Dade Co-Mmuthiah

## 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.

	thity Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	JERSEY CLEANERS, LLC
2.	Site Name (For example, plant name or number):
	JERSEY CLEANERS, LLC
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 1432 W FLAGLERS 51.
	City: MIAM! County: DADE Zip Code: 33125
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	025/036-0
	Committee Commit
Res	sponsible Official
	Name and Title of Responsible Official: OFFICER
Nai	ME: HALAIN SUAREZ Title: MANAGING MEMBER
7.	Responsible Official Mailing Address: 150 SF 25 RD 9-F
7.	Responsible Official Mailing Address: 150 SE 25 RD. 9-E # Organization/Firm: 1432 IN FLOCIER ST.
7.	Street Address: 1432 W FLAGLER ST.
7.	Responsible Official Mailing Address: 150 SE 25 RD. 9-E # Organization/Firm: Street Address: 1432 W FLAGLER ST. City: MIAM! County: DADE Zip Code: 33/25
	Street Address: 1432 W FLACLER ST.  City: MIAM! County: DADE Zip Code: 33/25  Responsible Official Telephone Number:
	Street Address: 1432 W FLAGLER ST.  City: MIAMI County: DADE Zip Code: 33/25
8.	Street Address: 1432 W FLAGLER ST.  City: MIAMI County: DADE Zip Code: 33/25  Responsible Official Telephone Number: Telephone: (305) 143-3144  Fax: ( ) -
8.	Street Address:  City:  MIAMI  County:  DADE  Zip Code: 33/25  Responsible Official Telephone Number:  Telephone:  (305) 143-3144  Fax: ( ) -
8.	Street Address:  City: MIAMI County: DADE Zip Code: 33/25  Responsible Official Telephone Number: Telephone: (305) 143-3144 Fax: ( )  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):
8. Fac 9.	Street Address:  City:  MIAMI  County:  DADE  Zip Code: 33/25  Responsible Official Telephone Number:  Telephone:  (305) 143-3144  Fax:  ()  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  HALAIN SUAREZ, ISRAEL SUAREZ; EDUARDO 2HIP)
8. Fac 9.	Street Address:  City: MIAM! County: DADE Zip Code: 33/25  Responsible Official Telephone Number: Telephone: (305) 143-3144 Fax: ()  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  HALAIN SUAREZ, ISRAEL SUAREZ, EDUARDO 2HIP)  Facility Contact Address:  1432 W. FLAGLER ST.
8. Fac 9.	Street Address:  City: MIAM! County: DADE Zip Code: 33/25  Responsible Official Telephone Number: Telephone: (305) 143-3144 Fax: ()  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  HALAIN SUAREZ, ISRAEL SUAREZ, EDUARDO 2HIP)  Facility Contact Address:  1432 W. FLAGLER ST.  Street Address:
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DEP Form No. 62-213.900(2) Effective: 2/24/99

#### **Facility Information**

1.(a) DRY-TO-DRY MA	ACHINES ONLY							
How many dry-to-dry machines do you have on-site?								
For each dry-to-dry mach	ine 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")					
1992 Existing New RC/CA/None required								
	Existing/Ne	w RC/CA/None required						
	Existing/Ne	w RC/CA/None required						
*CONTROL DEVICE K	EY: $RC = rc$	efrigerated condenser CA =	carbon adsorber					
1.(b) TRANSFER MAC	HINES ONLY							
How many washers do yo	u have on-site?	$[\mathcal{J}]$						
How many dryers/reclaim	ers do you have o	on-site?						
unit. If the transfer maching 1993, it is a <b>NEW</b> unit (note that the second se	ne was purchased o units purchased							
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? [							
Check why it is les	s than 12 months:							
	New store: [] New machine []							
	Unopened store [] (date of expected opening $T / C / C / C$							

DEP Form No. 62-213.900(2) Effective: 2/24/99

	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	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  []  Refrigerated condenser				
7	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  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)				
7	6. Equipment Monitoring and Recordkeeping Information				
71	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				

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e 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
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to eith all terms and conditions of this general permit as set forth in Part II of this notification form.  I provide the Department of any changes to the information contained in this notification.  I provide official  A C Posto

DEP Form No. 62-213.900(2)

Effective: 2/24/99

05/09/2007 11:47

Facility Name a: d Location

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1. Facility Owr t/Company Name (Name of corporation, agency, or individual owner):

MIAMI CTPAT

PAGE 02/05

FDEP DIVISION OF AIR

PAGE 02/05

#### **BEST AVAILABLE COPY**

## PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to fillit 3 out this form, please read the instructions provided at the end of the form. Send completed for n to the address listed in the instructions and keep a copy of the form for your files.

	JER	SEY CLEANERS, LLC
2.	Site Name (1	и example, plant name or number):
	JER	EY CLEANERS, LLC
3.	Hazardous V	uste Generator Identification Number:
4,	Facility Loca	(on:
		11 1432 N FLAGLERS ST.
	City: 14/1	A-MI County: DAME Zip Code: 33125
	Facility 10en	
لائتىنىپ	- Anna control control control control	
	sponsible Off	e of Responsible Official:
		AIN SUAREZ Title: HAWAGING HEHBER
7.	Responsible Organization	Official Mailing Address:
	Street Addre	" 1932 WFLACLER ST.
	City:	HIAM! County: DADE Zip Code: 33/25
ĝ.	Responsible	Official Telephone Number:
Ţ,	Telephone:	305) 143-3144 Fax: ( )
	A CONTRACTOR OF THE OWNER, THE THE OWNER	
		If different from Responsible Official)
9.	,	e of Facility Contact (For example, plant manager):
	HALAIN	SVAREZ, ISRAEL SVAREZ-, EDUARDO 241P)
10.	Facility Conf	ct Address: 1432 W. FLAGLER ST.
	Street Addre	
		MIAMI County: DADE Zip Code: 33125
	City:	33/25
11.	Facility Cont	ct Telephone Number:
11.	Facility Cont	
11.	Facility Cont	ct Telephone Number:

05/09/2007 11:47

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PAGE 03/05

PAGE 03/05

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Facility Informs	ion					
1.(a) DRY-TO-	RY MACHINES ONLY					
How many dry-to	dry machines do you have on-site?					
For each dry-to-c	c y machine on-site, please provide the following information:					
Date Initially Pur From Manufactur		ol Device Required* s one)	Date Control Device Installed (if already included at time of purchase, write "SAME")			
1992	rxisting/New ROO	A None required	SAHE L			
	_ Existing/New (RC/C	A/None required	Constitution of the State of th			
· 	Existing/New RC/C	A/None required				
*CONTROL DE	ICE KEY: RC = refrigerated	condenser CA = cs	arbon adsorber			
1.(b) TRANSFE	. MACHINES ONLY					
How many washe	s do you have on-site?	[_ <del></del> ]				
	ow many dryer: reclaimers do you have on-site?					
How many dryers	rectaimers do you have ou-site?	L				
If the transfer ma unit. If the transfe 1993, it is a NEV	time was purchased from the manufi machine was purchased from the m unit (no units purchased after Septe transfer machine on-site, please pro	anufacturer between Dece imber 22, 1993 are allowe	ember 9, 1991 and September 22, d to operate under this general			
If the transfer ma unit. If the transfe 1993, it is a NEV	nine was purchased from the manufi machine was purchased from the m unit (no units purchased after Septe transfer machine on-site, please pro- hased Status Control I	nanufacturer between Dece ember 22, 1993 are allowe ovide the following inform Device Required*	ember 9, 1991 and September 22, d to operate under this general			
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If the transfer ma unit. If the transfer 1993, it is a NEV permit). For each Date Initially Pur From Manufactur  *CONTROL DE'  2.(a) How much	nine was purchased from the manufilmachine was purchased from the munit (no units purchased after Septe transfer machine on-site, please problems of the second status. Control It (circle one) (circle one)  Existing/New RC/CA/N  Existing/New RC/CA/N  Existing/New RC/CA/N  Existing/New RC/CA/N  CE KEY: RC = refrigerated crehloroethylene (perc) have you us gallons (You must fill this in)	manufacturer between December 22, 1993 are allower movide the following informover Required*  None required  None required  CA = cased within the last 12 months	ember 9, 1991 and September 22, d to operate under this general nation:  Date Control Device Installed (if already included at time of purchase, write "SAME")			
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DEP Form No. 6: 213,900(2) Effective: 2/24/9

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PAGE 04/05

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		lity's source classification based or an "X". Select one classification o	n the definitions found in section (3) of Part II? only.)
	Small A	ea Source	
		Ory-to-dry machines only on-site Fransfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
	Large A	ea Source []	
1		Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 • 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
	4. What control t (Indicate with	choology is required on machines $p$ in "X".)	pursuant to section (5) of Part II of this notification form?
		nachines at small area source	New machines at small area source Refrigerated condenser [V]
	Carbon	nachines at large area source sorber ted condenser	New machines at large area source Refrigerated condenser.
7	Rule 62-213.300,	A.C. Verify that all steam and he such units exist on-site (see attached	nits shall not be clieible to use the general permit nursuant to be water generating units on-site meet the following exemption d memo for the oriteria).
	All steam and hor No such units on-	water generating units exempt ite	OR OR
	How many boiler	do you have on-site?	, mark
	For each boiler, i:	dicate its horsepower (HP) rating: [	
	What type of fuel	lo you use? [] propane [] No. 2 fuel [] No. 6 fuel	
\l	6. Equipment Mo	itoring and Recordkeeping Informs	ntion
-37	Check all logs wh	ch are required to be kept on-site in	accordance with the requirements of this general permit:
	(a) Purchase rece	its and solvent purchases/solvent ad	ldition log
	(b) Leak detection	inspection and repair	<u></u> j
	(c) Refrigerated c	ndenser temperature monitoring	
	(d) Carbon adsort	r exhaust pere concentration monit	oring [_V]
	(c) Startup, shutć	wn, malfunction plan	oring

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PAGE 05/05

PAGE 05/05

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7. Surrender of F	:isting DEP Air Permit(s)
Please indicate w	th an "X" the appropriate selection:
	ereby surrender all existing DEP air permits authorizing operation of the facility indicated in this tification form; the permit number(s) are
[ · ]	DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible Off	ial Certification
this notificat statements n maintain the comply with I will promp. HAL	emed, am the responsible official, as defined in Part II of this form, of the facility addressed in in. I hereby certify, based on information and belief formed after reasonable inquiry, that the ide in this notification are true, accurate and complete. Further, I agree to operate and it pollutant emissions units and air pollution control equipment described above so as to li terms and conditions of this general permit as set forth in Part II of this notification form.  I notify the Department of any changes to the information contained in this notification.  The Department of any changes to the information contained in this notification.  The Department of any changes to the information contained in this notification.

3058717948

# iment of Homelend Securit

#### **FACSIMILE TRANSMITTAL**

CD 2110-035

Date: May 9, 2007

Control Number:

		Name:	Mr. D. Dibble
		Organization:	C-TPAT
	10	Fax Number:	850-921-9586
,		Number of Pages (including cover):	5

Sender:

**Halain Suarez** 

Originating Location:

C-TPAT/Miami Field Office

Return FAX Number:

Call First

Voice Number:

305-871-7950 ext. 2019 / 305-213-9049

REMARKS

Dick,

Thanks for your help. Please call me anytime if you have any questions.

Best,

Halain

Important: This document may contain confidential and sensitive U.S. Government information. Please deliver it immediately only to the intended recipient(s) listed above. The Bureau of Customs and Border Protection has not approved the documents review, retransmission, dissemination or use by anyone other than the intended recipient(s).

CBP Form 3 (05/03)



## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kotthamp Lt. Governor

Michael W. Sole Secretary

## FAX TRANSMITTAL SHEET

DATE:	May 9, 2007
TO:	HALAIN SUAREZ
PHONE	E: (305) 213-9049 FAX: (305) 841-4948
FROM:	DICKSON E. DIBBLE PHONE: (850) 921-9586
	Division of Air Resources Management FAX: 850.922.6979
RE:	
CC:	number of pages including cover sheet:
Total	number of pages including cover sheet:
Mes	sage HALAIN,
	DOCUMENT 15 FORTHCOMING - CALL IF
	YOU HAVE ANY QUESTIONS -
	Diek Wilble
	·

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

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TRANSMISSION VERIFICATION REPORT

05/09/2007 11:48 FDEP DIVISION OF AIR 8509226979 TIME

NAME FAX 8504880114 SER.# BROG2J568046

DATE, TIME FAX NO./NAME DURATION PAGE(S)

05/09 11:47 613058717948 00:01:34 05 OK STANDARD ECM



## Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kotthamp Lt. Governor

Michael W. Sole Secretary

#### TRANSMITTAL SHEET

DATE:	MAY	7,2007			
TO:	HALAZI	SURREZ			
PHONE	(305)	213-9049	FAX:	(305) 841-4948	
FROM:		<i>∨ E. Dø88LE</i> ir Resources Management	PHONE:	(850) 921-9586 850.922.6979	
RE:					
CC:		· · · · · · · · · · · · · · · · · · ·			
Total r	number of pag	s including cover sheet:	5_		
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				•	

#### Dibble, Dickson

From:

Dibble, Dickson

Sent:

Tuesday, May 08, 2007 5:08 PM

To:

McKeough, Stephen

Cc:

Bowman, Sandy

Subject: 2007 PERC Dry Cleaner Calendar

#### Stephen,

Would you be so kind and mail a 2007 PERC Dry Cleaner Calendar to the following facility:

AIRS ID# 0251036 Attn: Halain Suarez JERSEY CLEANERS LLC 1432 N Flagler St Miami, Florida 33125

This is a new owner & the previous owner did not leave much information/records behind.

Thank you for your assistance.

Dick

#### Dickson E. Dibble

FL Dept of Environmental Protection Div. of Air Resource Management Bureau of Air Monitoring & Mobile Sources Air General Permit Program (850) 921-9586 SunCom 291-9586 ICG-#345

#### Dickson.Dibble@dep.state.fl.us

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

Environmental Resources Management DE233387 Air Quality Management Division 701 NW 1 Court, Suite 400 Miami, Florida 33136

SOUTH, FLORIDA PDG



General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

32399+6542

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