

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 9, 2003

Mr. Kenneth Kow
Richards Cleaners, Inc.
13607 Southwest 26 Street
Miami, Florida 33175

Re: Facility No.: 0251059-003

Dear Mr. Kow:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 8, 2003.

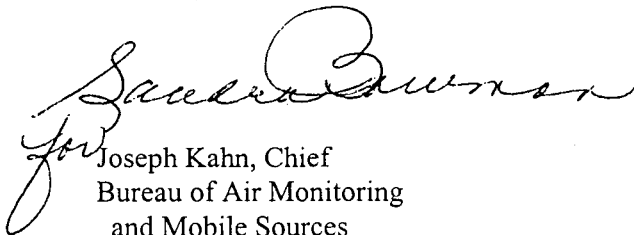
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Emission Fee - 2002
SOC REPORT - 3
Compliance Status - IN
(7/28/2003)

RECEIVED

SEP 8 2003

Bureau of Air Monitoring & Mobile Sources

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):
RICHARDS CLEANERS INC

2. Site Name (For example, plant name or number):
FLD 981023955

3. Hazardous Waste Generator Identification Number:
13607 SW 26 STREET

4. Facility Location:
Street Address:
City: MIAMI County: DADÉ Zip Code: 33175

0251059-003
0251059-003

Responsible Official

6. Name and Title of Responsible Official:
Name: KENNETH KOW Title: PRESIDENT

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 13607 SW 26 STREET
City: MIAMI County: DADÉ Zip Code: 33175

8. Responsible Official Telephone Number:
Telephone: (305) 223 8676 Fax: (305) 225 7039

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
SAME

10. Facility Contact Address:
Street Address: SAME
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () SAME Fax: () SAME

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")
MARCH 1995	<u>New</u>	<u>RC/CA/None required</u>	<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? 3

How many dryers/reclaimers do you have on-site? 1

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")
_____	<u>Existing/New</u>	<u>RC/CA/None required</u>	_____
_____	Existing/New	RC/CA/None required	_____
_____	<u>Existing/New</u>	<u>RC/CA/None required</u>	_____
_____	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?

0 gallons (You must fill this in)

(b) If less than 12 months, how many? 1 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

New machines at large area source

- Carbon adsorber
- Refrigerated condenser

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? 1

For each boiler, indicate its horsepower (HP) rating: 3 0

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.

KENNETH KOW

Print name of responsible official

Kenneth Kow

Signature

9-4-03

Date

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.

468299 FEB 5 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 251059
RICHARDS CLEANERS INC
13607 SW 26th Street
MIAMI, FLORIDA 33175

RECEIVED
FEB 07 2007
Bureau of Air Monitoring
& Mobile Sources

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

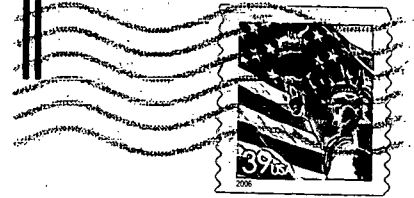
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

Richard's Cheases Inc
13607 SW 28 St
Miami, FL 33175

MIAMI FL 331

02 FEB 2007 PM 3 T



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458943 FEB15 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# 251059 1st
RICHARD'S CLEANERS
13607 SW 26th Street
MIAMI, FL 33175

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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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. 447001 FEB 22 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 251059 1stC
RICHARD'S CLEANERS
13607 SW 26th Street
MIAMI, FL 33175

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FEB 23 2005
Bureau of Air Monitoring
& Mobile Source

FOR GOVERNMENT USE ONLY
ORG.: 3550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees _____

ID# 251059

Sent To **KENNETH KOW**

Street, or PO E **RICHARD'S CLEANERS**

City, St **13607 SW 26TH STREET**

MIAMI, FL 33175

Postmark Here

7003 2260 0003 5650 0452

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# 251059
 KENNETH KOW
 RICHARD'S CLEANERS
 13607 SW 26TH STREET
 MIAMI, FL 33175

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

7003 2260 0003 5650 0452

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 •

LABORATORY SOURCE CONTROL PROJECT
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Quality
Control
Monitoring
Sources

FEB 23 2004

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7003 2260 0003 5650 8076

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

[Handwritten Signature]
 Postmark Here

To: ID# 251159
 MARISOL BAUTE
 Sent CLEAN & CLEAN USA
 3500 CORAL WAY #409
 Street or P.O. Box CORAL GABLES, FL 33145
 City

PS Form 3811, June 2002 See Reverse for Instructions
 SOLD AT POST OFFICE

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# 251159
 MARISOL BAUTE
 CLEAN & CLEAN USA
 3500 CORAL WAY #409
 CORAL GABLES, FL 33145

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 8076

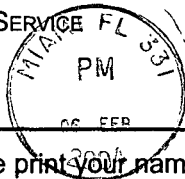
COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee *[Handwritten Signature]*
- B. Received by (Printed Name) C. Date of Delivery *[Handwritten Date]*
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 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) 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 •

Bureau of Air Monitoring
& Air Quality Services

FEB 9 2004

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7004 2510 0002 3939 0515

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OFFICIAL USE

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

Postmark
Here

Sent To
Street, Apt. #
or PO Box #
City, State, Z

AIRS ID# 251059 1stC
RICHARD'S CLEANERS
13607 SW 26th Street
MIAMI, FL 33175

PS Form 3800, June 2002

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# 251059 1stC
RICHARD'S CLEANERS
13607 SW 26th Street
MIAMI, FL 33175

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 0515

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Richard Y. [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
FEB 7 2005

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2005

RECEIVED

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436558 FEB192004

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

ID# 251059
KENNETH KOW
RICHARD'S CLEANERS
13607 SW 26TH STREET
MIAMI, FL 33175

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