



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 7, 2000

Mr. Martin Savecki
Better Life
5830-32 West Flagler Street
Miami, Florida 33144

Re: Facility No.: 0251014-001

Dear Mr. Savecki:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 8, 1999.

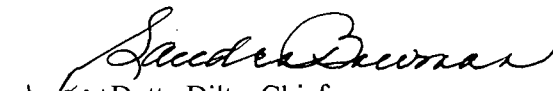
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Printed on recycled paper.

025/014

12/9/99

Spoke to Martin Sarecki, President of
Scarbino Corp. and he stated that the date
the control device installed is the same
as the purchase date. The control device
is a Refrigerated condenser, and

RECEIVED RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

NOV 24 1999

Part III. Notification of Intent to Use General Permit
Bureau of Air Monitoring & Mobile Sources
Air Quality Management Division

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): Scarabino SCARABINO CORP. BETTER LIFE Cleaners
2. Site Name (For example, plant name or number): BETTER LIFE 1
3. Hazardous Waste Generator Identification Number: PENDING
4. Facility Location: Street Address: City: 5830-32 W. FLORIST COUNTY: Dade Zip Code: 33144 Miami FLORIST
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0251014 001

Responsible Official

6. Name and Title of Responsible Official: Name: MARTIN SAUECKI Title: Pres.
7. Responsible Official Mailing Address: Organization/Firm: SCARABINO CORP Street Address: 8160 Geneva CT A-202 City: Miami County: Dade Zip Code: 33166
8. Responsible Official Telephone Number: Telephone: (305) 468-0114 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): MARTIN SAUECKI
10. Facility Contact Address: Street Address: 888 Brickell Key DR #903 City: Miami, Fla. County: Dade Zip Code: 33131
11. Facility Contact Telephone Number: Telephone: (305) 439-5760 Fax: () -

Brim Bate

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")
Sept. 99	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input checked="" type="radio"/> None required <input type="radio"/>	Pending
_____	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? [1]

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")
_____	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?

[0] gallons (You must fill this in)

(b) If less than 12 months, how many? [0] months

Check why it is less than 12 months: New owner: [X] Did not keep records: []

New store: [X] New machine [X]

Unopened store [X] (date of expected opening 2/2000)

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? [] []

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

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:

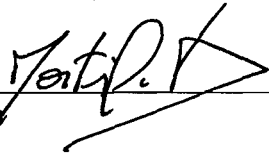
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

MARTIN SAUECHI President
Print name of responsible official


Signature

11/23/99
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least **30 days prior to beginning operations under the general permit**. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



ENVIRONMENTAL RESOURCES MANAGEMENT
PLAN REVIEW SECTION
111 N.W. 1ST STREET
SUITE 1010
MIAMI, FLORIDA 33128-1923
(305) 375-3330

**APPROVED BY THE
DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT
JOHN W, RENFROW, P.E., DIRECTOR**

Date: November 23, 1999

Serial No. 594377

For the Director: Adriana H. Gonzalez

**NOTE: THIS APPROVAL IS NOT INTENDED TO COVER STRUCTURAL DESIGN.
NO CONSTRUCTION SHALL TAKE PLACE ON CONTAMINATED GROUND.
INDUSTRIAL FACILITIES SECTION ONLY**

Project Name: BETTER LIFE CLEANERS
Address (Approx.): 5830 - 32 W. FLAGLER ST. MIAMI, FL. 33144

**Approval granted for the installation of a REMZACCI - SERENA 260 DC CLASS
DRY-CLEANING SYSTEM using Perchloroethylene at the above address with the
following conditions:**

- 1) Facility must be connected to the public sanitary sewer at all times.
- 2) All hazardous materials and/or waste generated by the facility shall be stored within the designated secondary containment area that must consist of steel containment pan as per plans submitted. Any spills must be handled as hazardous and disposed of via approved hauler.
- 3) Still bottoms, dry cleaners filters and waste from the vacuum system must be disposed of in an approved manner. Records of disposal shall be kept and shown upon request by authorities. Lint trap must be properly maintained.
- 5) No boiler under this permit. Installation of a boiler will require approval from DERM.
- 6) Must comply with Industrial Waste Operating Permit (IW5-DCSO) conditions.
- 7) The engineer of record shall submit a Letter of Certification verifying that the facility has been constructed in compliance with the approved plans and conditions within six months of this approval.

For City of Miami
W/S Acc # 0407005521 - No COI
FOLIO # 01 - 4001 - 001 - 0450
IW5-DCSO application & \$220.00 received.
D033-1



ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd Avenue
MIAMI, FLORIDA 33130-1540
(305) 372-6600

**APPLICATION FOR PERMIT TO OPERATE
POLLUTION CONTROL FACILITIES**

Applicant's Name and Title: MARTIN SAUECKI
miami, Fla

Applicant's Address: 8160 BENEVA ST Telephone No.: 305-439-5760
Nov 99 - April 30 2000

Please attach a check in the amount of \$ 220.00 made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of BETTER LIFE / SCRABINO CORP

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Miami- Dade County Code, and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department will be non-transferable and he promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

ATTACH LETTER OF AUTHORIZATION

[Signature]
Signature, Owner or Authorized Representative
(Notarization is mandatory)

PRESIDENT
Typed Name and Title

Subscribed and sworn to before me this 22ND day of NOVEMBER 1999.

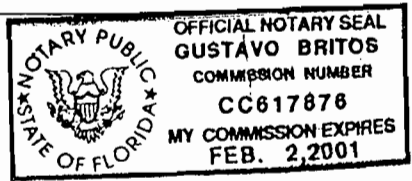
By MARTIN SAUECKI.

Personally known _____ or Produced Identification

(Please check one)

Type of Identification Produced: FLORIDA DRIVER LICENSE

[Signature]
Notary Public



20. WASTE HAULER INFORMATION

TYPE OF WASTE	STORAGE, TREATMENT, CONTAINMENT, OR DISPOSAL DEVICE	DIMENSIONS AND DESCRIPTIVE DATA	NAME/ADDRESS OF WASTE HAULER	FREQUENCY
OIL				
OIL FILTERS				
COOLANT/ANTIFREEZE				
BATTERIES				
PARTS WASHER(S)				
SOLVENTS/ PAINTS				
RAGS				
DRY CLEANING LIQUID/ FILTERS			clean fuels of Florida	
CARBURETOR CLEANER				
FILM PROCESSOR WASTE				
SILVER RECOVERY CARTRIDGE/ CANISTER				
BIO-HAZARDOUS				
OTHERS (Specify)				

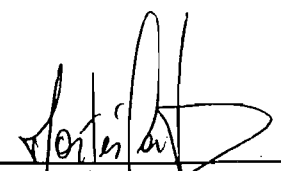
**LISTS OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.

21. PLEASE ATTACH ON A SEPARATE SHEET A SITE/FLOOR PLAN OF THE FACILITY INDICATING THE LOCATION OF FLOOR DRAINS, SINKS, DOORWAYS, MATERIAL STORAGE, WASTE GENERATION AND DISPOSAL AREAS.

22. MARTIN SAJECHI
Owner or Authorized Official (Please Print)

23. PRESIDENT
Title

24. 4/22/98
Date

25. 
Signature

NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED.

Project Ad
Municipali
The propos
checked ite

BEST AVAILABLE COPY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10

Disappr
Review

Q:PLAN RE

PLAN REVIEW SECTION				
PLAN PROCESSING No.		504377		
REVIEW TYPE	APPROVED	DATE	DISAPPROVED	DATE
F.W. CORE			<i>Dis</i>	11/10/99
FLOOD PLAIN				
INDUSTRIAL		11/23/99		11/10/99
ASBESTOS		11/19/99		
AWING / DRAINAGE				
STORAGE TANK				
INDUSTRIAL WASTE				
WATER SUPPLY				
WASTEWATER				
AIR	<i>(MS)</i>		<i>Dis</i>	11/19/99
AGRICULTURAL				
AIRPORT				
UPLAND & F.W. R.				
OTHER				

D033

D015-1

* PERMIT NOT VALID UNTIL DEPARTMENTAL APPROVAL IS ISSUED BY PLAN REVIEW SECTION.

** ASBESTOS SURVEY SUBMITTED*

*- ** CONTACT MARCELO BARRIOS -*

- 33 SW 2ND AVE 9TH FLOOR -

(DMY CLEANER APPLICATION ATTACHED)

** (Must comply with attach conditions)*

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

7000 0600 0026 7825 6409

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

AIRS ID # 0251014

Recipient	BETTER LIFE
Street	MARTIN SAVECKI
City, St	8160 GENEVA COURT #A-202 MIAMI FL 33166

PS Form Instructions

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

7000 0600 0026 4126 1157

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

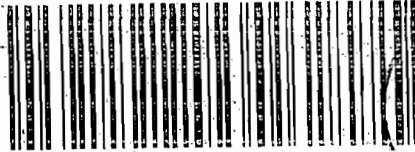
AIRS ID # 0251014

Recipient	BETTER LIFE
Street	MARTIN SAVECKI
City	8160 GENEVA COURT #A-202 MIAMI FL 33166

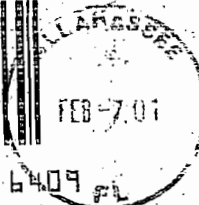
PS Form Instructions

CERTIFIED MAIL

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

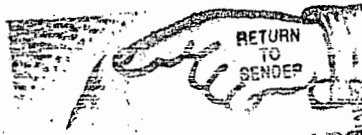


7000 0600 0026 7825 6409 FL



MS6610

AIRS ID # 0251014
BETTER-LIFE
MARTIN SAVECKI
8160 GENEVA COURT #A-202
MIAMI FL 33166



RETURN TO SENDER
MOVED, LEFT NO ADDRESS

Environmental Monitoring
Mobile Sources

FEB 21 2001

RECEIVED

331667462333/2400

PLACE STICKER ON TOP OF MAILPIECE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

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 # 0251014

BETTER LIFE
MARTIN SAVECKI
8160 GENEVA COURT #A-202
MIAMI FL 33166

2. Article Number (Copy from service label)
7090 0600 0026 7825 6409

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
X 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.

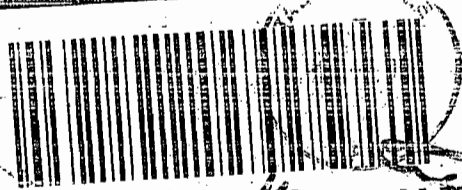
4. Restricted Delivery? (Extra Fee) Yes

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

550304
MS5510

BETTER LIFE
MARTIN SAVECKI
8160 GENEVA COURT #A-202
MIAMI FL 33166

CERTIFIED MAIL



7000 0600 0026 1157

374
P.O. TALIA 510414

NO ADDRESS
RETURN TO SENDER

NO ADDRESS
RETURN TO SENDER

Bureau of Air Monitoring
& Mobile Sources

MAR 12 2001

RECEIVED

32399-2400



PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
OR MAIL ADDRESS

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.	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0251014</p> <p>BETTER LIFE MARTIN SAVECKI 8160 GENEVA COURT #A-202 MIAMI FL 33166</p>	C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<p>2. Article Number (Copy from service label)</p> <p>2000 0600 0026 4126 1157</p>	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	

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

CERTIFIED

Z 210 661 328 APR - 2001

MAIL

U.S. POSTAGE
374
POSTALIA 510474

31

RETURNED TO SENDER

550304
MS5510
MOVED, LEFT NO ADDRESS

BETTER LIFE
MARTIN SAVECKY
8160 GENEVA COURT #A-202
MIAMI FL 33166
AIRS ID # 0251014

Bureau of Air Mail, Air Mail
& Mobile

APR 1 2001

RECEIVED

MOVED, LEFT NO ADDRESS

32166 4670

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BETTER LIFE
 MARTIN SAVECKI
 8160 GENEVA COURT #A-202
 MIAMI FL 33166

AIRS ID # 0251014

4a. Article Number

210 661 328

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

210 661 328

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0251014

BETTER LIFE
 MARTIN SAVECKI
 8160 GENEVA COURT #A-202
 MIAMI FL 33166

Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	