



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-Designee

March 7, 2007

Mr. Rafael Ayala
Regency Cleaners
839 Southwest 132 Avenue
Miami, Florida 33184

Re: Facility No.: 0251033-002

Dear Mr. Ayala:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 1, 2007.

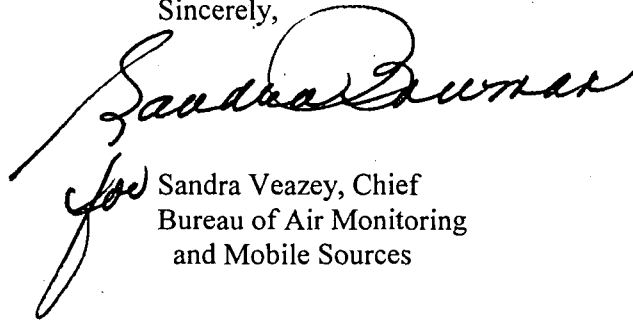
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

SV/pg

cc: Ms. Mallika Muthiah, Miami-Dade County

EMISSION FEE DATES 2000-2006
NO ACTIVITY FOR FACILITY.....
SOC REPORTS 3.....

IN - 2/1/2007

INSP - INS 2 - compliance inspection
walkthrough - IN - 2/1/2007

INSP - miami - Dade Co - M Muthiah

RECEIVED

FEB 05 2007

RECEIVED

FEB 01 2007

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM
Bureau of Air Pollution Control
& Mobile Sources

Part III. Notification of Intent to Use General Permit 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):	RAMAS CORP		
2. Site Name (For example, plant name or number):	REGENCY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD984170100		
4. Facility Location:	839 SW 132 AVENUE		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33184
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251033-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	RAFAEL AYALA	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	839 SW 132 AVE		
Street Address:			
City:	MIAMI	County:	DADE
		Zip Code:	33184
8. Responsible Official Telephone Number:			
Telephone:	(305) 223 2342	Fax:	(305) 223 6942

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:			
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")
<u>1998</u>	Existing/New	RC/CA/None required	<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? []

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?

[105] 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>
(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.

RAFAEL AYALA
Print name of responsible official

Rafael Ayala
Signature

2/21/07
Date



Delivering Excellence Every Day

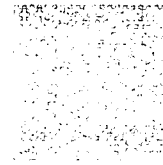
Environmental Resources Management

Air Quality Management Division

33 SW 2nd Avenue • 9th Floor

Miami Florida 33130-1540

DE248955 161_01-44 12/04



UNITED STATES POSTAGE
0004880381 FEB 02 2011
MAILED FROM ZIP CODE 33128

GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES, MS551C
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL, 32399-2400

RECEIVED

FEB 05 2007

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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1998	Existing <input checked="" type="radio"/> New <input checked="" type="radio"/>	RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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_____	Existing/New	RC/CA/None required	_____
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(b) If less than 12 months, how many? [] months

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▷ **ALSO IN THIS EPISODE:**

- [1962 Ford T-Bird Restoration: Hood Insulation Replacement](#)
- [1962 Ford T-Bird Restoration: Powder-Coating Engine Parts](#)
- [1962 Ford T-Bird Restoration: Ignition-System Upgrade](#)

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Indicate with an "X". Select one classification only.)

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(Indicate with an "X".)

- | | |
|--|--|
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(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"/> |

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

RAFAEL AYALA

Print name of responsible official

Rafael Ayala
Signature

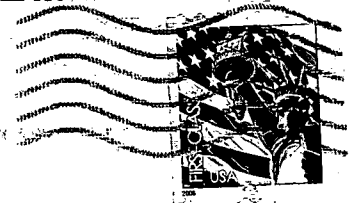
2/21/07
Date



Regency Cleaners
Apt. 101
839 SW 132nd Ave.
Miami, FL 33184

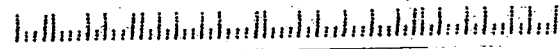
MIAMI FL 331

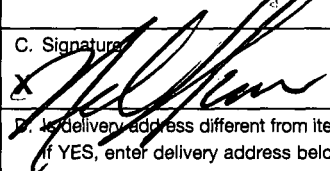
01 FEB 2007 PM 2 L



Dept of Enviromental Protection
Bureau of Air Monitoring + Mobile Source AS5510
General Permits Sec.
2600 Blair Stone Rd.
TALLAHASSEE, FL. 32399-2400

32399-2400 C001



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
1. Article Addressed to:		C. Signature	<input type="checkbox"/> Agent
<p style="text-align: center;">AIRS ID # 0250933 MAJESTIC CLEANERS II NELSON LLAMA 9765 SW 72ND STREET MIAMI FL 33173</p>			<input type="checkbox"/> Addressee
2. Article Number (Copy from service label)			<input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes
		if YES, enter delivery address below: <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	
		7001 0320 0001 7975 9692	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	AIRS ID # 0250933
Sent	MAJESTIC CLEANERS II
Street or P.O. Box	NELSON LLAMA
City	9765 SW 72ND STREET
	MIAMI FL
	33173
PS Form	Instructions

7001 0320 0001 7975 9692

BEST AVAILABLE COPY

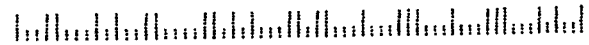


Regency Cleaners
839 SW 132nd Ave. Ste. 101
Miami, FL 33184



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

32315+3070 93



411977 DEC20 2001

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

AIRS ID # 0251033
REGENCY CLEANERS
RAFAEL AYALA
839 SW 132ND AVENUE
MIAMI FL
33175

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399730

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

AIRS ID # 0251033
REGENCY CLEANERS RAFAEL AYALA 839 SW 132ND AVENUE MIAMI FL 33175

12/13/00
[Signature]

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MAIL ROOM
DEC 13 00

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