

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 26 2001

Mr. Dino Campana
Pro Quality Cleaners, Inc.
4500 Northwest 107 Avenue, #101
Miami, Florida 33193

Re: Facility No.: 0251102-001

Dear Mr. Campana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 11, 2001.

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: Ms. Mallika Muthiah, Dade County

0251102-001

P14

1(a) Existing should be circled under
Status.

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 11 2001

JUN 18 2001

Part III. Notification of Intent to Use General Permit

Air Quality

Management Division

Bureau of Air Monitoring
& Mobile Sources

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):	PRO-QUALITY CLEANERS INC.
2. Site Name (For example, plant name or number):	PRO-QUALITY CLEANERS, INC
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 13720 SW 84 ST City: MIAMI County: FT DADE Zip Code: 33183	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251102-001

Responsible Official

6. Name and Title of Responsible Official: Name: DINO CAMPANA Title: PRES.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 4500 NW 107 AV #101 City: MIAMI County: FT DADE Zip Code: 33193
8. Responsible Official Telephone Number: Telephone: (786) 331-7822 Fax: () - (305) 782-4855

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? [01]

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")
1990	Existing/New	RC/CA/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?

[0] 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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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.

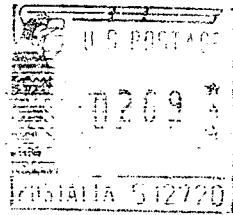
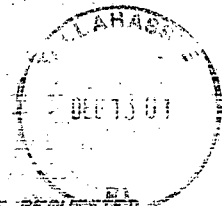
I will promptly notify the Department of any changes to the information contained in this notification.

DINO CAMPANA
Print name of responsible official

Dino Campana
Signature

06-11-2001
Date

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



RETURN SERVICE REQUESTED

AIRS ID # 0251102
PRO-QUALITY CLEANERS
DINO CAMPANA
4500-NW 107TH AVENUE #101
MIAMI FL
33193

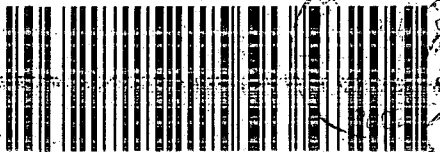
RECEIVED
D.E.P.
2001 JAN -14 AM 11:54
STORAGE TANK
REGULATORY

FILE# 33178
32399/2400

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

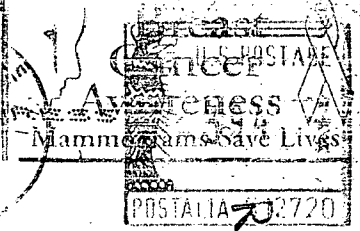
GERALD D'AVIA



7000 0520 0020 9372 8135

AIRS ID# 0251102
PRO QUALITY CLEANERS
DINO CAMPANA
14912 SW 104 STREET
MIAMI FL. 33196

#?

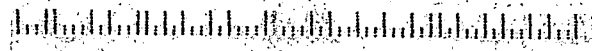


Bureau of Air Monitoring
& Mobile Sources

JUN 3 2002

RECEIVED

32399-2400 01
33196+3373



SENDER TO COMPLETE		ACTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> 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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
AIRS ID# 251102 PRO-QUALITY CLEANERS DINO CAMPANA 14912 SW 104 STREET MIAMI FL 33196		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Copy from service label) 7000 0520 0020 9372 8135		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	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
<i>Remailed 5/22/02</i>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Re	AIRS ID# 0251102
Str	PRO QUALITY CLEANERS
City	DINO CAMPANA
	14912 SW 104 STREET
	MIAMI FL 33196

7000 0520 0020 9372 8135

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE

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# 0251102
 PRO-QUALITY CLEANERS
 MARIO DAVID CAMPOS
 7250 NW 31ST ST
 MIAMI FL 33122-1216

2. Article Number (Copy from service label)

7000 0520 0020 9372 8128

COMPLETE THIS SECTION ON DELIVERY

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

3/11

C. Signature

X *[Signature]*

- Agent
- 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

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

9278 8128 2456 0200 0250 0002

Remailed 3/6/02

Postage \$

Certified Fee

Return Receipt Fee

Postmark Here

AIRS ID# 0251102
 PRO-QUALITY CLEANERS
 MARIO DAVID CAMPOS
 7250 NW 31ST ST
 MIAMI FL 33122-1216

(Signature of mailer)



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421893 JAN17 2003

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

RECEIVED
JAN 23 2003
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#0251102

DR. CLEANERS
VICENTE PACILLO
13780 SW 84TH STREET
MIAMI FL
33183

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