



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. Herbert Weinstein  
Countyline Cleaners  
21495 Northwest Second Avenue  
Miami, Florida 33169

Re: Facility No.: 0250692-002

Dear Mr. Weinstein:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 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

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 30, 2002

#0250692

Mr. Herbert Weinstein  
21495 Northwest Second Avenue  
Miami, Florida 33169

Dear Mr. Weinstein:

Thank you for your note received on December 20 notifying the Department of the change in status of Countyline Cleaners. The facility status has been changed to *inactive* in the database since your note indicates Countyline Cleaners is out of business.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that within 30 days of any changes requiring corrections to information contained in the notification form, the responsible official shall notify the Department in writing. Entitlement for Countyline Cleaners was issued on July 19, 2001.

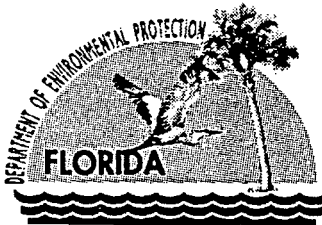
In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate Countyline Cleaners was active and operated as a Title V general permit facility in **2002**. Therefore, the annual operation fee for which you were recently invoiced is due and payable between January 15 and March 1, 2003.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/



Jeb Bush  
Governor

# Department of Environmental Protection

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

RECEIVED  
DEC 20 2002  
Bureau of Air Monitoring  
& Mobile Sources

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

*that as of 1-12-02 Countyline Cleaners*  
**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**  
*Please be advised  
has been out of  
business.*



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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**

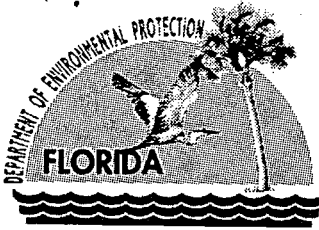
*Inactivate*

Do NOT Remove Label.

AIRS ID#0250692

COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

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



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 30, 2002

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Miami, Florida 33169

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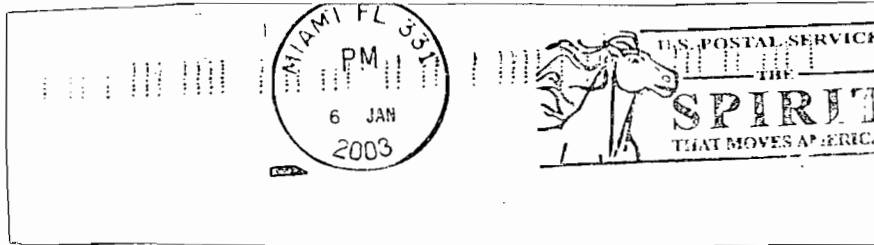
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If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/



MS# 5510 MC Acct # 5521

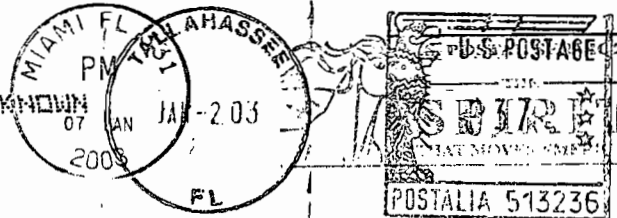
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

JAN 27 2003

RECEIVED

RETURN TO SENDER/ATTEMPTED NOT KNOWN



MR HERBERT WEINSTEIN  
21495 NORTHWEST SECOND AVENUE  
MIAMI FLORIDA 33169

WEIN495 331690261 1N 10 01/10/03  
RETURN TO SENDER

NO FORWARD ORDER ON FILE  
UNABLE TO FORWARD  
RETURN TO SENDER

3300302502101





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411970 DEC20 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

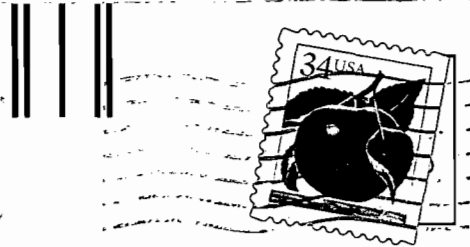
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0250692  
COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

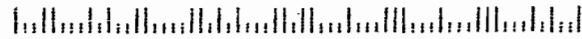
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

County Line Cleaners  
21495 NW 2nd Ave.  
Miami, FL 33169



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

32315+3070 99



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): <i>COUNTYLINE CLEANERS INC.</i>	RECEIVED JUN 18 2001 Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number): <i>COUNTYLINE CLEANERS</i>	
3. Hazardous Waste Generator Identification Number: <i>FLD 98216 H105</i>	
4. Facility Location: <i>COUNTYLINE CLEANERS</i> Street Address: <i>21495 NW 2nd AVE</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33169</i>	
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250692-002</i>	

**Responsible Official**

6. Name and Title of Responsible Official: Name: <i>HERBERT WEINSTEIN</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>COUNTYLINE CLEANERS</i> Street Address: <i>21495 NW 2nd AVE</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33169</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 770-0759</i> Fax: ( ) -

**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?

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")
08 DEC 91 (1985)	Existing	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?**

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".)

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

New machines at large area source  
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?  /

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) ELECTRICITY

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  
AIRS ID# 0250692
- 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.*

HERBERT WEINSTEIN  
Print name of responsible official

Herbert Weinstein  
Signature

6/12/01  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUL - 3 2001  
Bureau of Air Monitoring  
& Mobile Sources

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): <i>COUNTYLINE CLEANERS INC.</i>
2. Site Name (For example, plant name or number): <i>COUNTYLINE CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 982164105</i>
4. Facility Location: <i>COUNTYLINE CLEANERS</i> Street Address: <i>21495 NW 2nd AVE</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33169</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0250692-002</i>

RECEIVED  
JUN 18 2001  
Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: <i>HERBERT WEINSTEIN</i> Title: <i>PRES.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>COUNTYLINE CLEANERS</i> Street Address: <i>21495 NW 2nd AVE</i> City: <i>MIAMI</i> County: <i>DADE</i> Zip Code: <i>33169</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 770-0759</i> Fax: ( ) -

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_____	Existing/New	RC/CA/None required	_____
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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

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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

New machines at large area source  
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- (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:

*HW*  <sup>DO NOT</sup> I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID# 0250692

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.*

HERBERT WEINSTEIN  
Print name of responsible official

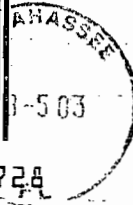
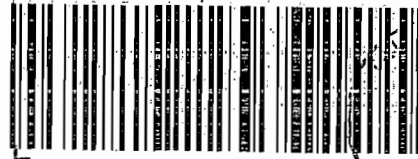
*Herbert Weinstein*  
Signature

Date 6/12/01  
6/28/01

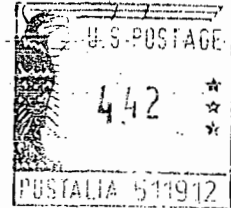
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7001 0320 0001 7975 7728



*Manoff*  
RETURNED TO SENDER  
UNDELIVERABLE  
ADDRESS

RETURNED TO SENDER  
UNDELIVERABLE  
ADDRESS

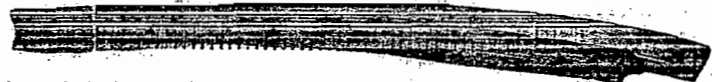
AIRS ID#0250692  
COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED

33169+2120 16





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:

COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

AIRS ID#0250692

2. Article Number  
(Transfer from service label)

7001 0320 0001 7975 7728

COMPLETE THIS SECTION ON DELIVERY

A. 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

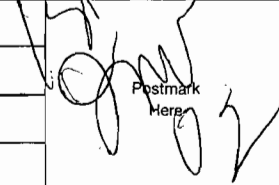
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL USE**

7001 0320 0001 7975 7728

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

AIRS ID#0250692

To  
COUNTYLINE CLEANERS

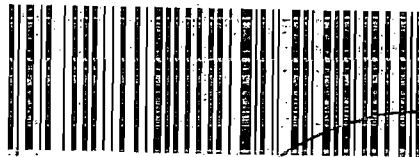
Street or P.O. Box	HERBERT WEINSTEIN
City	21495 NW 2ND AVENUE
State	MIAMI FL
Zip	33169

5510

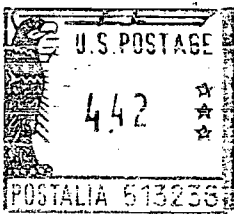
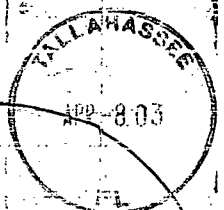
5521

**CERTIFIED MAIL**

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



7001 0320 0001 7976 5723



MC5521

RETURNED TO SENDER  
UNCLAIMED  
COUNTYLINE CLEANERS  
MS/BCO ROBERTS  
US 510

NOTIFIED  
4-10-03

RECEIVED  
MAY 05 2003

ATRS-ID#0250692  
COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
20505 E. COUNTRY CLUB  
ADVENTURA, FL 33180

NAME: Monitor  
1st Notice  
2nd Notice  
4-15-03  
4-23-03

33180+3057 03

**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#0250692

COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
20505 E COUNTRY CLUB  
AVENTURA FL 33180

2. Article Number

7001 0320 0001 7976 5723

**COMPLETE THIS SECTION FOR DELIVERY**

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

C. 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)

7001 0320 0001 7976 5723

**OFFICIAL USE**

Postage	\$	<i>02 3rd JAN 11</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Remark Here

AIRS ID#0250692

Sent **COUNTYLINE CLEANERS**  
Street **HERBERT WEINSTEIN**  
or PO **20505 E COUNTRY CLUB**  
City **AVENTURA FL 33180**

PS Form

Instructions

**CERTIFIED MAIL**

MS#

5510

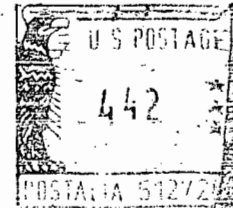
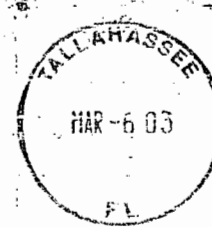
MC Acct #

05 03 03



7001 0320 0001 7976 4221

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



RECEIVED



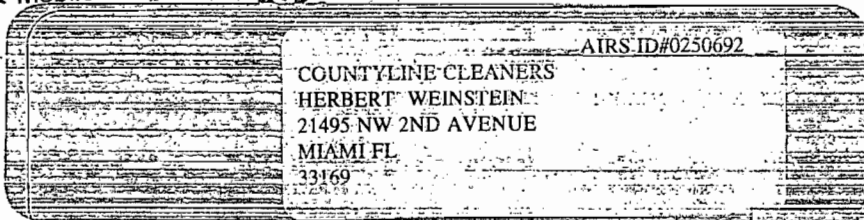
APR 7 2003

Bureau of Air Mail  
& Mobile Sources

UNCLAIMED  
COUNTYLINE CLEANERS  
ANNEX

20505 E Country Club  
Adventura, FL 33180

NOTIFIED  
3/12/03



ATRS ID#0250692

COUNTYLINE CLEANERS  
HERBERT WEINSTEIN  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

33169+21495

**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:

**COUNTYLINE CLEANERS**  
**HERBERT WEINSTEIN**  
21495 NW 2ND AVENUE  
MIAMI FL  
33169

AIRS ID#0250692

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below

Yes  
 No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7976 4221

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)

OFFICIAL USE

Postage	\$	<i>03/10/01</i> <i>Postmark Here</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage AIRS ID#0250692

Sent To	COUNTYLINE CLEANERS
Street, Apt. # or PO Box No.	HERBERT WEINSTEIN 21495 NW 2ND AVENUE
City, State, ZIP	MIAMI FL 33169

7001 0320 0001 7976 4221