

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Peter Smit Best Care Cleaners 11660 Southwest 88th Street Miami, Florida 33176

Facility No.: 0250887 Re:

Dear Mr. Smit:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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.

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Perchloroethylene Dry Cleaning Facility Notificati



Facility Name and Location

	. Air Quality				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Management Division				
	BUTISH CHEANERS, INC.				
2.	Site Name (For example, plant name or number):				
	BEST CARE CLEANERS.				
3.	Hazardous Waste Generator Identification Number:				
	FLDCES QQ.				
4.	Facility Location: Street Address: \$1/660 SW 88TA. ST. City: MIAMI County: Dade Zip Code: 33176				
	City: MIAMI County: Dade Zip Code: 33176				
5.	Facility Identification Number (DEP Use):				
ij.					
	Responsible Official				
6.	Name and Title of Responsible Official:				
	PETEL SMIT, MANAGEL. Responsible Official Mailing Address:				
7.	Responsible Official Mailing Address:				
	Responsible Official Mailing Address: Organization/Firm: Street Address: Same as above,				
	City: Zip Code:				
į					
8.	Responsible Official Telephone Number:				
	Telephone: (365) 271 - 2797 Fax: (MA), -				
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: () -				

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NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control	ļ	Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		26-FEB-94	24-FEB-74						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					1				
Dryer Unit		1,41							
(7) w/ ref. condenser									
(8) w/ carbon adsorber			-		1 •				
(9) w/ no controls						1	1		
Reclaimer Unit	4	14 14 1							
(10) w/ ref. condenser						T			
(11) w/carbon adsorber									
(12) w/ no controls			1		1	1			1
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are r quant galle	equired to be tity of perchlons ow many? [installed [_oroethylene (perc) purchased i				:
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selecter sea so	ct one classif	ication only.)) ew si	initions foun nall area sou	rce 🗶	•	Part II?	
	50	777							

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4. What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	vave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	ιX
(d) Carbon adsorber exhaust perc concentration mon	toring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

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Surrender of Existing Air Permit(s)

ease indicat	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form.						
(X)							
	Responsible Official Certification						
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification.						
Signature	10/38/97 Date						

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250887

BRITISH CLEANERS INC PETER SMIT 11660 SW 88TH STREET MIAMI FL 33176 Bureau of Air Monitorin

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	Do <u>NOT</u> Remove La	bel	m (D
Annual Reporting Period:	<u> - 1998 T</u>	TO	1-1 19 99
Based on each term or condition of the Title V ge 62-213.300, Florida Administrative Code (F.A.C.	- · · ·	<u>/</u>	with DEP Rule
If NO, complete the following: #1. Term or condition of the general permit that I	has not been in continuous con	apliance during the reporting	ng period stated above:
Exact period of non-compliance: from		to	FEB RECI
Action(s) taken to achieve compliance:			- N 20
Method used to demonstrate compliance:			9,30
#2. Term or condition of the general permit that l	has not been in continuous con	apliance during the reporting	ng period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·		·
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on notification are true, accurate and complete. Further does not exceed 2,100 gallons per year for dry-to dry the RESPONSIBLE OFFICIAL:	r, my annual consumption of per facilities or 1,800 gallons per yea	chloroethylene solvent, based	l upon purchase receipts,
	lease Print)	Signature	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



Monday, July 06, 1998

Air Quality

Management Division

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

To whom it may concern:

On June 1st, 1998 Brickell Bay Associates, Inc. (doing business as Brickell Bay Cleaners) purchased Best Care Cleaners, Inc. located at: 11660 S.W. 88 Street, Miami, Florida 33176. Best Care Cleaner has an existing permit # 0250887. This is a request to change the existing permit to my company, located at: 888 Brickell Key Drive, Unit 210, Miami, Florida 33131.

I would appreciate it if you send me the new documents to my address. Thank you in advance,

Carlos Ortiz President

Brickell Bay Associates, Inc.

(dba / Brickell Bay Cleaners)

RECEIVE HAVE SOURCES

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 1670 0013 3108 7516







UNK-15-77

10 AIRS ID # 0250887001AG
PETER SMIT
BEST CARE CLEANERS
11660 SW 887H STREET
MIAMI PL
33176

Received 2

BEVOER STICKES VALUED OF ENVELORE STICKES VALUED OF ENVELORE STICKES VALUED OF ENVELORE STICKES STICKE	COMPLETE THIS SECTION ON DELIVERY		
 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 C. Signature X Agent Addressee		
1. Article Addressed to: 10 AIRS ID # 0250887001AG PETER SMIT BEST CARE CLEANERS 11660 SW 88TH STREET MIAMI FL 33176	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	3. Service Type Certified Mail		
2. Article Number (Transfer from service label) 7000 167-0-6			
PS Form 3811, March 2001 Domestic Return Receipt			

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
7576	OFFICIAL USE	
13 3108	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Here	
1670 001	Restricted Delivery Fee (Endorsement Required) Total Pos 10 AIRS ID # 0250887001AG Sent To PETER SMIT	
7000 1	BEST CARE CLEANERS Street, Apt 11660 SW 88TH STREET MIAMI FL City, State, 33176	

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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 can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250887

BRITISH CLEANERS INC PETER SMIT 11660 SW 88TH STREET **MIAMI FL 33176**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273