

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 11, 2003

Mr. Terry Browman
Campus Cleaners
3750 Bird Road
Miami, Florida 33146

Re: Facility No.: 0250938-002

Dear Mr. Browman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 10, 2003.

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,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-01

SOC 6

Comp IN

AIRS ID # 0250938-002

1/28/2003

Spoke with Terry Browman, Manager at Campus Cleaners, and he stated that the boiler is a 20 horsepower boiler.

Page 16

5. Add horsepower for on site boiler.

Grant, Patricia

From: Bowman, Sandy
Sent: Monday, February 27, 2006 12:49 PM
To: Grant, Patricia
Cc: Thomas, Bruce X.
Subject: FW: Campus Cleaners (ARMS # 0250938)

Pat,

FYI. To update your files.

Sandy

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

-----Original Message-----

From: Barros, Marcelo (DERM) [mailto:BarroM@miamidade.gov]
Sent: Monday, February 27, 2006 11:18 AM
To: Bowman, Sandy
Cc: Anderson, Terrence (DERM)
Subject: Re.: Campus Cleaners (ARMS # 0250938)

Hi Sandy:

Please be informed that Campus Cleaners (ARMS # 0250938) was found out of business(OOB) during an inspection conducted by Terrence on 2/23/2006. The building where this facility was operating has been demolished.

Please inactivate this facility from the ARMS, ASGP & GPCI.

Thanks.

Marcelo.

2/28/2006

Best Available Copy

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 10 2003

Part III. Notification of Intent to Use General Permit

Air Quality

Prior to filling out this form, please read the instructions provided at the end of the permit. Send the 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):	Roy Browman Campus Cleaners		
2. Site Name (For example, plant name or number):	Campus Cleaners		
3. Hazardous Waste Generator Identification Number:	0000-8220-44 Safety Clean		
4. Facility Location:			
Street Address:	3750 Bird Road		
City:	County:	Zip Code:	
Miami	Dade	33146	

0250938-002

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Terry Browman	Title:	Manager
7. Responsible Official Mailing Address:			
Organization/Firm:	3750 Bird Road		
Street Address:	3750 Bird Road		
City:	County:	Zip Code:	
Miami	Dade	33146	
8. Responsible Official Telephone Number:			
Telephone:	(305) 448-3714	Fax:	(305) 448-4812

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: ()		

DEP Form No. 62-213.900(2)
Effective: 2/24/99

14

Bureau of Air Monitoring
& Mobile Sources

JAN 16 2003

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Facility Information

1.(c) 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")
<u>1-96-02</u>	Existing/ <u>New</u>	<u>RC/CA</u> /None required	<u>SAMB</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 fryers/recleaners 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, 1995, it is a **NEW** unit (no units purchased after September 22, 1995 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?

[120] 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 _____)

Best Available Copy

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 62-213.000, 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) Cart or 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.

Terry Brownman
Print name of responsible official

Terry Brownman
Signature

1-9-03
Date

9286 0595 0000 0922 0007

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Total Postage ID# 250938
 TERRY BROWMAN
 Sent To CAMPUS CLEANERS
 3750 BIRD ROAD
 Street, Apt. 1 or PO Box N MIAMI, FL 33146
 City, State, Z

PS Form 3800, June 2002.

See Reverse for Instructions

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:

ID# 250938
 TERRY BROWMAN
 CAMPUS CLEANERS
 3750 BIRD ROAD
 MIAMI, FL 33146

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9288

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lilly C. Kadilla* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

2-6-04

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED

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

7001 0320 0001 7975 4574

OFFICIAL USE

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

AIRS ID#0250938

CAMPUS CLEANERS
 TERRY BROWMAN
 3750 BIRD ROAD
 MIAMI FL
 33146

PS Form 3800, January 2001

See Reverse for Instructions

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#0250938

CAMPUS CLEANERS
 TERRY BROWMAN
 3750 BIRD ROAD
 MIAMI FL
 33146

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 4574

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Terry Browman
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/8/03

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

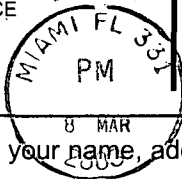
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2003

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



422850 FEB12 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

Do NOT Remove Label

AIRS ID#0250938

CAMPUS CLEANERS
TERRY BROWMAN
3750 BIRD ROAD
MIAMI FL
33146

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

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

436472 FEB17 2004

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 250938
TERRY BROWMAN
CAMPUS CLEANERS
3750 BIRD ROAD
MIAMI, FL 33146

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

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Bureau of Air, Armaments, Explosives
& Medicine Services

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

7001 0320 0001 7976 4962

OFFICIAL USE

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

Postmark
Here

AIRS ID#0250938

CAMPUS CLEANERS
TERRY BROWMAN
3750 BIRD ROAD
MIAMI FL
33146

See back of envelope for instructions

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#0250938

CAMPUS CLEANERS
TERRY BROWMAN
3750 BIRD ROAD
MIAMI FL
33146

COMPLETE THIS SECTION ON DELIVERY

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

7-7

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

2. Article Number (Copy from service label):

7001 0320 0001 7976 4962



UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

FEB 11 2003

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

OFFICIAL USE

7001 0320 0001 7976 5075

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

[Handwritten Signature]
 Postmark
 Here

Total

AIRS ID#0250938

Sent to **CAMPUS CLEANERS**
TERRY BROWMAN
 Street or PO **3750 BIRD ROAD**
 City, **MIAMI FL**
33146

PS Form

Instructions

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#0250938

CAMPUS CLEANERS
 TERRY BROWMAN
 3750 BIRD ROAD
 MIAMI FL
 33146

2. Article Number (Copy from service label)

7001 0320 0001 7976 5075

COMPLETE THIS SECTION ON DELIVERY

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

2-7

C. Signature

[Handwritten 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

fed

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 1000
2600 ALBERTA DRIVE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

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