



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 30, 1998

Mr. Eric Nesse  
Loews Miami Beach Hotel  
1601 Collins Avenue  
Miami Beach, Florida 33139

Re: Facility No.: 0250977

Dear Mr. Nesse:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 16, 1998.

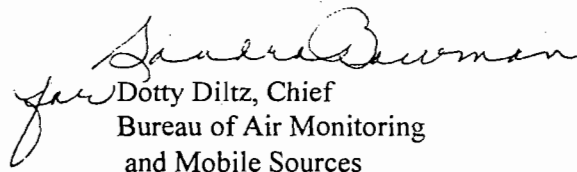
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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: Mr. Ewart Anderson, Dade County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED  
DEC 16 1990

Bureau of Air Monitoring  
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Loews Corp.
2. Site Name (For example, plant name or number):	Loews Miami Beach Hotel.
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	1601 Collins Ave.
City:	Miami Beach
County:	Dade
Zip Code:	33139
5. Facility Identification Number (DEP Use):	0250977

Responsible Official

6. Name and Title of Responsible Official:	Eric Wesse, U.P. MB Redevelopment Inc dba Loews Miami Beach Hotel.
7. Responsible Official Mailing Address: Organization/Firm: Street Address:	1601 Collins Ave
City:	Miami Beach
County:	Dade
Zip Code:	33139
8. Responsible Official Telephone Number: Telephone:	(305) 604-1601
Fax:	(305) 604-3889

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Joe Mezquita, Chief Engineer.
10. Facility Contact Address: Street Address:	Same as Above.
City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	(305) 604-1601
Fax:	(305) 604-3889

**Facility Information**

**RECEIVED**  
DEC 16 1990  
Bureau of Air Monitoring  
& Mobile Sources

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	July, 97	July 97						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

**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
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate 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.

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.

Eric Nesse  
Signature ERIC NESSE Vice President

11/25/98  
Date

Angela Roberts 11/25/98

Notary Public ANGELA ROBERTS State of Florida Comm. Exp: 03/19/00 00831360



ENVIRONMENTAL RESOURCE MANAGEMENT  
33 S.W. 2nd AVENUE  
MIAMI, FLORIDA 33130-1540  
(305) 372-6709

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUL 14 1999

TELEPHONE COMMUNICATION

Date: 4/2/99 Time: 10:45 (am) pm Phone: (305) 532-2871

Name: Sylvie Jacobs Title: N/A Complainant

Company/Agency: Resident of condo adjacent to Loew's Miami Beach Hotel Permit/File: 0250977

Address: 1621 Collins Ave #206 City: Miami Beach State: FL Zip: \_\_\_\_\_

Subject: \_\_\_\_\_

DERM Official: Debbie Griner Title: Inspector I

MESSAGE:

I called Ms. Jacobs to inform her of my inspection results from 3/23 and 3/24/99. I told her the perc dry cleaning machine is "closed-loop" and was tested for leaks. I also informed her that the machine is not on the north side of the laundry plant. She stated that her eyes burn and the smell is unbearable when she is on her balcony. She wants to know the source of the smell and "what can be done about it". I told her I would forward this to my supervisor who can address possible regulation violations other than FDEP General Permit for Dry Cleaners.

Call Referred to: Marcelo Barros  
Title: Inspector 2

(Misc3/T. Comm)

\* Ms. Jacobs speculated that it may just be the smells and heat vented from the regular clothes dryers. The fact that they are 2 very large drying units may account for the "odor". She wants to know if anything can be done about it (if in fact it is the regular clothes drying units).

(MB) All



**Inter-Office  
MEMORANDUM**

**DATE:** March 29, 1999

**TO:** Marcelo Barros, Inspector II (MB)  
Air Facilities Section

**FROM:** Debbie Griner, Inspector I (DG)  
Air Facilities Section

**SUBJECT: Loews Miami Beach Hotel  
FDEP General Permit # 0250977**

**RECEIVED**  
JUL 14 1999  
Bureau of Air Monitoring  
& Mobile Sources

Per your request, I visited Loews Miami Beach Hotel on 3/23/99. Sonia Rosado, of DERM's Compliance Section, responded to a complaint of "strong odors coming from vents in dry cleaners in the hotel" on 3/16/99 (report attached). The Title V Air Quality General Permit requires dry cleaning operations of Loews classification to have "closed-loop" systems; no venting of perc vapors to the atmosphere is permitted.

I met with Joe Mezquita, Chief Engineer, and Glenn Dobbs, Laundry Manger. They showed me the dry cleaning machine. It is a "Multimatic" closed-loop system and has a refrigerated condenser as its emissions control equipment (see pictures). The "dry cleaning vents" pictured in the 3/16/99 report are actually vents for two large clothes dryers (see pictures). Perc odors were not detected in the laundry area, as the machine was not in use.

I proceeded with the Annual Inspection Checklist (attached). The dry cleaning machine was not equipped with a temperature gauge on the outlet side of the refrigerated condenser and record-keeping violations were noted in the Inspection Summary Report (attached). The Responsible Official, Joe Mezquita, submitted an Annual Compliance Certification Form that included corrective actions that will be taken to come into compliance with FDEP Rule 62-213.300, Florida Administrative Code (F.A.C.). I provided a FDEP compliance calendar to Mr. Joe Mezquita and explained how and where to keep the required logs.

I returned to the facility the next day (3/24/99) to take pictures of the closed-loop perc dry cleaning machine and the two clothes dryers that lead to the vents pictured in the original complaint inspection report (3/16/99). Additionally, the halogen leak detector was used to inspect the dry cleaning machine for leaks while in operation. No leaks were detected.

In summary, the perc vapors from the dry cleaning machine at Loews Miami Beach Hotel are not vented to the atmosphere, but are instead recovered by the refrigerated condenser system and condensed back into liquid perc for reuse. Also no leaks of perc vapors or liquid were detected while machine was in operation.

cc: Sonia Rosado, Inspector I, Compliance Section

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
JUL 14 1999  
1:15 pm

AIRS ID#: 0250977 DATE: 3/23/99 TIME IN: 1:05pm TIME OUT: 1:15pm  
 FACILITY NAME: Loews Miami Beach Hotel  
 FACILITY LOCATION: 11001 Collins Ave  
Miami Beach, FL 33139  
 RESPONSIBLE OFFICIAL: Joe Mezquita PHONE: (305)1004-1101  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly total of perc consumption?   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 4. Maintained calibration data? <i>(for applicable direct reading instruments)</i>   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N  N/A

Door gaskets and seating  Y  N  N/A

Filter gaskets and seating  Y  N  N/A

Pumps  Y  N  N/A

Solvent tanks and containers  Y  N  N/A

Water separators  Y  N  N/A

Muck cookers  Y  N  N/A

Stills  Y  N  N/A

Exhaust dampers  Y  N  N/A

Diverter valves  Y  N  N/A

Cartridge filter housings  Y  N  N/A

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Deborah Griner  
Inspector's Name (Please Print)

Deborah Griner  
Inspector's Signature

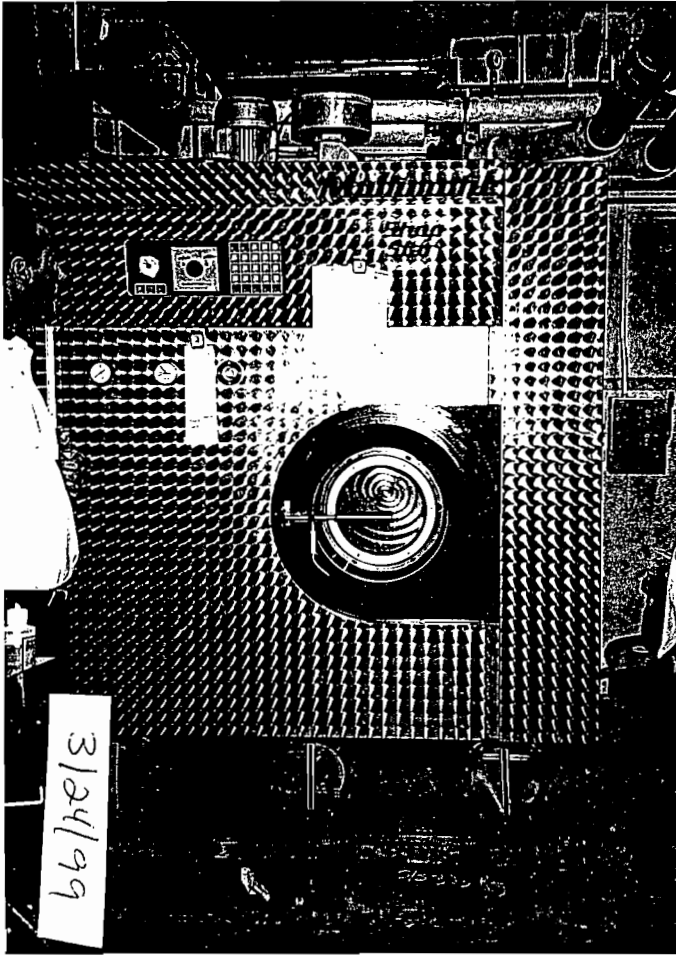
3/23/99  
Date of Inspection

3/2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

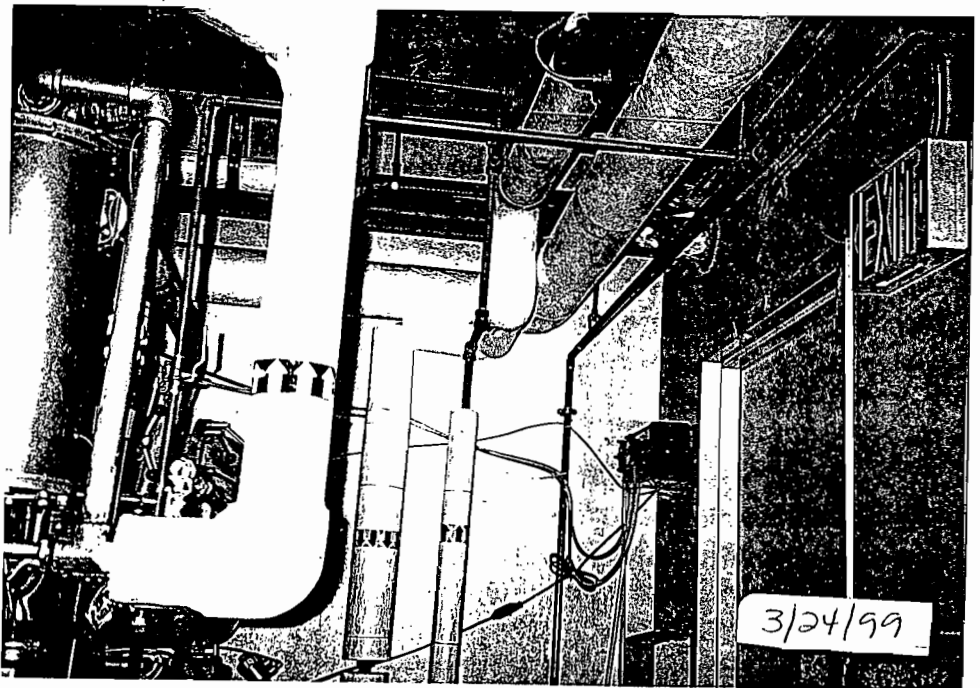
FDEP Compliance Calendar provided  
to R.O. (Joe Mezquita).

MIAMI-DADE COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2ND AVENUE, MIAMI, FLORIDA 33130 (305) 372-6789

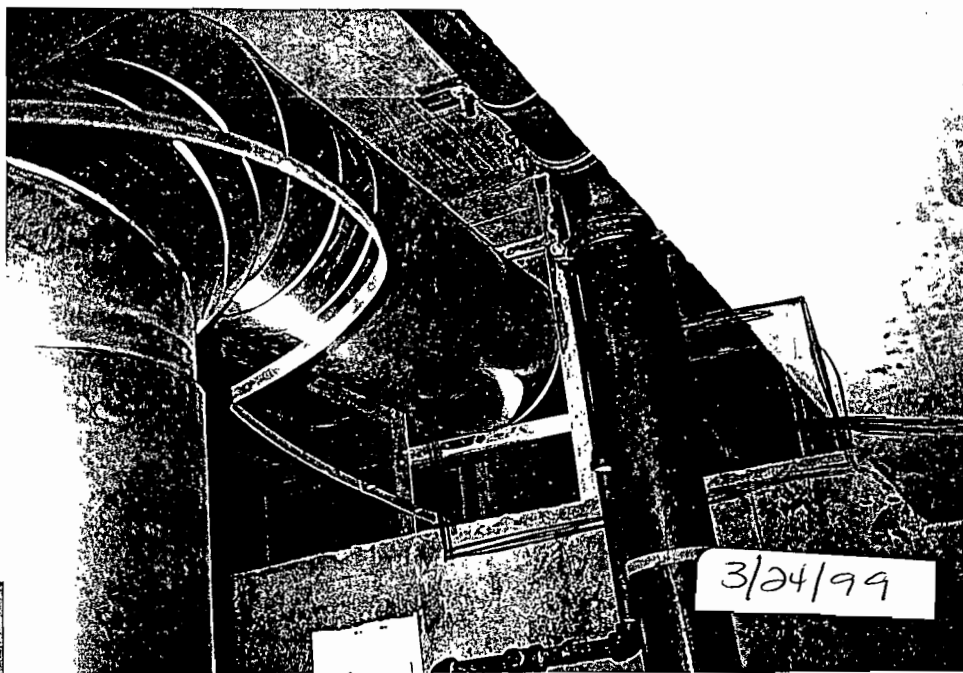


Closed-Loop  
Perc Dry Cleaning  
Machine  
←

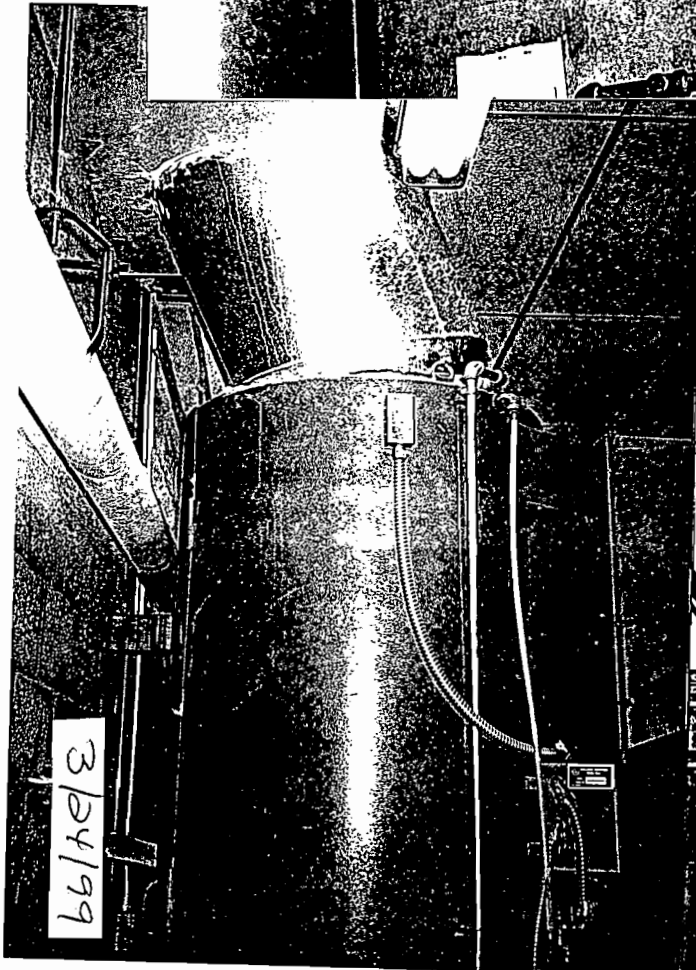
→  
Rear View of  
Machine -  
No pipes  
connecting  
machine to  
wall vents.  
(no wall vents  
exist.)



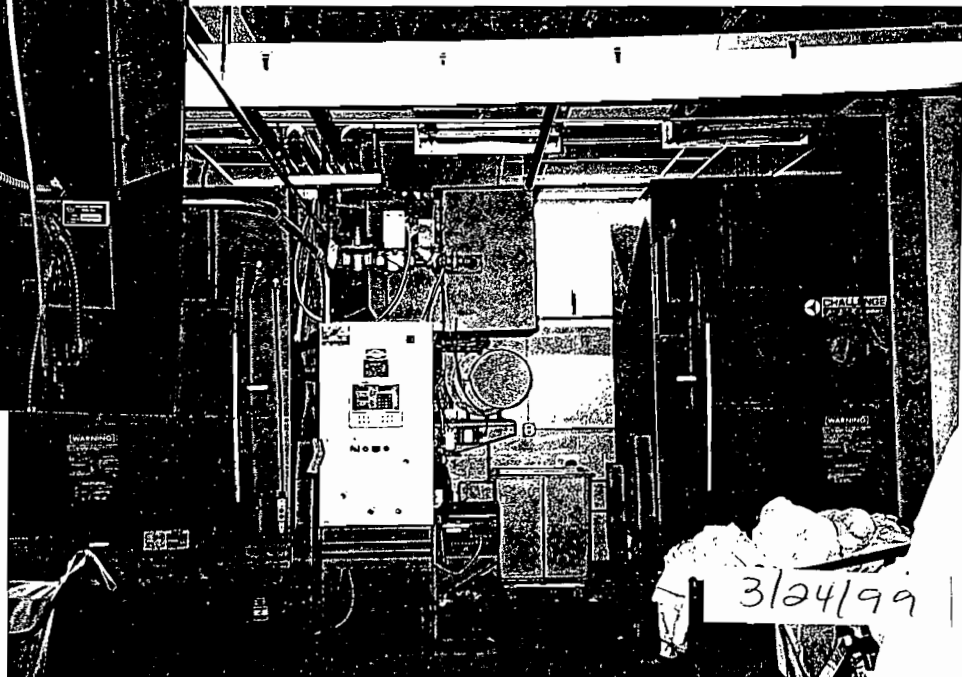
Inspector: Debbie Griner      Air Facilities Section      3/24/99  
Site: Loews Miami Beach Hotel      Address: 11601 Collins Ave.  
File #: 0250977



← Clothes dryer exhaust pipe located in boiler room and leading to exhaust vents located on north wall.



(clothes dryer)  
→ Rear view of exhaust pipe of clothes dryer leading to boiler room.



2 Large Clothes Dryers →

Inspector: Debbie Griner, Air Facilities Section 3/24/99  
Site: Loews Miami Beach Hotel Address: 1601 Collins Ave  
File #: 0250977

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:05pm TIME OUT: 2:15pm AIRS ID#: 0250977  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Loews Miami Beach Hotel DATE: 3/23/99  
 FACILITY LOCATION: 11001 Collins Ave.  
 Miami Beach, FL 33139  
 RESPONSIBLE OFFICIAL: Joe Mezquita PHONE NUMBER: (305) 604-11001

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

RECEIVED  
JUL 19 1999  
FDEP  
Air Monitoring  
& Media Sources

COMPLIANCE REQUIREMENT/PROBLEM

FOLLOW-UP ACTION REQUIRED

① Failed to keep bi-weekly leak detection inspection log.	Begin keeping log in calendar provided.
② Failed to monitor + record temp. of the outlet stream of ref. condenser on weekly basis (not to exceed 45° F).	Begin monitoring + recording temp. in FDEP calendar provided.
③ Failed to keep a 12 month rolling log of perc purchase.	Begin keeping log in FDEP calendar.
④ Machine does not have a temp. gauge to measure the outlet stream of refrigerated condenser	Have a temp. gauge installed within 30 days according to DEP Rule 62-213.300, FAC. Provide DERM with receipt (copy) of installation.

COMMENTS: Machine was not in operation during inspection. Equipment appears to be in good working condition and machine + waste containers were placed in secondary containment.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 3/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-109310

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Loews Miami Beach Hotel DATE: 3/23/99  
 FACILITY LOCATION: 11001 Collins Ave  
Miami Beach, FL 33139

Annual Reporting Period: 11 19 98 TO 3 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
Missing logs for leak inspection, ref. condenser temp., + rolling log of perc purchase.  
 Exact period of non-compliance: from 11/98 to 3/99  
 Action(s) taken to achieve compliance: Begin keeping logs in FDEP calendar  
 Method used to demonstrate compliance: FDEP calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  
No temp. gauge on refrigerated condenser.  
 Exact period of non-compliance: from 11/98 to 3/99  
 Action(s) taken to achieve compliance: Install gauge within 30 days.  
 Method used to demonstrate compliance: Fax receipts to DERM (305)372-6954

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Joe Mezquita [Signature] 3/23/99  
 Name (Please 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.



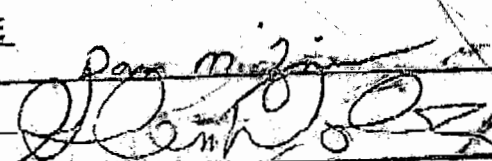
<b>SERVICE SERVICE, INC.</b> Industrial Laundry Service, Sales & Consulting 470 Ansin Blvd. ♦ Suite G Hallandale, FL 33009 (954) 455-9040 Fax: (954) 455-0223	CUSTOMER	TELEPHONE	SERVICE REPORT
	LOEWS HOTEL	305 604-5437	28174
	ADDRESS	33139	P.O. NUMBER
	1601 COLLINS AVE, MIAMI BCH, FL		DATE 4-12-99

MACHINE MAKE	Multimatic Drycleaning Machine	MODEL
SERIAL NO.	ELECTRICAL SPECS	GAS

PARTS AND MATERIAL		
QTY.	DESCRIPTION	PART NO.

**WORK PERFORMED**

Inspected the drycleaning machine and found condenser gauge left of sightglass in front of machine is in fact the correct temperature gauge and in good operating condition machine in proper operation!

DATE	TIME IN	TIME OUT	<b>CUSTOMER NOTE:</b> IN THE EVENT COLLECTION OF CHARGES FOR THESE SERVICES IS ENFORCED BY AN ATTORNEY, CUSTOMER SHALL PAY ALL LEGAL FEES.
SERVICE REPRESENTATIVE			CUSTOMER'S SIGNATURE 

BEST AVAILABLE COPY

APR 14-23 10:10 AM

P. 02

**Multimatic**

# SALES ORDER/ ACKNOWLEDGMENT

CORPORATION

162 VETERANS DRIVE • NORTHVALE, NJ 07647  
(201) 767-9660

INVOICE NO.	
INVOICE DATE	04/23/99
CUST. ID. NO.	131730
SALES ORDER NO.	32979

**BILL TO:**  
LOEWS MIAMI BEACH HOTEL  
1601 COLLINS AVE.

**DELIVER TO:**  
LOEWS MIAMI BEACH HOTEL  
1601 COLLINS AVE.

Page 1

MIAMI BEACH FL 33139

MIAMI BEACH FL 33139

ORDER NO. 400799

EQ40799	40	40	
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ORDER NO. 400799

EQ40799	No		
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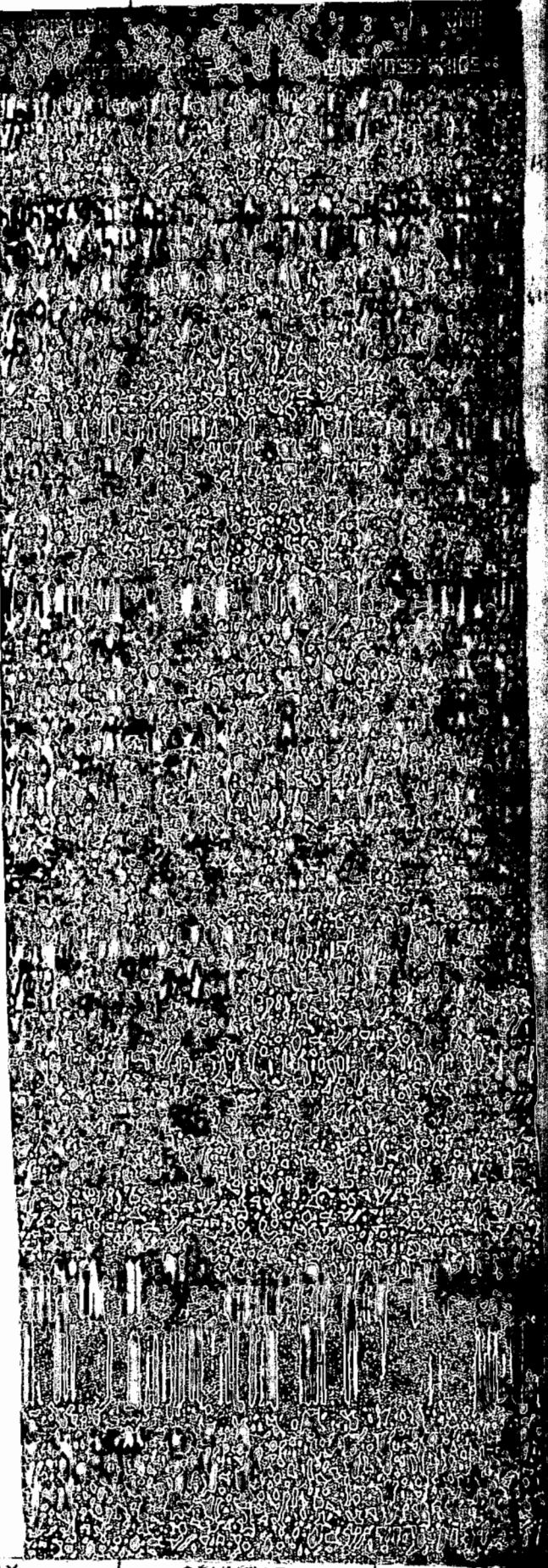
ORDER NO. 400799

0000.0000  
1.0

0001.0000  
1.0

TOTAL

TOTAL



PARTS

NET SALES	INVOICE DISCOUNT	STATE TAX	COUNTY TAX	LOCAL TAX
MISC SALES	INVOICE TOTAL	CASH	DISCOUNT	

Original Complaint Inspection performed  
by DERM's Compliance Section.

**GREASE DISCHARGE  
ANNUAL OPERATING PERMIT**

**PERMITTEE:**

Mr. Eric Nesse  
LOEWS HOTEL MIAMI BEACH  
1601 COLLINS AVE  
MIAMI BEACH, FL 33139

PAGE 1 OF 1

PERMIT No.: GTO-03968-98 (IGT) C4  
SOURCE NAME: LOEWS HOTEL MIAMI BEACH  
LOCATION: 1601 COLLINS AVE  
MIAMI BEACH, FL 33139

Bureau of Air Monitoring  
& Mobile Sources

JUL 14 1999

RECEIVED

**DESCRIPTION OF FACILITY/EQUIPMENT:**

This document, issued under the provisions of Chapter 24, Miami-Dade County Code (Miami-Dade County Pollution Control Ordinance), shall be valid from January 15, 1999 through January 14, 2000. The above named permittee is hereby authorized to operate the pollution control facility at the above location which consists of the following:

Restaurant facility(ies) with 500 seats, one 1600 & one 1200 gallon grease interceptor(s) and appurtenances with effluent discharge to a sanitary sewer.

Subject to specific and general conditions listed below and in the following pages of this document.

**SPECIFIC CONDITIONS:**

- 01 The grease interceptor and/or grease recovery system(s) shall be operated for the interception and separation of grease and oil from domestic liquid waste to the publicly or privately owned sanitary sewer collection system.
- 02 No grease pretreatment system shall cause a sanitary nuisance, or groundwater contamination from leakage or overflows, nor from flowline deficiencies between the building, the grease interceptor(s) and sanitary sewer. No interceptor shall maintain conditions by which infiltration or infow of groundwater and/or stormwater may exist.
- 03 Grease pretreatment systems or devices shall be maintained in efficient operating condition by periodic removal of accumulated wastes for prevention of flowline blockages, and for prevention of effluent discharge standards violations.
- 04 Grease interceptors and/or recovery units shall be accessible at normal operating hours or reasonable times for compliance inspections, cleaning and maintenance. Landscaped-over, sealed or concrete manhole covers shall be opened upon request for inspections and for effluent sampling.
- 05 An accessible sample point shall be provided and maintained on the discharge side of the interceptor(s) and/or recovery unit(s) where no further treatment has been determined to occur.
- 06 The outlet tee of each interceptor shall extend to within eight (8) inches of the bottom the tank.
- 07 Effluent discharge shall not exceed: 100 milligrams per liter as a grab sample, or 50 milligrams per liter as a daily average for Oil and Grease, nor be less than 5.5, nor greater than 9.5 for pH.
- 08 Total content of each interceptor shall be removed by a certified liquid waste transporter and disposed of at an approved waste disposal facility as often as necessary, or at minimum, once during each quarter period the facility is in use. Receipts of disposal shall be kept on file for one year and be made available to DERM upon request. An alternative maintenance schedule shall be submitted in writing to DERM, however, documentation where Oil and Grease concentrations exceed the effluent standard may require removal of total content from each interceptor as often as necessary to meet the effluent discharge standard.

File Number: 000015452

Metropolitan Dade County Department of  
Environmental Resources Management

John W. Renfrow, P.E., Director

- 09 No liquid wastes shall be returned to the interceptor during maintenance except for stirring or mixing. All such waste content shall be removed from the interceptor prior to transportation to an approved waste disposal facility. No liquid waste shall be discharged from the interceptor during this process.
- 10 No organic chemical solvents, chlorine, toxic or hazardous chemicals, or petroleum products known to have been used as decloggers or degreasers shall be introduced into the grease pretreatment system or device.
- 11 Bacteria and enzyme treatments shall not be used as a substitute for adequate maintenance or cleaning.
- 12 Permittees shall notify DERM when grease interceptors and/or recovery units become inactive, non-functional, and/or is repaired. Bypassing a grease interceptor or recovery unit is unlawful.
- 13 No interceptor or recovery unit shall be altered in any way that reduces the grease retention capacity it was designed to operate by.
- 14 Abandoned grease interceptors shall be cleaned and properly abandoned. Prior to abandonment the facility operator shall notify DERM in writing of a timetable for which abandonment shall occur.

GENERAL CONDITIONS:

- 15 The applicant, by acceptance of this document, agrees to operate and maintain the subject operation so as to comply with the requirements and standards of Chapter 24 of the Code of Miami-Dade County.
- 16 If for any reason, the applicant does not comply with or will be unable to comply with any condition or limitation specified on this document the applicant shall immediately notify and provide the department with the following information: (a) a description of and cause of non-compliance; and (b) the period of non-compliance including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps taken to reduce, eliminate, and prevent recurrence of the non-compliance. The applicant shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this document.
- 17 As provided in Section 24-30 of the Code of Miami-Dade County, the prior written approval of the Department of Environmental Resources Management shall be obtained for any alteration to this facility.
- 18 The issuance of this document does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. Nor does it relieve the applicant from liability for harm or injury to human health or welfare or property.
- 19 This document is required to be posted in a conspicuous location at the facility site during the entire period of operation.
- 20 This document is not transferable. Upon sale or legal transfer of the property or facility covered by this document, the applicant shall notify the department within thirty(30) days. The new owner must apply for a permit within thirty (30) days. The applicant shall be liable for any non-compliance of the source until the transferee applies for and receives a transfer of this document.
- 21 The applicant, by acceptance of this document, specifically agrees to allow access to the named source at reasonable times by department personnel presenting credentials for the purposes of inspection and testing to determine compliance with this document and department rules.
- 22 This document does not indicate a waiver of or approval of any other department permit that may be required for other aspects of this facility.
- 23 This document does not constitute an approval by DERM or certification that the applicant is in compliance with applicable laws, ordinances, rules or regulations. The applicant acknowledges that separate enforcement actions may be initiated by DERM and that this document does not constitute compliance with orders issued in conjunction with enforcement actions for correction of violations.
- 24 Failure to comply with any condition of this document, or the standards as set forth in Chapter 24, Code of Miami-Dade County may subject the applicant to the penalty provisions of said Chapter including civil penalties up to \$25,000 per day per offense and/or criminal penalties of \$500 per day and/or sixty (60) days in jail.

**STORAGE TANKS  
ANNUAL OPERATING PERMIT**

**PERMITTEE:**

Mr. Bruce D. Henderson  
CITY OF MIAMI BEACH  
1700 CONVENTION CENTER DR  
MIAMI BEACH, FL 33139

PAGE 1 OF 1

PERMIT No.: UT-05394-98 03  
SOURCE NAME: LOEWS HOTEL MIAMI BEACH  
LOCATION: 1601 COLLINS AVE  
MIAMI BEACH, FL 33139

**DESCRIPTION OF FACILITY/EQUIPMENT:**

This document, issued under the provisions of Chapter 24, Miami-Dade County (Dade County Environmental Protection Ordinance), shall be valid from February 24, 1999 through February 24, 2000. The above named permittee, is hereby authorized to operate 1 underground storage facility(ies) at the above location.

Subject to specific and general conditions listed below and in the following pages of this document (if any).

**SPECIFIC CONDITIONS:**

- 01 Notify this Department within four (4) hours after discharge/detection of hazardous material(s), regardless of quantity, into the environment outside of the permitted facility.
- 02 Maintain daily inventory of hazardous material stored and transmitted.
- 03 The underground storage facilities specially authorized by this permit are tank(s) numbered: 1.
- 04 A matrix consisting of 6 monitoring wells installed as approved by the Department of Environmental Resources Management shall be maintained in an operative condition. Said wells shall be accessible for inspection, by this Department during normal operating hours, which may include obtaining a groundwater sample(s).
- 05 Each monitoring well shall be visually tested for hazardous material at least once per week. Test results must be recorded, maintained on site and be made available to this Department upon request.
- 06 Monitoring well(s) must be equipped with a locking watertight cap marked in accordance with API RP 1615 and be kept locked at all times except when being sampled.
- 07 A secondary containment system installed as approved by the Department of Environmental Resources Management shall be maintained in a functional condition.
- 08 All plans submitted to this Department shall be signed and sealed by a professional engineer registered in the state of Florida, including plans for the installation, modification, repair, expansion or replacement of an underground storage facility(ies) or to comply with any of the requirements of Chapter 24, Code of Miami-Dade County, Florida. Said plans shall be submitted to this Department for written approval prior to initiating any of the work described therein.
- 09 A hydrostatic test must be performed for any underground storage facility which has been installed, modified, repaired, expanded or replaced prior to placing the underground storage facility back in operation.

File Number: 000015452

Metropolitan Dade County Department of  
Environmental Resources Management

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John W. Renfrow, P.E., Director

GENERAL CONDITIONS:

- 10 The applicant, by acceptance of this document, agrees to operate and maintain the subject operation so as to comply with the requirements and standards of Chapter 24 of the Code of Miami-Dade County.
- 11 If for any reason, the applicant does not comply with or will be unable to comply with any condition or limitation specified on this document the applicant shall immediately notify and provide the department with the following information: (a) a description of and cause of non-compliance; and (b) the period of non-compliance including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps taken to reduce, eliminate, and prevent recurrence of the non-compliance. The applicant shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this document.
- 12 As provided in Section 24-30 of the Code of Miami-Dade County, the prior written approval of the Department of Environmental Resources Management shall be obtained for any alteration to this facility.
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- 19 Failure to comply with any condition of this document, or the standards as set forth in Chapter 24, Code of Miami-Dade County may subject the applicant to the penalty provisions of said Chapter including civil penalties up to \$25,000 per day per offense and/or criminal penalties of \$500 per day and/or sixty (60) days in jail.

**INDUSTRIAL WASTE 5  
ANNUAL OPERATING PERMIT**

PERMITTEE:

Mr. Eric Nesse  
LOEWS HOTEL MIAMI BEACH  
1601 COLLINS AVE  
MIAMI BEACH, FL 33139

PAGE 1 OF 1

PERMIT No.: IW5-12199-98 DCSO 03  
SOURCE NAME: LOEWS HOTEL MIAMI BEACH  
LOCATION: 1601 COLLINS AVE  
MIAMI BEACH, FL 33139

DESCRIPTION OF FACILITY/EQUIPMENT:

This document, issued under the provisions of Chapter 24, Miami-Dade County (Dade County Environmental Protection Ordinance), shall be valid from May 01, 1999 through April 30, 2000. The above named permittee, is hereby authorized to operate the pollution control facility at the above location which consists of the following:

Dry cleaning facility using Perchloroethylene, Valclene or other cleaning solvents; served by sanitary sewer.

Subject to specific and general conditions listed below and in the following pages of this document (if any).

SPECIFIC CONDITIONS:

- 01 All wastes from facility operation shall be stored or disposed of in compliance with county, state and federal regulations.
- 02 Facility shall have the ability to contain and collect any spill and properly dispose of contaminated materials. Accidental spills must be reported to this department within 24 hours at (305)372-6789.
- 03 Receipts from all industrial waste and/or wastewater disposal must be maintained at the business and be available for inspection by DERM personnel. Receipts shall contain clear information as to the name of the hauler, type of material transported, and quantity of material picked up. Records shall be kept for a period of three years.
- 04 Hazardous wastes when allowed shall not be stored longer than ninety (90) days, for generators, or one hundred eighty (180) days for small quantity generators, containers must be clearly labelled, and must have the date of the first day of storage marked on the outside of the container.
- 05 Receipts from all hazardous waste disposal (manifests), with data on volume, name of hauler and final destination, shall be maintained on file in order at the facility and be made available to this Department's representatives upon request. Records shall be kept for a period of three years.
- 06 All above ground tanks and storage areas for hazardous materials and hazardous waste must have secondary containment. Design and construction must have departmental approval.
- 07 Solvent recovery "still bottoms" are hazardous wastes and must be treated as such.
- 08 If at any time pollution control facilities or procedures are found to be performing inadequately, the owner must provide immediate improvements to the operating techniques and/or additional equipment in order to operate in compliance with applicable regulations. Additionally, any significant changes in facility operations, processes or inventory of materials must be reported to this office in writing within 10 days.
- 09 Industrial liquid waste discharges must meet Dade County Standards.

File Number: 000015452

Metropolitan Dade County Department of  
Environmental Resources Management

\_\_\_\_\_  
John W. Renfrow, P.E., Director



GENERAL CONDITIONS:

- 10 The applicant, by acceptance of this document, agrees to operate and maintain the subject operation so as to comply with the requirements and standards of Chapter 24 of the Code of Miami-Dade County.
- 11 If for any reason, the applicant does not comply with or will be unable to comply with any condition or limitation specified on this document the applicant shall immediately notify and provide the department with the following information: (a) a description of and cause of non-compliance; and (b) the period of non-compliance including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps taken to reduce, eliminate, and prevent recurrence of the non-compliance. The applicant shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this document.
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- 19 Failure to comply with any condition of this document, or the standards as set forth in Chapter 24, Code of Miami-Dade County may subject the applicant to the penalty provisions of said Chapter including civil penalties up to \$25,000 per day per offense and/or criminal penalties of \$500 per day and/or sixty (60) days in jail.



**NOTICE OF VIOLATION**

ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2nd AVENUE  
MIAMI, FLORIDA 33130-1540  
(305) 372-6789

TO: Joe Mezquita clo Wrens Miami Beach Hotel  
ADDRESS: 1601 Collins Ave City: M.B. 33139  
SOURCE/LOCATION: Same as Above

YOU ARE HEREBY NOTIFIED that on 3-16-99 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: No Permit on Site

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within \_\_\_\_\_ days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or service performed to correct the violation.
- Within 10 days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within \_\_\_\_\_ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,

John W. Renfrow, P.E.  
Director

Received by: [Signature]  
Title: Supervisor of ERG  
Date: 3/16/99

By: SONIA ROSADO  
Signature: [Signature]  
Section: Compliance



ENVIRONMENTAL RESOURCES MANAGEMENT  
33 S.W. 2nd AVENUE  
MIAMI, FLORIDA 33130-1540  
(305) 372-6789

**POLLUTION PREVENTION  
FIELD NOTICE**

Bruce Florence c/o Bovis  
420 Lincoln Rd # 226  
Miami Beach, Fl. 33139

DATE: 3/16/99

RE: Loews Hotel

Dear Mr. Florence:

As the owner or operator of the above-referenced facility, this **NOTICE** is to advise you that an inspection of the subject facility on \_\_\_\_\_ found the following condition(s) which require(s) your immediate attention:

Cease & Desist work on 3rd Floor Terrace  
(water proofing) until City Permit is obtained.  
Cease & Desist work in the Cupola until Permit  
is obtained

Please note that in order to avoid further enforcement action, you are required to submit in writing to the Compliance Section, within 24 hrs days of receipt of this **NOTICE**, information regarding the action(s) undertaken to correct the above-stated condition(s). Be advised that failure to comply with any of the aforementioned requirement(s) and/or to correct these condition(s) may result in the Department issuing a Uniform Civil Violation Notice which carries a mandatory civil penalty **and** a requirement to correct the violation.

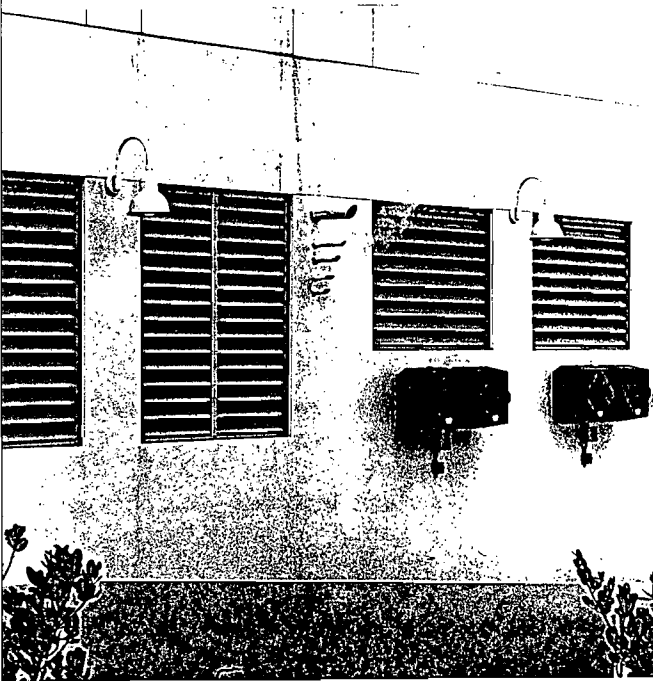
IF THE FACILITY REQUIRES A DERM OPERATING PERMIT AND ADDITIONAL INSPECTIONS MUST BE CONDUCTED DUE TO CONTINUING CODE VIOLATIONS BEYOND THE TIME FRAME ALLOTTED, THE ABOVE-REFERENCED FACILITY MAY BE REQUIRED TO PAY AN ADDITIONAL FEE AT THE TIME OF PERMIT RENEWAL.

If you have any questions, please contact the Compliance Section at (305) 372-6955.

Bruce Florence  
Received By  
Bruce K Florence Jr  
(Please Print)  
Environmental  
TITLE

Sonia Rosado  
Pollution Control Inspector  
Sonia Rosado  
(Print)

Boiler Steam  
North Side of  
Loews Hotel



Dry Cleaning Vents



3 16 '99

Envir  
Mans  
33 S  
MIA  
(305)

View of North  
Wall From  
Complainants Apt.

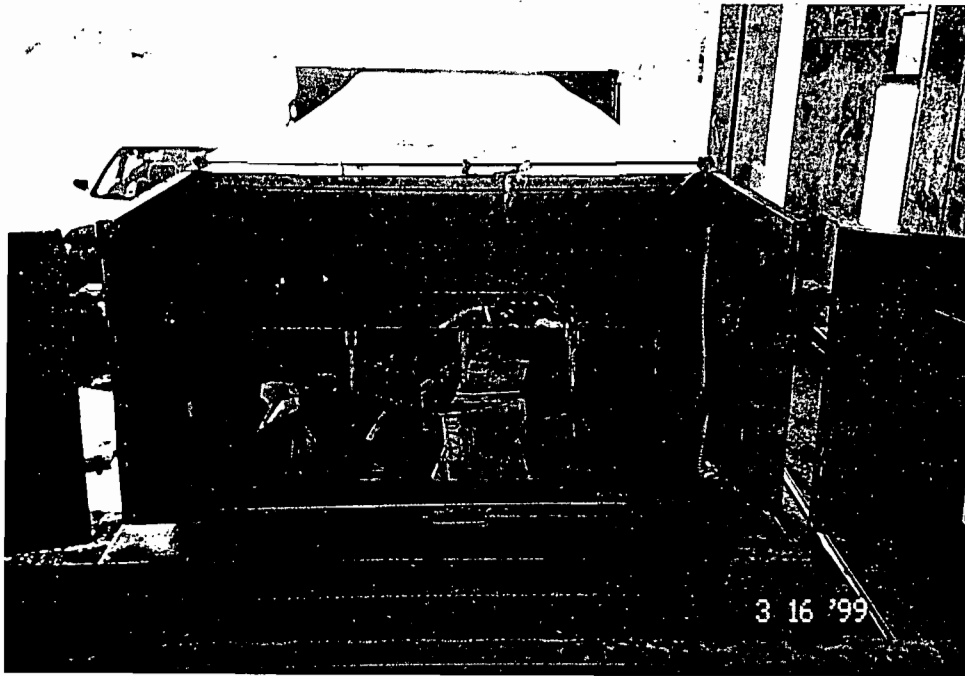
Inspector: Sonia Rosado

Section: Com

Date: 3/16/99  
JTC

Site Name: Loews Hotel

Address: 1601 Collins Ave



Dumpster  
on North  
side of  
Loews  
Hotel



Broken  
Dumpster  
Cover

DERM  
MIAMI-DADE COUNTY, FLORIDA

Environmental Resources  
Management  
33 S.W. 2nd Avenue  
MIAMI, FLORIDA 33130-1540  
(305) 372-6789

Inspector: Sonia Rosadi

Section: Com

Date: 3-16-99

Site Name: Loews Hotel

Address: 1601 Collins Ave

Metropolitan Dade County, Florida  
Department of Environmental Resources Management

Inspection Results Report

Schedule ID **SING-LE** - - Inspection ID **1999-0316-0918-0937**  
Source **COM** Source ID **1999-0316-0917-1701**  
Inspection Description  
**Strong odors coming from vents in dry cleaners in the hotel.**  
Address Description **1601 COLLINS AVE**  
Date Requested **03/16/1999** Assigned To **ROSADS** Date Assigned **03/16/1999**  
Inspection Date **03/16/1999** And Time **10:30AM** Type **REGULAR** Reason Code **RCUS**  
Outcome Code **GOOD** Made By: Inspector **ROSADS** Work Group **COM**  
At the time of the inspection, was the inspector on call? **N** [Yes, No]

Field Information \*\*\*\*\*

Person Contacted **Joe Mezquita**  
Title **Director of Engineer** Phone (  **)604-5438**  
**ing**

Photos Taken	<b>Y</b> [Y/N]	Water	[Public/Well]	Soakage Pits	<b>0</b> [#]
OW Separator	[Y/N]	Septic Tank	[Y/N]	Storm Drains	<b>0</b> [#]
VE Readings	[Y/N]	Sewer	[Y/N/Available]	Floor Drains	<b>0</b> [#]
Stack Test	[Y/N]	Samples Taken	<b>N</b> [Y/N]	Monitoring Wells	<b>0</b> [#]
French Drains	[Y/N]	Vent Pipes	<b>0</b> [#]	Vent Pipe Type	

External Links \*\*\*\*\*

Permit ID - - - Facility ID - - -  
Location ID **1994-0816-1707-3700**  
Location ID Description **Loews Miami Beach Hotel**

Financial \*\*\*\*\*

Fee Code **NC** Amount **0.00** Account Number - - -  
Cost Center Number **983304** Hours Worked **3.00**

Results \*\*\*\*\*

On the above date and time, I responded to this odor complaint.  
-  
Prior to departing to the site, this Inspector called City of Miami Beach Permits Dept. to get information on open work permits.  
-  
Following are the Open Permits:  
Electrical 1/12/99 - 7/11/99  
Plumbing 9/17/98 - 3/16/99  
Plumbing (Pending)  
Closed Permits:  
Building Permit 8/4/98 - 2/2/99  
-  
Met with Mr. Mezquita and explained the reason for this visit. He escorted me to the hotel's laundry facilities  
-  
There is one 35 # capacity dry cleaning machine on site. The machine was in operation during this inspection. Perk odors were not detected within the laundry by this Inspector. Laundry detergent odors were present in the regular laundry section. None of the odors were foul.  
-  
According to Glenn Dobos, Laundry Manager, they do

*Handwritten signature*  
3/17  
12:30pm

Metropolitan Dade County, Florida  
Department of Environmental Resources Management

**Inspection Results Report**

aprox. 3 - 4 loads of dry cleaning each day. Dry clean-operations, according to Mr. Dobos, run from mondays to fridays.

-  
Mr. Dobos stated that in house dry cleaning services are provided to hotel guest and that the hotel's dry cleaning, like staff uniforms, is sent out.

-  
Safety Kleen has been contracted by the hotel for dry cleaning waste disposal. No waste receipts available as the dry cleaning filters haven't been changed since the dry cleaning operations began (1/15/99).

-  
Neither Mr. Dobos or Mr. Mezquita were able to produce an Air Permit. An Air NOV was issued.

-  
While on site, this Inspector called Marcelo Barros at DERM's Air Section. He stated that there is an Air Permit for the Loews and provided the State Permit #, 250977. The Air Permit was issued by the State on 1/7/99.

-  
According to Mr. Mezquita, there are four dry cleaning vents. Those exhaust vents are located on the north side of the hotel. Perk odors were not detectable in the area of those vents during this Inspection.

-  
Boiler steam was being emitted from two of four exhaust pipes which are located next to the above mentioned exhaust vents (see photos).

-  
There's one large garbage dumpster located on the same north side of the hotel. There was a slight garbage odor present. The dumpster lid was missing. According to Mr. Mezquita, the lid broke off on friday and was reported to the dumpster company. A replacement lid has been ordered and should arrive within the week.

-  
On the third floor terrace, south side of hotel, prep work was underway for water proofing of the terrace. Yesterday, on the roof, in the cupala, the same type of work had been done. There were no strong odors present in either of these locations.

-  
No one had a Building Permit for the work being done. A P2FN Cease & Desits Notice was issued to Bovis Const.

-  
The above was reported to M. B. Code Enforcement.

-  
At the end of this Inspection, I met with the complainant. We stood on her terrace which is the area where she claims the odors from the dry cleaning vents are detectable.

-  
Her building is next to and south of the Loews. Her

Metropolitan Dade County, Florida  
Department of Environmental Resources Management

**Inspection Results Report**

apartment is on the second floor and faces the north side of the Hotel, closer to the hotels NW corner.

-

She stated that toxic odors are coming from the area of the four dry cleaning facility vents.

-

No odors detected by this Inspector or the complainant during this Inspection.

-

On 3/17/99, this Inspector spoke with Mr. Barros at the Air Section. He stated that the facility is due for an Inspection within the next four months but will push the Inspection up and schedule it for sometime next week.

-

This case will be forwarded to Marcelo Barros.



'03/17/1999

\* \* \* PUBLIC VALUE INQUIRY \* \* \*

PTXM0186

FOLIO 02 3234 019 0900 PROP ADDR 1601 COLLINS AVE

MCD 0200

NAME AND LEGAL	YEAR	VALUE HISTORY	
CITY OF MIAMI BEACH	1997	1998	01/01/1999
MIAMI BEACH REDEV AGENCY	LAND		
1700 CONVENTION CENTER DR	BLDG		
MIAMI BEACH FL	MARKET		

331391819

ALTON BEACH 1ST SUB PB 2-77	ASSESS	4057200
LOTS 1 & 18 & S29.4FT OF LOTS 2	HEX	
& 17 & TR E SAME EXT TO HWM OF	WVD	
OCEAN BLK 55	TOT EX	
LOT SIZE 100.800 X 575	TAXABLE	4057200
OR 16216-0963 0194 3		
N/A/U 02-3234-099-		

-----

STATE EXEMPT: MUNICIPAL  
SALE DATE 02/1990 SALE AMT 5600000  
SALE TYPE 2 I/V I SALE O/R 14429-0247  
PF13-OCCUP LIC

PF1-MORE LEGAL PF2-PARCEL INFO PF3-FOL SRCH PF5-TAX COLL PF7-PREV OWNER PF8-MENU  
DC999999 FOLIO IS IN CANCELLED STATUS FOR THE 1999 TAX ROLL

Metropolitan Dade County, Florida  
Department of Environmental Resources Management

**Complaint Form**



Complaint Id: 1999-0316-0917-1701 Date Received: 03/16/1999 Time: 09:11 AM  
Priority: 3 [1 = Low, 9 = High] Taken By: SHINABERY\_T  
Status: O [O = Open, C = Closed, R = Referred] Status Date: 03/16/1999  
Referral Flag: I  
Referral Institution:  
Complaint Type(s): AIR

**Complainant Information \*\*\*\*\***

Name: SYLVIE JACOBS Phone: ( )532-2871  
Address: 1621 COLLINS AVE # 206  
City/State/Zip: , -  
Call Back? Y Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Source Information \*\*\*\*\***

Name: LOEWS MIAMI BEACH HOTEL Phone: ( )604-1601  
Address: 1601 COLLINS AVE  
City: \_\_\_\_\_ Township: 53 Range: 42 Section: 34 Area: 3

**Work Groups Notified \*\*\*\*\***

Work Group(s) Notified: COM

**Complaint Description \*\*\*\*\***

Strong odors coming from vents in dry cleaners in the hotel.  
Please call complainant before you go out.  
Hotel is having a lot of building problems.



PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
MAR 13 2000  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
RE-INSPECTION

AIRS ID#: 0250977 DATE: 2/16/00 TIME IN: 2:15 TIME OUT: 2:50  
 FACILITY NAME: Luxus Miami Beach Hotel  
 FACILITY LOCATION: 1601 Collins Ave.  
Miami Beach, FL  
 RESPONSIBLE OFFICIAL: Joe Mezquita PHONE: 305 604-1601  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**  
 (check appropriate box)  
 1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**  
 Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 110 gallons.

APMS  
2/22/00  
3/1/00

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                                       |                                       |   |
|---|---------------------------------------|---------------------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

- |  |                                       |                                       |   |
|--|---------------------------------------|---------------------------------------|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |   |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> N/A            |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            | <input type="checkbox"/> N/A            |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N            |   |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y            | <input type="checkbox"/> N            | <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y            | <input checked="" type="checkbox"/> N |   |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Ivan Farris  
Inspector's Name (Please Print)

2/16/00  
Date of Inspection

Ivan Farris  
Inspector's Signature

2/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Good Housekeeping / Recordkeeping

- Need to read temp. during appropriate cooldown
- Need to drain filters for 24 hrs.



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:15 TIME OUT: 2:50 AIRS ID#: 0250977  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Loess Miami Beach Hotel DATE: 2/16/00  
 FACILITY LOCATION: 1601 Collins Ave  
Miami, FL  
 RESPONSIBLE OFFICIAL: Joe Mezquita PHONE NUMBER: 305-604-1601

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Not monitor temperature after appropriate cooldown period.</i>	<i>Record temperature during cooldown period</i>
<i>Not allowing cartridge filter to drain for 24 hour period.</i>	<i>Drain filter for 24 hour minimum</i>

COMMENTS: *Good Housekeeping*  
*Satisfactory Recordkeeping*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 2/16/00  
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin  
(Please Print)

INSPECTOR'S SIGNATURE: Ivan Fannin PHONE NUMBER: 305-370-6925

AIRS ID#: 0250977

RECEIVED *Acc*

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Management Division

RECEIVED

FACILITY NAME: Loews Miami Beach Hotel FEB 2 2000

FACILITY LOCATION: 1601 Collins Ave. Miami Beach, FL

Air Quality Management Division

Annual Reporting Period: Feb 19 99 TO Feb 19 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Not recording temperature during appropriate cooldown period.  
Exact period of non-compliance: from Feb 99 to Feb 00

Action(s) taken to achieve compliance: Record during cooldown

Method used to demonstrate compliance: FDEP calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Not draining filters for required 24 hour minimum  
Exact period of non-compliance: from Feb 99 to Feb 00

Action(s) taken to achieve compliance: Drain filters for 24 hrs.

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: [Signature] BEP. MEZQUITA 2/18/00  
Name (Please Print) Signature Date  
Director of ENGINEER

\*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.

Change of  
R.O.  
# 0250977

RECEIVED

AUG 11 2003

RECEIVED

AUG 04 2003

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

Air Quality  
Management Division

file

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

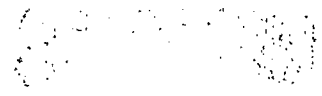
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	LOEWS MIAMI BEACH HOTEL
2. Site Name (For example, plant name or number):	Chrysin ARMS
3. Hazardous Waste Generator Identification Number:	0250977- 001
4. Facility Location: Street Address: 1601 COLLINS AVE City: MIAMI BEACH County: MIAMI DADE Zip Code: 33139	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0

Responsible Official

6. Name and Title of Responsible Official: Name: DAVID BURNS Title: LAUNDRY MANAGER	0250977
7. Responsible Official Mailing Address: Organization/Firm: LOEWS MIAMI BEACH HOTEL Street Address: 1601 COLLINS AVENUE City: MIAMI BEACH County: Zip Code: 33139	
8. Responsible Official Telephone Number: Telephone: (305) 604 5437 Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	ROBERT SCHNEIDER DRY CLEANING/VALET MANAGER
10. Facility Contact Address: Street Address: LOEWS MIAMI BEACH HOTEL 1601 COLLINS AVE City: MIAMI BEACH County: Zip Code: 33139	
11. Facility Contact Telephone Number: Telephone: (305) 604-1601 EXT 3104 Fax: ( ) -	



**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [ 2 ]

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>9/98</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	_____
<u>9/98</u>	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> 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?**

[ 214.5 ] 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><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" 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.

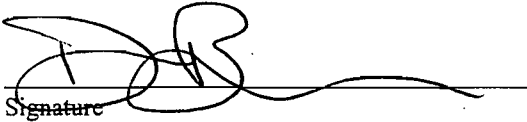
**Responsible Official Certification**

*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.*

DAVID BUENS

Print name of responsible official



Signature

7/18/03

Date

Permit  
Surrender  
#  
0251123

RECEIVED

AUG 01 2003

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality  
Management Division

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):	CLASSIC DRY CLEANERS AMERICA INC.		
2. Site Name (For example, plant name or number):	SAME ON CLEANERS		
3. Hazardous Waste Generator Identification Number:	Facility uses a petroleum solvent		
4. Facility Location:	2976 AVENTURA BLVD	City: AVENTURA	County: FL
Street Address:			Zip Code: 33180
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

Responsible Official

6. Name and Title of Responsible Official:	Name: JOSEPH MILHEM E			Title: MANAGER
7. Responsible Official Mailing Address:	Organization/Firm: SAME AS ABOVE			Street Address:
City:	County:	Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (305) 932-5326			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")
_____	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

**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".)

- |  |   |
|--|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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)

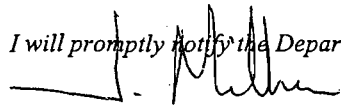
Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are # 0251123.
- 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.*



Print name of responsible official

JOSEPH MILHEM

Signature

8-1-03

Date

file SB  
8/12/2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446281 FEB14 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 250977 1stC LOEWS MIAMI BEACH HOTEL 1601 Collins Ave MIAMI BEACH, FL 33139
--

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273
--

RECEIVED  
 FEB 16 2005  
 Bureau of Air Monitoring  
 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434314 DEC15 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

250977 DAVID BURNS LOEWS MIAMI BEACH HOTEL 1601 COLLINS AVE MIAMI BEACH FL 33139
--

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

RECEIVED  
 DEC 15 2003  
 Bureau of Air Monitoring  
 & Mobile Sources

DATE

12/18/2002

CHECK NUMBER

0000052162

INVOICE NUMBER	INVOICE DATE	VOUCHER NUMBER	VOUCHER DUE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
121602 0250977	12/16/2002	VCH0000056904	12/16/2002	\$ 50.00		\$ 50.00
PRINT BATCH NUMBER	VENDOR CODE	PAY TO NAME		GROSS TOTAL	DISCOUNT TOTAL	NET TOTAL
563	0000003481	DEPT OF ENVIRONMENTAL PROTECTIO				\$ 50.00



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#0250977  
LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL  
33139

421070 DEC24 2002  
RECEIVED  
JAN 02 2003  
Bureau of Air & Mobile Services  
FOR GOVERNMENT USE ONLY  
Orig: 37550104001 EO: 41  
Fund: 200-035001  
Obj.: 002200





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400664

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

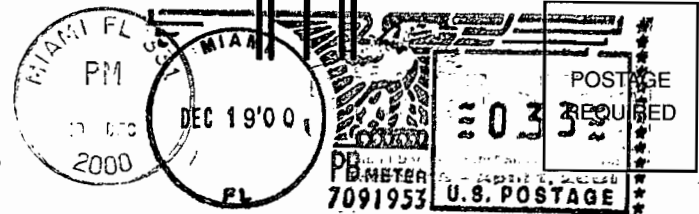
AIRS ID # 0250977 LOEWS MIAMI BEACH HOTEL ERIC NESSE 1601 COLLINS AVE MIAMI BEACH FL 33139
--

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

RECEIVED  
MAIL ROOM  
DEC 21 00

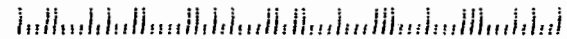
LOEWS MIAMI BEACH HOTEL				030983		
3037 DEPARTMENT OF ENVIROMENTAL PROTECTION						
INV. DESCRIPTION	PO NO.	INV. NO.	DATE	GROSS AMT.	DISCOUNT	NET AMOUNT
AIRS ID#0250977	0250977		12/04/00	50.00		50.00
CHECK# - 30983	DATE-12/13/00			50.00		50.00

Loews Miami Beach Hotel  
1601 Collins ave.  
Miami Beach, FL 33139



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

32315+3070



DATE	01/02/2002	CHECK NUMBER	0000042263
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INVOICE NUMBER	INVOICE DATE	VOUCHER NUMBER	VOUCHER DUE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
0250977	12/27/2001	VCH0000028274	12/27/2001	\$ 50.00		\$ 50.00
PRINT BATCH NUMBER	VENDOR CODE	PAY TO NAME		GROSS TOTAL	DISCOUNT TOTAL	NET TOTAL
327	0000001800	DERM ENVIROMENTAL RES				\$ 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412788 JAN 9 2002 ✓

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 # 0250977  
LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL  
33139

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

DATE 12/14/2005 CHECK NUMBER 0000082333

INVOICE NUMBER	INVOICE DATE	VOUCHER NUMBER	VOUCHER DUE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
121205	12/12/2005	VCH0000152121	12/12/2005	\$ 50.00	457040 DEC 19 2005	\$ 50.00
				<p>AIRS TD  <del>01/21/2005</del>            0250977</p> <p>3755            002273            PTF</p>		
PRINT BATCH NUMBER	VENDOR CODE	PAY TO NAME	GROSS TOTAL	DISCOUNT TOTAL	NET TOTAL	
1538	0000003481	DEPT OF ENVIROMENTAL PROTECTIO			\$ 50.00	

A TRUE WATERMARK IS VISIBLE IN THIS PAPER. HOLD UP TO A LIGHT SOURCE TO VIEW. THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE SECURITY PAPER



M.B. Redevelopment, Inc.  
 Loews Miami Beach Hotel  
 1601 Collins Avenue  
 Miami Beach, FL 33139

Union Planters Bank  
 1221 Brickell Avenue  
 Miami, FL 33131

63-841/670

#0250977

DATE 12/14/2005 CHECK NUMBER 0000082333

PAY Fifty and 00/100 Dollars Only\*\*\*\*\*

TO THE ORDER OF DEPT OF ENVIROMENTAL PROTECTION  
 TITLE V AIR GENERAL PERMITS RECEIPTS  
 P.O BOX 3070  
 TALLAHASSEE, FL 32315-3070

AMOUNT \$ 50.00

*A. Toranzo*

VOID AFTER 90 DAYS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393418

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 # 0250977  
 LOEWS MIAMI BEACH HOTEL  
 ERIC NESSE  
 1601 COLLINS AVE  
 MIAMI BEACH FL 33139

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2000

RECEIVED

RECEIVED  
MAIL ROOM  
MAR 10 98

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: 88  
Fund: 20-2-035001  
Obj.: 002273

LOEWS MIAMI BEACH HOTEL

021858

INV. DESCRIPTION	PO NO.	INV. NO.	DATE	GROSS AMT.	DISCOUNT	NET AMOUNT
PERMIT #0250977		0250977	02/07/00			50.00

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Total P. AIRS ID# 250977 1stC  
 LOEWS MIAMI BEACH HOTEL

*Sent To*  
 1601 Collins Ave

*Street, A  
 or PO Bo*  
 MIAMI BEACH, FL 33139

*City, State*

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 4117

**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# 250977 1stC  
 LOEWS MIAMI BEACH HOTEL  
 1601 Collins Ave  
 MIAMI BEACH, FL 33139

2. Article Number

*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten 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

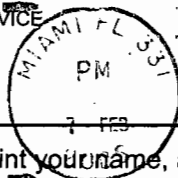
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

Restricted Delivery? (*Extra Fee*)

- Yes

7004 2510 0002 3939 4117

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Monitor  
Mobile Sources

FEB 16 2005

RECEIVED



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

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

Received  
Oct 03  
Maeof

Total Postage: TO 0250977001AG

Sent To: LOEWS MIAMI BEACH HOTEL  
 DAVID BURNS  
 1601 COLLINS AVE  
 MIAMI BEACH, FL 33139

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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:

TO 0250977001AG  
 LOEWS MIAMI BEACH HOTEL  
 DAVID BURNS  
 1601 COLLINS AVE  
 MIAMI BEACH, FL 33139

2. Article  
(Trans)

7003 0500 0004 0144 3889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *JD*  Agent  
 Addressee

B. Received by (Printed Name) *Joey B* 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

UNITED STATES POSTAL SERVICE

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



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

RECEIVED  
SEP 12 2003

DEPT. OF ENVIRONMENTAL PROTECTION  
& MOBILE SOURCES



Z 333 667 147

US Postal Service  
**Receipt for Certified Mail** 2000  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

SENT TO  
AIRS ID # 0250977  
LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL 33139

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

SE

Fold at line over top of envelope to return address

DELETE 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.

1. Article Addressed to:

AIRS ID # 0250977  
LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL 33139

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

C. Signature  
X   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)

2333667147

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 661 877

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

2000

AIRS ID # 0250977

LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL 33139

PS Form 3800, April 1995

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER: COMPLETE**

Fold at line over top of envelope to

**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.

1. Article Addressed to:

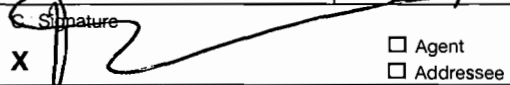
AIRS ID # 0250977  
LOEWS MIAMI BEACH HOTEL  
ERIC NESSE  
1601 COLLINS AVE  
MIAMI BEACH FL 33139

Z 210 661 877

2. Article Number (Copy from service label)

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

02/28/00

Signature  
X   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