



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 15, 1997

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

Re: Facility No.: 0250887

Dear Mr. Smit:

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


Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title 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,

  
for 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"

11/19/97 Spoke to Mr. Peter Smit and  
he stated that he is co-owner  
of the facility along with his wife.

Perchloroethylene Dry Cleaning Facility Notification

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OCT 28 1997

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BRITISH CLEANERS, INC.		
2. Site Name (For example, plant name or number):	BEST CARE CLEANERS.		
3. Hazardous Waste Generator Identification Number:	FLDCES Q9.		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	211660 SW 88TH ST.	MIAMI	Dade 33176
5. Facility Identification Number (DEP Use):	0050887		

Air Quality Management Division

Responsible Official

6. Name and Title of Responsible Official:	PETER SMIT, MANAGER.		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
	Same as above.		
8. Responsible Official Telephone Number:	Telephone:	Fax:	
	(305) 271-2797	(M/A)	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:	Street Address:	City:	County: Zip Code:
11. Facility Contact Telephone Number:	Telephone:	Fax:	
	( ) -	( ) -	

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NOV 5 1997

### Facility Information

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

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		26-FEB-94	26-FEB-94						
(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:

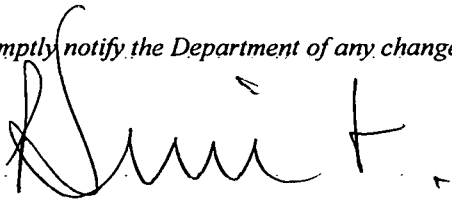
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

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.*



\_\_\_\_\_  
Signature

10/28/97  
Date



RECEIVED  
JUL 07 1998

Monday, July 06, 1998

Air Quality  
Management Division

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

To whom it may concern:

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

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

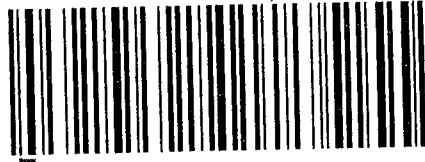


Carlos Ortiz  
President  
Brickell Bay Associates, Inc.  
(dba / Brickell Bay Cleaners)

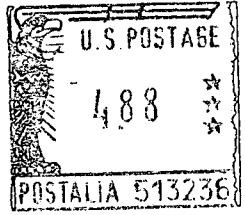
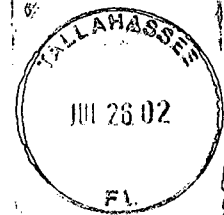
RECEIVED  
JUL 28 1998  
Bureau of Air Monitoring  
& Mobile Sources



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



7000 1670 0013 3108 7516



DELIVERY ATTEMPTED,  
NOT KNOWN

UNK  
-76-77

10 AIRS ID # 0250887001AG  
PETER SMIT  
BEST CARE CLEANERS  
11660 SW 88TH STREET  
MIAMI FL  
33176

Received  
8/6/2002



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

301486 ✓

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

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

AIRS ID#0250887

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273