

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 17, 2003

Mr. Michel LePage
Miami Northwestern Senior High
1100 Northwest 71 Street
Miami, Florida 33150

Re: Facility No.: 0250955-002

Dear Mr. LePage:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 2, 2003.

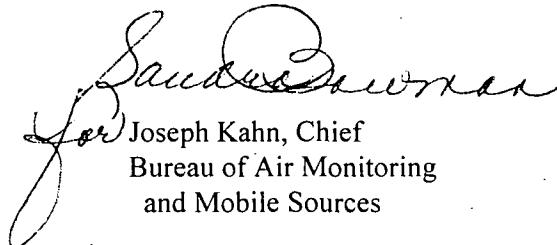
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

4/4/03 sent e-mail to M. Barros DERM on fee issue

9:50 AM called BO on fee issue

4:15 pm called on left message for R?.

fees 98-00

DB No pay 01-02

SOC 5

Comp IN

RECEIVED
APR 2 2003

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

MAR 13 2003

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):	Dade County Public Schools
2. Site Name (For example, plant name or number):	Miami Northwestern Senior High.
3. Hazardous Waste Generator Identification Number:	0250955 FLD 981 918 600
4. Facility Location: Street Address: City:	1100 NW 71st Street MIAMI
County:	Dade
Zip Code:	33150
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250955-002

Responsible Official

6. Name and Title of Responsible Official: Name:	Michel LePage	Title:	Instructor.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	1100 NW 71st Street MIAMI	County:	Dade
Zip Code:	33150		
8. Responsible Official Telephone Number: Telephone:	(305) 836-0991 ext 2275	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:	()

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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

How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 35

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1997	Existing New	RC CA None required	YES (SAME)
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[169.5] 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 _____)

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.

Michael LePage

Print name of responsible official

Michael LePage

Signature

3/13/03

Date

AIRS ID # 0250955-002

04/10/2003

Spoke with Michel LePage and he stated that he is unable to make long distance phone calls from the school and was unable to return my calls. Mr. LePage stated he had not received any invoices for payment for year 2001 and 2002. He stated that he would start the payment process once he receives the late invoices for 2001 and 2002. I submitted the late invoices for 2001 and 2002 to Mr. LePage by certified mail on 04/11/2003.



449426 MAR21 2005
AIRS I.D. 0250955

Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

TO: Holder of Title V Air General Permit

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

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

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

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0250955.....2nd Cert 05
MIAMI NORTHWESTERN SENIOR HIGH
SCHOOL
1100 NW 71st Street
MIAMI, FL 33150

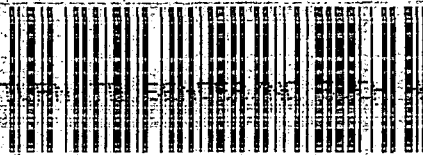
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

5510

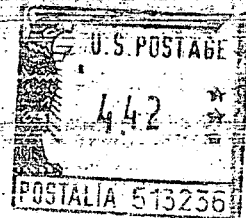
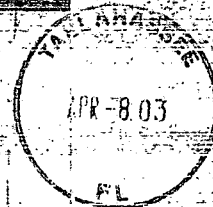
5521

CERTIFIED MAIL

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



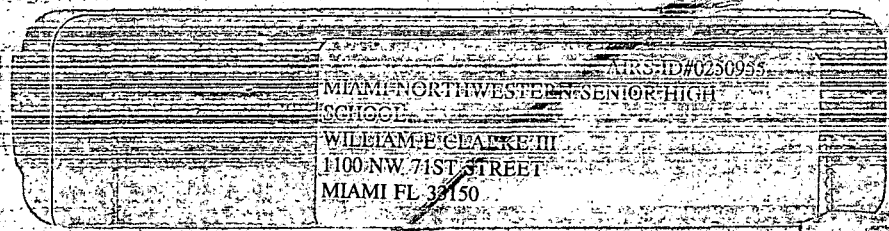
POSTAGE WILL BE PAID BY ADDRESSEE



MC5521

7000 1670 0013 3109 2053

BAMMS/BCO
JOEY ROBERTS
5510

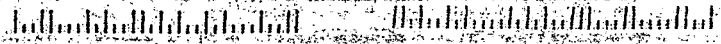


- Not Deliverable At Address
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Undeliverable Not Used
- Attempted Not Answered
- No Such Street Number
- Vacant
- Illegible
- No Mail Receptacle
- Box Closed

Bureau of Air Mail
Post Office of Tallahassee, Florida

APR 30 2003

RECEIVED



SENDER: COMPLETE THIS SECTION

ATTENTION: DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Article Addressed to:

AIRS ID#0250955

MIAMI NORTHWESTERN SENIOR HIGH
SCHOOL
WILLIAM E CLARKE III
1100 NW 71ST STREET
MIAMI FL 33150

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

400016 40001331092053

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

7000 1670 0013 3109 2053

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

022
3rd
William

Postmark
Here

Total Postage

AIRS ID#0250955

Sent to	MIAMI NORTHWESTERN SENIOR HIGH SCHOOL
Street, Apt.	WILLIAM E CLARKE III 1100 NW 71ST STREET
City, State	MIAMI FL 33150



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435769 JAN28 2004

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

X

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

250955
MICHEL LEPAGE
MIAMI NORTHWESTERN SENIOR HIGH
SCHOOL
1100 NW 71ST STREET
MIAMI FL 33150

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

JAN 30 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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: \$75.00

Do NOT Remove Label

Miami Northwestern Senior High
Michel LePage
1100 Northwest 71st Street
Miami, Florida 33150

AIRS # 0250955

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

Bureau of Air Monitoring
& Mobile Sources

APR 30 2003

RECEIVED

2001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

429000 APR28 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: \$75.00

Do NOT Remove Label

Miami Northwestern Senior High
Michel LePage
1100 Northwest 71st Street
Miami, Florida 33150
AIRS# 0250955

RECEIVED
APR 30 2003
Bureau of Air Mon
& Mobile Sourc

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

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID# 250955 1stC MIAMI NORTHWESTERN SENIOR HIGH SCHOOL 1100 NW 71st Street MIAMI, FL 33150
Sent To	
Street, Apt. No or PO Box No.	
City, State, ZIP	
PS Form 3800, June 2002	
See Reverse for Instructions	

7004 2510 0002 3939 4193

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# 250955 1stC
 MIAMI NORTHWESTERN SENIOR
 HIGH SCHOOL
 1100 NW 71st Street
 MIAMI, FL 33150

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

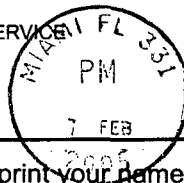
3. Service Type

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

Delivery? (Extra Fee) Yes

7004 2510 0002 3939 4193

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

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2393/2400



U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID#0250955.....2 nd Cert 05	
TO MIAMI NORTHWESTERN SENIOR HIGH	
SCHOOL	
1100 NW 71st Street	
MIAMI, FL 33150	
PS Form 3800, June 2002	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 AIRS ID#0250955.....2nd Cert 05
 MIAMI NORTHWESTERN SENIOR HIGH
 SCHOOL
 1100 NW 71st Street
 MIAMI, FL 33150

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 5432

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent

 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? Yes

 If YES, enter delivery address below: No

3. Service Type

 Certified Mail

 Express Mail

 Registered

 Return Receipt for Merchandise

 Insured Mail

 C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



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

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

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

Mobile Source
A. M. ...

MAR 10 2005

RECEIVED

