



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 8, 1998

Mr. Carlos Ortiz
Brickell Bay Cleaners
11660 Southwest 88 Street
Miami, Florida 33176

Re: Facility No.: 0250963

Dear Mr. Ortiz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 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. Sherrill Culliver, South District

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

0250887 permit #

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Perchloroethylene Dry Cleaning Facility Notification

JUL 07 1998

Facility Name and Location

Air Quality

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Management Division
BRICKELL BAY CLEANERS ASSOCIATES INC.	COJ
2. Site Name (For example, plant name or number):	BRICKELL BAY CLEANERS
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	11660 SW 88 STREET
City:	MIAMI
County:	FL
Zip Code:	33176
5. Facility Identification Number (DEP Use):	0250963

Responsible Official

6. Name and Title of Responsible Official:	CARLOS ORTIZ, OWNER
7. Responsible Official Mailing Address:	
Organization/Firm:	SAME AS ABOVE
Street Address:	
City:	
County:	
Zip Code:	
8. Responsible Official Telephone Number:	
Telephone:	305 271 2797
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:	() -

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JUL 28 1998
Bureau of Air Monitoring & Mobile Sources

FLD982143190

Carlos Ortiz

0250963

p 14

1(a) Add date control device was installed. If some as purchase date, add some date.

(c) Should not be marked. Mark out and initial.

3. Existing large area source should not be marked. Mark out and initial. New small area source should be marked.

p 15

4. Existing large area source L.A. and R.C. should not be marked. Mark out and initial. New small area source R.C. should be marked.

p 16

Responsible official sign and date for changes made.

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED
AUG 21 1998
Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	BRICKELL BAY ASSOCIATES, INC.		
2. Site Name (For example, plant name or number):	BRICKELL BAY CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	11660 SW 88 STREET		
Street Address:			
City:	MIAMI	County:	FLORIDA
		Zip Code:	33176
5. Facility Identification Number (DEP Use):			

Responsible Official

0250963

6. Name and Title of Responsible Official:	CARLOS ORTIZ		
7. Responsible Official Mailing Address:	BRICKELL BAY ASSOCIATES		
Organization/Firm:			
Street Address:	11660 SW 88 STREET		
City:	MIAMI	County:	FL
		Zip Code:	33176
8. Responsible Official Telephone Number:	305 271 2797		
Telephone:		Fax:	() -

Facility Contact (If different from Responsible Official)

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

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
Dry-to-Dry Unit		01-06-98							
(1) w/ ref. condenser		YES							
(2) w/ carbon adsorber		YES							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?
20 gallons (I OWNED THIS FACILITY SINCE JUNE 15TH 1998)

(b) If less than 12 months, how many? 2 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
CARLOS ORTIZ

8-22/98
Date

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED

AUG 21 1998

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
BRICKELL BAY ASSOCIATES, INC.

2. Site Name (For example, plant name or number):
BRICKELL BAY CLEANERS

3. Hazardous Waste Generator Identification Number:

4. Facility Location:
Street Address: 11660 SW 88 STREET
City: MIAMI County: FLORIDA Zip Code: 33176

5. Facility Identification Number (DEP Use):

Responsible Official

0250963

6. Name and Title of Responsible Official:
CARLOS ORTIZ

7. Responsible Official Mailing Address:
Organization/Firm: BRICKELL BAY ASSOCIATES
Street Address: 11660 SW 88 STREET
City: MIAMI County: FL Zip Code: 33176

8. Responsible Official Telephone Number:
Telephone: 305 271 2797 Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
CARLOS ORTIZ OR MARCELA ARANGO

10. Facility Contact Address:
Street Address: SAME ADDRESS
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () Fax: ()

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New large area source

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I will promptly notify the Department of any changes to the information contained in this notification.


Signature CARLOS ORTIZ

8-22/98
Date



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JUL 07 1998

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Air Quality

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Management Division
BRICKELL BAY CLEANERS ASSOCIATES INC. <i>COJ</i>	
2. Site Name (For example, plant name or number): BRICKELL BAY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 11660 SW 88 STREET Street Address: City: MIAMI County: FL Zip Code: 33176	
5. Facility Identification Number (DEP Use): 0250963	

Responsible Official

6. Name and Title of Responsible Official: CARLOS ORTIZ, OWNER	
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: 305 271 2797 Fax: () -	

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Bureau of Air Monitoring
& Mobile Sources

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METROPOLITAN DADE COUNTY, FLORIDA.



Department of Environmental Resources Management

33 S.W. 2nd Avenue

Miami 33130-1540

SEND TO:

Name:

Richard Butler

Company/Department:

DERM

Phone Number:

850-921-9586

Fax Number:

850-922-1362

Message:

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FROM:

Name:

Maria...

Division/Section:

Phone Number:

305...

Fax Number: (305) 372 6954

Date:

8/21/98

Number of Pages (including this one)

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METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

SEND TO:

Name:

Richard Butler

Company/Department:

DEP / DERM

Phone Number:

850-921-9586

Fax Number:

850-922-1362

Message:

FROM:

Name:

Misaelo Breen

Division/Section:

Air Quality Mgt Div. / AQS

Phone Number:

305 372 6944

Fax Number: (305) 372-6954

Date:

8/21/98

Number of Pages (including this one):

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VIRGINIA WETHERELL
SECRETARY

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRYCLEANER REGISTRATION ACCOUNT STATEMENT

LAWTON CHILES
GOVERNOR

November 25, 1998

NEW OWNER AS OF JUNE 15 1998

PLS. SEND INVOICE WITH NEW INFORMATION

* Please Show New Owner and/or

New Address Information On This Notice *

Calendar Year: 1998

NEW OWNER: CARLOS ORTIZ - PRESIDENT
BRICKELL BAY ASSOCIATES, INC.

Invoice Number: 89345 FROM NEW OWNER.

BRITISH CLEANERS INC
Contact: Peter Smit
11660 SW 88TH ST
MIAMI, FL 33176

DBA BRICKELL BAY CLEANERS
ADDRESS 11660 SW 88 STREET
MIAMI - FL 33176

Invoiced Facilities: 1
Customer Account ID: 44220
Registration Fees Due: \$100.00

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Thank you.

COJ

TELEPHONE (305) 271-2797

Bureau of Air Monitoring
& Mobile Sources

-----Return top portion with payment and attached verification sheet(s)-----

Section 1 Drycleaning Program Definitions

Drycleaning facilities and wholesale supply facilities that meet the definitions below and have operated during the calendar year 1998 are required to pay an initial registration fee of \$100 by December 31, 1998.

"Drycleaning facility" means a commercial establishment that operates or has at some time in the past operated for the primary purpose of drycleaning clothing and other fabrics utilizing a process that involves any use of drycleaning solvents. The term "drycleaning facility" includes laundry facilities that use drycleaning solvents as part of their cleaning process. The term does not include uniform rental companies and linen supply companies regardless of whether the facility was previously operated as a drycleaning facility.

"Wholesale supply facility" means a commercial establishment that supplies drycleaning solvents to drycleaning facilities.

"Drycleaning solvents" means any and all nonaqueous solvents used in the cleaning of clothing and other fabrics and includes perchloroethylene (also known as tetrachloroethylene) and petroleum-based solvents, and their breakdown products. For purposes of this definition, "drycleaning solvents" only includes those drycleaning solvents originating from use at a drycleaning facility or by a wholesale supply facility.

"Owner" means any person owning a drycleaning facility or wholesale supply facility. "Operator" means any person operating a drycleaning facility or wholesale supply facility, whether by lease, contract, or other form of agreement.

Section 2 Registration and Payment Instructions

If any facility information has changed or has been recorded incorrectly, submit a completed registration form with the new or corrected information. If any facility has transferred to new ownership, provide the name, address, and telephone number of the new contact. Remember to notify the DEP - Drycleaning Registration during the year whenever a facility closes, changes ownership, or moves to a new location. All new information submitted must be dated and signed by the facility owner.

Record your Customer Account ID & the Facility ID of each site for future reference. The customer account number identifies, for billing purposes only, the party responsible for payment of the registration fees. The facility ID number identifies individual drycleaning and wholesale supply facilities.

Complete the Registration/Insurance Verification section for each facility. If you respond to question 3b or 3c, no registration fee is required for that facility; however, you must complete the verification form(s) and return to the address below.

Return your payment by check or money order to: Department of Environmental Protection - Drycleaning Registration, 2600 Blair Stone Road, MS 4525, Tallahassee, FL 32399-2405. Please write your Customer Account ID on your check. If you do not agree with the charges, submit your written questions or information to the address above, or fax to: (850)414-1521.

**** Please submit payment by December 31, 1998 ****

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Section 3 Registration/Insurance Verification

Facility ID: 9601743

Facility Information: BEST CARE CLEANERS
11660 SW 88TH ST
MIAMI, FL 33176-, County: DADE

Facility Operator: PETER

Account Owner: 44220
BRITISH CLEANERS INC
11660 SW 88TH ST
MIAMI, FL 33176
Attn: Peter Smit

Facility Owner: 44220
BRITISH CLEANERS INC
11660 SW 88TH ST
MIAMI
Attn: PETER SMIT

Property Owner: 44221
CROSSROADS SHOPPING CTR %INVESTMENT MGMT ASSOC
1575 SAN IGNACIO ST #100
CORAL GABLES
Attn: DANIEL BAUMGARD

1998 Annual Fee: \$100.00
Adjustments: \$0.00
Payments: \$0.00
Total Charges: \$100.00
Balance Due: \$100.00

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Bureau of Air Monitoring
& Mobile Sources

3a. Has third-party liability insurance been obtained for the facility listed above?
[] YES (Please complete the following) [] NO

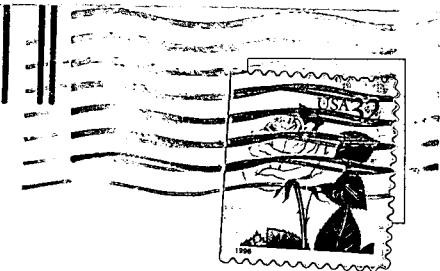
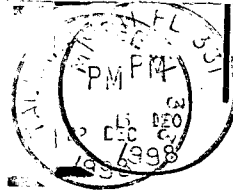
Policy Holder:
Insurance Company:
Policy Number: Amount of coverage:
Date coverage obtained: Period of coverage:

3b. If the facility identified above did not operate as a drycleaning facility or wholesale supply facility (as defined in Section 1) during the calendar year 1998, provide the last date the facility operated as such:

3c. If the facility identified above operated a business in 1998 that did not meet the definition of a drycleaning facility or a wholesale supply facility, indicate the type of business that was operated:

- [] Dry Drop-off Facility [] Retail clothing store
[] Uniform Rental or Linen Supply Facility
[] Laundry Facility with no use of drycleaning solvents [] Other

CARLOS MARTHA ORTIZ
4400 NW 107 Avenue
Miami, FL 33178



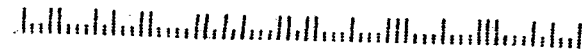
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DEC 28 1998

TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070 Bureau of Air Monitoring
& Mobile Sources

32315X3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354772

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

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TOTAL AMOUNT DUE: \$50.00

DEC 23 1998

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0250963

BRICKELL BAY CLEANERS
 CARLOS ORTIZ
 11660 SW 88 STREET
 MIAMI FL 33176

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

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 MAIL ROOM
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