

# Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

August 13, 2001

Mr. Mario Bahamon Better Life Dry Cleaner 5830 West Flagler Street Miami, Florida 33144

Re: Facility No.: 0251014-002

Dear Mr. Bahamon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 9, 2001.

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: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.



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# Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov] Thursday, August 23, 2001 10:12 AM Bowman, Sandy Sent: To: Subject: FW: Better Life Dry Cleaners Sandy: According to Camilo Perez, Better Life Dry Cleaners is presently closed. Please see attached E-mail. Marcelo. > Sent: Wednesday, August 22, 2001 4:00 PM Barros, Marcelo (DERM) RE: Better Life Dry Cleaners > Subject: > I tried to inspect this facility on 8/21/2001 and I found it closed for > business. It appears that it has been close for some time now. I wrote an > inspection summary report, and I took some pictures. > ----Original Message---> From: Barros, Marcelo (DERM) > Sent: Tuesday, August 21, 2001 4:19 PM > To: Perez, Camilo (DERM) > Subject: FW: Better Life Dry Cleaners Camilo: FYI. As per our conversation, please inspect this facility. Marcelo > ----Original Message-----> From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us] > Sent: Monday, August 20, 2001 3:14 PM > To: barrom@co.miami-dade.fl.us > Subject: RE: Better Life Dry Cleaners > Marcelo, > Our most recent correspondence to this facility (AIRS ID # 0251014) has > returned because there is no forwarding address. We tried calling the > facility and the telephone has been disconnected. Do you know if they are > out of business? This is odd since they just submitted their notification > form on July 9. The address on record is 5830 West Flagler Street, Miami, > 33144. > Thanks for your help. > Sandy > Sandy Bowman > Environmental Consultant

DEP-Division of Air Resource Management(850)921-9583 or SUNCOM 291-9583E-Mail: Sandy.Bowman@dep.state.fl.us

### Bowman, Sandy

From:

Bowman, Sandy

Sent:

Thursday, August 23, 2001 10:24 AM 'Barros, Marcelo (DERM)'

To: Subject:

RE: Better Life Dry Cleaners

Marcelo.

Thank you very much for the information. We will inactivate the facility in ARMS.

### Sandy

----Original Message----

From: Barros, Marcelo (DERM) [mailto:BarroM@miamidade.gov]

Sent: Thursday, August 23, 2001 10:12 AM

To: Bowman, Sandy

Subject: FW: Better Life Dry Cleaners

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- FW: Better Life Dry Cleaners > Subject:

### Camilo:

FYI. As per our conversation, please inspect this facility.

### Marcelo

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Thanks for your help.

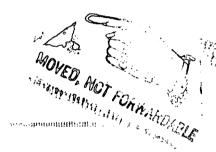
### Sandy

Sandy Bowman
Environmental Consultant
DEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us

MS#\_\_\_<u>5510</u> MC Acct #\_\_<u>5591</u>

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400





MR MARIO BAHAMON
BETTER LIFE DRY CLEANER TO SEE TO

323384443417132

025/014-002

7. New Owner Loes not have outhort,
to surrender 025/014-001. Marbout's"
and initial.
No DEP air Permits... should be
marked.

Responsible official sign and date for changes made.

# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

# DISTRICT ROUTING SLIP

To:	•	DATE:	·		
			∞ τα		
	PENSACOLA	Northwest District			
	- Panama City	Northwest District Branch Office			
	Tallahassee	Northwest District Branch Office			
	Sopchoppy	Northwest District Satellite Office			
	Тамра	SOUTHWEST DISTRICT			
	Punta Gorda	Southwest District Branch Office			
	Bartow	Southwest District Satellite Office			
	ORLANDO	CENTRAL DISTRICT			
	Melbourne	Central District Satellite Office			
	JACKSONVILLE	NORTHEAST DISTRICT			
	Gainesville	Northeast District Branch Office			
	FORT MYERS	SOUTH DISTRICT			
	Marathon	South District Branch Office			
	West Palm Beach	SOUTHEAST DISTRICT			
	Port St. Lucie	Southeast District Branch Office			
	Reply Optional Date Due	Reply Required Info	Only		
Comr	ments:				
	·				
From		Tel.:			
	•	, Ci			
1					

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

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

	BASANZ CORPORATION	,				
2.	Site Name (For example, plant name or number):					
	BETTER LIFE DRY CLEA	NETZ				
3.	Hazardous Waste Generator Identification Number:	_				
	CESQG SCR00007	5150				
4.	Facility Location:	-				
	Street Address: 5830 W.FLAGLER ST City: Minmi County: DAD	•	Zip Code: 33144			
	City: Miami County: DAD	٤	Zip Code: 3317			
5:	Facility Identification Number (DEP Use ONLY - do not f	ll in):	The second secon			
			14-002			
		10010	1.1 000			
Res	ponsible Official					
	Name and Title of Responsible Official:					
	ne: MARIO BAHAMON	Title: PRE	SIDENT.			
	Responsible Official Mailing Address: Organization/Firm:					
	Street Address: SAME.					
	City: County:		Zip Code:			
8.	Responsible Official Telephone Number:		_			
	Telephone: (305) 269 - 7917	Fax: (-				
	· · · · · · · · · · · · · · · · · · ·					
	ility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant ma	nager):				
10.	Facility Contact Address:					
	•					
	Street Address:					
	City: County:		Zip Code:			
11.	Facility Contact Telephone Number:					
	Telephone: ( ) -	Fax: (	) -			

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

# **Facility Information**

1.(a) DRY-TO-DRY M	ACHINES ONLY	Y ,				
How many dry-to-dry ma	chines do you hav	e on-site?				
For each dry-to-dry mach	ine on-site, please	provide the following information	on:			
Date Initially Purchased Statu From Manufacturer (circle of		Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")			
SE7./99	Existing	RCCA/None required	same			
	Existing/Ne	w RC/CA/None required				
	Existing/Ne	w RC/CA/None required	<u> </u>			
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA	= carbon adsorber			
1.(b) TRANSFER MAC	HINES ONLY					
How many washers do yo	ou have on-site?	[]				
How many dryers/reclaim	ners do you have o	on-site? []				
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:			
Date Initially Purchased Status From Manufacturer (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				
<del></del>	Existing/New	RC/CA/None required				
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required				
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber			
	roethylene (perc) l ns (You must fill	nave you used within the last 12 r	months?			
(b) If less than 12 months, how many? [] months						
Check why it is les	s than 12 months:	New owner: [] Did not ke	ep records: []			
		New store: [] New machine []				

DEP Form No. 62-213.900(2) Effective: 2/24/99 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	[ <u>X</u> ]				
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used les	ss than 140 gallons of ss than 200 gallons of ss than 140 gallons of	perc per year)	
Large .	Area Source	[]				
	Dry-to-dry mach Transfer only on Both machine ty	-site	(used 20	0 - 2,100 gallons of po 0 - 1,800 gallons of po 0 - 1,800 gallons of po	erc per year)	
4. What control (Indicate with		ired on machines p	oursuant to	o section (5) of Part II	of this notification form?	
	ng machines at sma E REQUIRED)	ll area source		New machines at sma Refrigerated condens		
Carbor	ng machines at large nadsorber erated condenser	e area source		New machines at larg Refrigerated condens		
Rule 62-213.30		nat all steam and ho	ot water g	enerating units on-site	the general permit pursuant to meet the following exemption	
All steam and h	ot water generating n-site	units exempt		OR		
How many boile	ers do you have on	-site?				
For each boiler,	indicate its horsep	ower (HP) rating:	[] [_	][]		
What type of fu	el do you use? {	] propane [] No. 2 fue [] No. 6 fue		natural gas No. 4 fuel oil Other (please	list)	
6. Equipment M	Ionitoring and Rec	ordkeeping Inform	ation	Ų.		
Check all logs v	which are required	to be kept on-site i	n accorda	nce with the requirem	ents of this general permit:	
(a) Purchase receipts and solvent purchases/solvent addition log						
(b) Leak detecti	on inspection and	repair		í Z	$\Box$	
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Startup, shutdown, malfunction plan						

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

# Please indicate with an "X" the appropriate selection: [X] 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. I will promptly notify the Department of any changes to the information contained in this notification. MALIO BAHAMON Print name of responsible official

DEP Form No. 62-213.900(2)

Effective: 2/24/99