

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 22, 2003

Mr. Joseph W. Louis
Bethany Family Cleaners, Inc.
13720 Northeast 11 Avenue
North Miami, Florida 33161

Re: Facility No.: 0251081-002

Dear Mr. Louis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 24, 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"

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Emission Fees - 2000 - 2002
SOC REPORT - 3
Compliance Status - IN (4/28/2003)

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Monday, August 14, 2006 2:29 PM
To: Bowman, Sandy
Subject: FW: Inactivation in GPCI and ARMS of TVGP Facilities

Attachments: SDOC0389.pdf



SDOC0389.pdf (2
MB)

Hi Sandy:

Please inactivate from the GPCI and ARMS databases the following facilities (see attached inspection reports):

Gables Dryclean and Wash	0251195
Jarquin Best Cleaners	0251063
To Press Cleaners	0251120
Dry-clean Fl	0251013
Bethany Family	0251081

Thanks.

Marcelo A. Barros
Environmental Resources Project Supervisor AQMD/Air Facilities Section Miami-Dade County
DERM
(305) 372-6925

-----Original Message-----

From: Marcelo Barros [mailto:barrom@miamidade.gov]
Sent: Monday, August 14, 2006 3:17 PM
To: Barros, Marcelo (DERM)
Subject:

<<SDOC0389.pdf>> This E-mail includes attached file(s) sent from "RNP6F8396" (Aficio 1075).

Scan Date: 08.14.2006 14:16:53 (-0500)

RECEIVED
SEP 24 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 18 2003

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit
Air Quality
Management Division

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):	BETHANY FAMILY CLEANERS INC		
2. Site Name (For example, plant name or number):	SAME		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	13720 N.E 11 AVENUE		
Street Address:			
City:	County:	Zip Code:	
N. MIAMI	DADE	33161	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251081-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JOSEPH W. LOUIS	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	13720 N.E 11 AVENUE		
City:	County:	Zip Code:	
NORTH MIAMI	DADE, FL	33161	
8. Responsible Official Telephone Number:			
Telephone:	(305) 893-6928	Fax:	(305) 956-5672 ; cell 305-494-3660

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	MARIE L FENELON		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
13720 NE 11 AVE	DADE	33161	
11. Facility Contact Telephone Number:			
Telephone:	(305) 893-6928	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")
4-86 486	Existing/New	RC/CA/None required	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?

[45] gallons (You must fill this in)

(b) If less than 12 months, how many? [1] 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>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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 _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

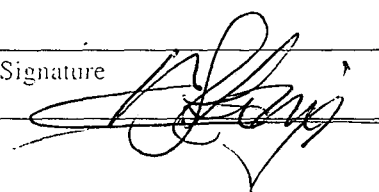
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

JOSEPH W LOUIS

Print name of responsible official

Signature



Date

09-18-03

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

Sent To AIRS ID#0251081.....2nd Cert 05
 BETHANY FAMILY CLEANERS
 Street, Apt. No. or PO Box No. 13720 NE 11th avenue
 City, State, Zip N MIAMI, FL 33161

PS Form 3800

7004 2510 0002 3939 4827

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee MARIE-L. FENELM</p> <p>C. Date of Delivery 5/4</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0251081.....2nd Cert 05 BETHANY FAMILY CLEANERS 13720 NE 11th avenue N MIAMI, FL 33161</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from sender) 7004 2510 0002 3939 4827</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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Permit No. G-10

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DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

in the Air Monitor
Mobile Source

MAR 8 2005

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448509 MAR 7 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#0251081.....2nd Cert 05
BETHANY FAMILY CLEANERS
13720 NE 11th avenue
N MIAMI, FL 33161

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

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MAR 9 2005
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

Postmark
Here

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

AIRS ID# 251081 1stC
 BETHANY FAMILY CLEANERS
 13720 NE 11th avenue
 N MIAMI, FL 33161

PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION

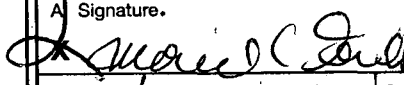
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 251081 1stC
 BETHANY FAMILY CLEANERS
 13720 NE 11th avenue
 N MIAMI, FL 33161

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature.  Agent Addressee
- B. Received by (Printed Name) **MARIE** C. Date of Delivery **2/8/05**
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0002 3939 0621

UNITED STATES POSTAL SERVICE



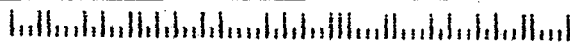
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 15 2005
BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437497 MAR 10 2004

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# 251081

JOSEPH LOUIS
BETHANY FAMILY CLEANERS
13720 NE 11TH AVENUE
NORTH MIAMI, FL 33161

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

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Bureau of Air Monitoring
& Mobile Sources

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID # 251081

Sent To: JOSEPH LOUIS
 BETHANY FAMILY CLEANERS
 13720 NE 11TH AVENUE
 NORTH MIAMI, FL 33161

Street, Apt. No., or PO Box No.
City, State, ZIP+

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 # 251081

JOSEPH LOUIS
 BETHANY FAMILY CLEANERS
 13720 NE 11TH AVENUE
 NORTH MIAMI, FL 33161

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 9348

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by *[Signature]* *(Printed Name)* Date of Delivery *3/18/04*

C. 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



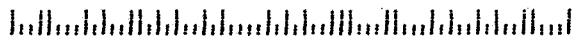
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Bureau of Air Monitoring
& Mobile Sources
DARMMOBILE SOURCE CONTROL PROJECT
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
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TALLAHASSEE, FLORIDA 32399-2400

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

ID# 251081

Sent 7
 Street, or PO BETHANY FAMILY CLEANERS
13720 NE 11TH AVENUE
 City, State NORTH MIAMI, FL 33161

PS Form 3811, August 2001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J. Louis</u> C. Date of Delivery <u>2/6/04</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 251081 JOSEPH LOUIS BETHANY FAMILY CLEANERS 13720 NE 11TH AVENUE NORTH MIAMI, FL 33161 </div>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 0490</p>	

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& Mobile Sources

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