

# Department of Environmental Protection

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

David B. Struhs Secretary

July 27 2001

Mr. Barry Mnookin One Price Dry Cleaning 4513 Pine Island Road Sunrise, Florida 33351

Re: Facility No.: 0112216-002

Dear Mr. Mnookin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 15, 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: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

01/22/6-002 p/b (ce) Regimed. Should be marked.

DEP R	OUTING AND TRANSMITTAL SLIP
TO: (NAME, OFFICE, LOCATION)	3
1	4
2	5
PLEASE PREPARE REPLY FOR:	COMMENTS:
SECRETARY'S SIGNATURE	
DIV/DIST DIR SIGNATURE	
MY SIGNATURE	
YOUR SIGNATURE	
DUE DATE	
ACTION/DISPOSITION	
DISCUSS WITH ME	
COMMENTS/ADVISE	
REVIEW AND RETURN	
SET UP MEETING	
FOR YOUR INFORMATION	
HANDLE APPROPRIATELY	
INITIAL AND FORWARD	
SHARE WITH STAFF	
FOR YOUR FILES	<u> </u>
FROM:	DATE: PHONE:

## 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.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
BASS CKANGENINC DBA DUE PRICE DOY CKANING	
2. Site Name (For example, plant name or number):	
ONE PRICE DRY CKAMUG	
3. Hazardous Waste Generator Identification Number:	
FLD 982087512	
4. Facility Location: 4513 PIÙE ISLAUD Pol	
City: SUURISE County: BROWNED Zip Code: 3335/	
5 Facility Identification Number (DEP Use ONLY - do not fill in):	
100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	20岁
	<u> </u>
Responsible Official	
6. Name and Title of Responsible Official:	
Name: BARRY MNOOKIN Title: PRESIDENT	
7. Responsible Official Mailing Address:	
Dragnization/Firm:	
Organization/Firm:	
Street Address: City: County: Zip Code:	
Street Address: City: County: Zip Code:	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number:	
Street Address: City: County: Zip Code:	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (954) 572 - 8054  Fax: (954) 572 - 9867	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (954) 572 - 8054  Facility Contact (If different from Responsible Official)	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (954) 572 - 8054  Fax: (954) 572 - 9867	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (94) 52 - 8054 Fax: (954) 572 - 9867  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (954) 572 - 8054  Facility Contact (If different from Responsible Official)	
Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (94) 52 - 8054 Fax: (954) 572 - 9867  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):	
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Street Address: City: County: Zip Code:  8. Responsible Official Telephone Number: Telephone: (GH) SD - 8054 Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant manager):  10. Facility Contact Address: Street Address:	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

#### **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 mach	nine on-site, pleas	e provide the following information	n:	
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")	
Bely 1988	Existing/No	ew RC/CA/None required	SAME SAME	
July 1988	Existing/Ne	ew RC/CA/None required	SAME	
	Existing/No	ew RC/CA/None required		
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber	
l.(b) TRANSFER MAC	HINES ONLY	•		
How many washers do yo	ou have on-site?	. []		
How many dryers/reclain	ners do you have	on-site?		
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (r	ine was purchased to units purchased	from the manufacturer between I	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:	
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		
<del></del>		·		
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber	
	roethylene (perc) ns (You must fill	have you used within the last 12 m this in)	nonths?	
(b) If less than 12 mor	nths, how many?	[] months		
Check why it is les	ss than 12 months	: New owner: [] Did not kee	p records: []	
•		New store: New machine	•	
		Unopened store [] (date of e	expected opening)	

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

3. What is the facility's source classification based Indicate with an "X". Select one classification	· · · · · · · · · · · · · · · · · · ·		
Small Area Source			
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)		
Large Area Source	]		
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)		
4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?		
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		
	s units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following te (see attached memo for the criteria).		
All steam and hot water generating units exempt No such units on-site	OR		
How many boilers do you have on-site?	]		
For each boiler, indicate its horsepower (HP) ratin	g: (25) []		
What type of fuel do you use?  [] propand [] No. 2 fi [] No. 6 fi	uel oil No. 4 fuel oil		
6. Equipment Monitoring and Recordkeeping Info	rmation		
Check all logs which are required to be kept on-sit	e in accordance with the requirements of this general permit:		
(a) Purchase receipts and solvent purchases/solven	t addition log		
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature monitoring	s		
(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	e 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
ιXı	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (	Official Certification
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to it all terms and conditions of this general permit as set forth in Part II of this notification form.  Imply notify the Department of any changes to the information contained in this notification.  All Model Date  Date
	Weau of Air Monie Source
	Mon 20

DEP Form No. 62-213.900(2)

7. Surrender of Existing DEP Air Permit(s)

Effective: 2/24/99

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

435477 JAN20 2884

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

112216 BARRY MNOOKIN ONE PRICE DRY CLEANING 4513 PINE ISLAND FOAD SUNRISE FL 33351

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443453 DEC17 2804

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# 112216 10 ONE PRICE DRY CLEANING 4513 Pine Island Road SUNRISE, FL 33351

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

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

458009 JAN13206

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

112216 10 ONE PRICE DRY CLEANING 4513 Pine Island Road SUNRISE, FL 33351 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

Bills : air permit

One Price Dry Cleanirs#0112216

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

ONE PRICE DRY CLEANING
BARRY MNOOKIN
4513 PINE ISLAND ROAD
SUNRISE FL
33351

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

421333 JAN 32003

Bills : air permit

One Price Dry Clea

\*\*\*\*\*50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 412642 JAN 7 2002 X

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 # 0112216 ONE PRICE DRY CLEANING

BARRY MNOOKIN **4513 PINE ISLAND ROAD** SUNRISE FL

33351

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