

Fees Paid
SOC 3
Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 6, 2001

Mr. Sisnaraine Singh
Dryclean U.S.A.
749 Southeast 17 Street
Ft. Lauderdale, Florida 33316

Re: Facility No.: 0112254-002

Dear Mr. Singh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 28, 2001.

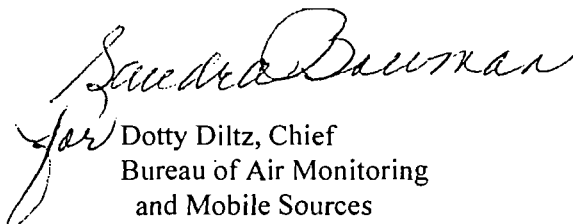
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 28 2001
Bureau of Air Monitoring
& Mobile Sources

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):	S & I. SINGH INC. D/B/A DRYCLEAN U.S.A
2. Site Name (For example, plant name or number):	DRYCLEAN U.S.A
3. Hazardous Waste Generator Identification Number:	SAFETY KLEEN SYSTEMS Inc # FLD984237887
4. Facility Location: Street Address:	749 S.E. 17th STREET.
City:	FT. LAUDERDALE
County:	BROWARD
Zip Code:	FL. 33316
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112254-002

Responsible Official

6. Name and Title of Responsible Official: Name:	SISNARAIN SINGH	Title:	OWNER/PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	DRYCLEAN U.S.A	Street Address:	749 S.E. 17th STREET
City:	FT. LAUDERDALE	County:	BROWARD
Zip Code:	FL 33316		
8. Responsible Official Telephone Number: Telephone:	(954) 764-2938	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address: Street Address:	/		
City:			
County:			
Zip Code:			
11. Facility Contact Telephone Number: Telephone:	() -	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")
September '96	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?

292 ~~300~~ GALLONS (You must fill this in)

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

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 type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| Existing machines at large area source
Carbon adsorber <input checked="" type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" 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
AIRC ID# 0112254-1A-C
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

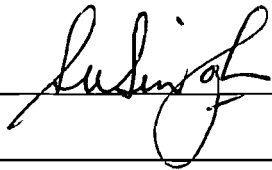
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

SISNARAIN SINGH

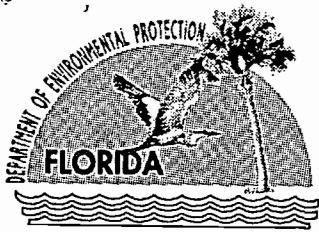
Print name of responsible official

Signature



Date

6/20/01



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

June 29, 2001

Mr. Sinaraine Singh
Dryclean U.S.A.
749 Southeast 17th Street
Ft. Lauderdale, Florida 33316

Dear Mr. Singh:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 28.

In reviewing your submittal, it was noted that Dryclean U.S.A. elected to surrender its existing Title V air general permit (AIRS ID 0112254). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 28 2001
Bureau of Air Monitoring
& Mobile Sources

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	S. I. SINGH INC. D/B/A DRYCLEAN U.S.A		
2. Site Name (For example, plant name or number):	DRYCLEAN U.S.A		
3. Hazardous Waste Generator Identification Number:	SAFETY KLEEN SYSTEMS INC # FLD984237867		
4. Facility Location:	Street Address:	City:	County:
	749 S.E. 17TH STREET.	FT. LAUDERDALE	BROWARD
			Zip Code: FL. 33316
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0112254-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	SISNARAINÉ SINGH	OWNER/PRESIDENT
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	DRY-CLEAN U.S.A	749 S.E. 17TH STREET
	City:	County:
	FT. LAUDERDALE	BROWARD
		Zip Code: FL. 33316
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(954) 764-2938	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
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	() -	() -	

RECEIVED
JUL - 9 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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1.(b) TRANSFER MACHINES ONLY

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292 ~~10~~ gallons (You must fill this in)
GAL →

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

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.)

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- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input 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 checked="" type="checkbox"/>
Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |

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For each boiler, indicate its horsepower (HP) rating: 15 40

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) _____

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- (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:

Sub



I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

AIRC ID# 0112254-1AL



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.

SISNARAINÉ SINGH

Print name of responsible official

Signature

Sisnarainé Singh

Date

6/20/01
7/03/01

CORRECTION *Sisnarainé Singh*

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456871 DEC152005

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

112254 10
DRYCLEAN USA
749 SE 17th Street
FT LAUDERDALE, FL 33316

RECEIVED
DEC 16 2005
MAIL ROOM

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

454053 DEC10 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: \$50.00

Do NOT Remove Label

112254
SISNARAINÉ SINCH
DRYCLEAN-USA
749 SE 17TH STREET
FT LAUDERDALE FL 33316

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

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.

443253 DEC132004

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112254 10
DRYCLEAN USA
749 SE 17th Street
FT LAUDERDALE, FL 33316

RECEIVED

DEC 14 2004

Bureau of Air Monitoring
& Mobile Sources

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

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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 mailing label.

TOTAL AMOUNT DUE: \$50.00

X 420458 DEC10 2002

Do NOT Remove Label

AIRS ID#0112254
DRYCLEAN USA SISNARAIN SINGH 749 SE 17TH STREET FT LAUDERDALE FL 33316

Bureau of Air Monitoring
& Mobile Sources

DEC 12 2002

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411980 DEC20 2001

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

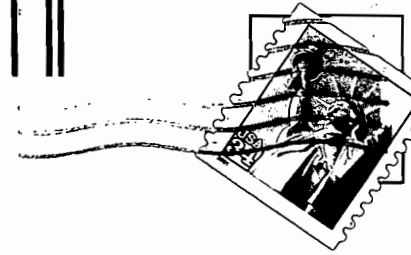
Do **NOT** Remove Label

AIRS ID # 0112254

DRYCLEAN USA
SISNARAIN SINGH
749 SE 17TH STREET
FT LAUDERDALE FL
33316

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

Dryclean U.S.A
749 S.E. 17th St
Fl. Land FL 33316



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070