

0112274



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 7, 1996

Mr. Keith Warech
President
Dry Clean USA
8745 Southwest 57 Street
Cooper City, Florida 33328

Dear Mr. Warech:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

Please note that in November 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

cc: Mr. John Coppola, Broward County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	WARRICK B. Inc. D/B/A DRY CLEAN USA		
2. Site Name (For example, plant name or number):	DRY CLEAN USA		
3. Hazardous Waste Generator Identification Number:	FLD 981 030 935		
4. Facility Location: DRY CLEAN USA			
Street Address:	8622 ST. AD. 84		
City:	County:	Zip Code:	
FT. LAUDERDALE	BROWARD	33324	
5. Facility Identification Number (DEP Use):	0112274		

Responsible Official

6. Name and Title of Responsible Official:	KEITH WARECH, PRESIDENT		
7. Responsible Official Mailing Address: KEITH WARECH			
Organization/Firm:			
Street Address:	8745 SW 57TH ST.		
City:	County:	Zip Code:	
COOPER CITY	BROWARD	33328	
8. Responsible Official Telephone Number:			
Telephone: () -	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: () -		

RECEIVED

AUG 29 1996

0112274

P.13

7. add org/firm name
8. add phone #

P.14

3. new small area. Source.
Should be marked

P.15

4. new small r. c. Should
be marked

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									
(1) w/ ref. condenser	✓	7/93	7/93						
(2) w/ carbon adsorber									
(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?

gallons

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

Kurt Ward
Signature

8/27/96
Date

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 0112274
 TYPE OF FACILITY: Dry Cleaning - Perc.
 FACILITY NAME: Dry Clean USA DATE: _____
 FACILITY LOCATION: 8622 ST. RD. 84, Ft. Lauderdale, FL 33324
 RESPONSIBLE OFFICIAL: KEITH WARECH PHONE NUMBER: (954) 474-1000

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
The facility is used only for receiving and delivery.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);"> <p>RECEIVED</p> <p>JUL 27 1997</p> <p>Bureau of Air Monitoring & Mobile Sources</p> </div>
No machine in the facility	

COMMENTS: No compliance inspection need in the future

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: June 98
(Approximate)

INSPECTION CONDUCTED BY: OCTAVIAN OPRIS
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 519-1420

Date: 15/08/1997 10:17:33 AM
From: Jarrett Mack FTL
Subject: DRY CLEAN PERMITTING - WARWICK 3 CLEANERS
To: Sandy Bowman TAL
CC: Dotty Diltz TAL

SANDY,

PLEASE BE ADVISED THAT DRYCLEAN USA, (0112274), LOCATED AT 8622 STATE RD. 84, DAVIE, FL. DOES NOT POSSESS DRYCLEANING EQUIPMENT. INSTEAD THIS FACILITY IS A RECEIVING AND DELIVERY CENTER FOR WARWICKLEEN CLEANERS, (0112273), LOCATED AT 8820 STATE RD. 84, DAVIE FL. CONSEQUENTLY, COMPLIANCE INSPECTIONS AT THE DRYCLEAN USA FACILITY CANNOT BE PERFORMED. PLEASE UPDATE THE PERMIT FILES AND DATABASE TO REFLECT THIS INFORMATION. THANKS IN ADVANCE!

JARRETT MACK
BROWARD COUNTY - AQD
954-519-1208

*Shannon,
Please
file
0112274*

AIRS ID#: 0112274

ACE RECEIVED
Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT JUL 21 1997
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Dry Clean USA DATE: 06/13/97
 FACILITY LOCATION: 8622 ST. RD. 84, Ft. Lauderdale, FL 33324

Annual Reporting Period: June 1997 TO June 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: KEITH WARECH
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

0112274

No R.O. Signature.

+

wrong Dates

BEST AVAILABLE COPY

P 265 302 373

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0112274

WARRICK 3 INC
 KEITH WARECH
 8745 SW 57TH ST
 COOPER CITY FL 33328

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/14/97

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#: 0112274</p> <p>WARRICK 3 INC KEITH WARECH 8745 SW 57TH ST COOPER CITY FL 33328</p>	<p>4a. Article Number P265 302 373</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 2-19</p>
<p>5. Received By: (Print Name)</p> <p>6. Signature (Addressee or Agent) X <i>[Signature]</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

BEST AVAILABLE COPY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		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. 		A. Received by (Please Print Clearly) N. WARECH	B. Date of Delivery 6/8/01
1. Article Addressed to: 10 AIRS ID # 0112274001AG KEITH WARECH DRY CLEAN USA 8745 SW 57TH ST COOPER CITY FL 33328		C. Signature x [Signature]	Agent Addressee [Signature]
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p align="center" style="font-size: 1.2em;">JUN 13 2001</p> <p align="center" style="font-weight: bold;">Bureau of Air Monitoring & Mobile Sources</p>	
3. Service Type <input 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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)															
7000 0600 0000 0026 4130 3178	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Postage</td> <td style="width: 20%; padding: 2px;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table> </td> <td style="width: 40%; text-align: center; vertical-align: middle; padding: 5px;"> Postmark Here </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Postage</td> <td style="width: 20%; padding: 2px;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Postmark Here
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Postage</td> <td style="width: 20%; padding: 2px;">\$</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">Certified Fee</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Postmark Here		
Postage	\$														
Certified Fee															
Return Receipt Fee (Endorsement Required)															
Restricted Delivery Fee (Endorsement Required)															
Ri 10 AIRS ID # 0112274001AG Si KEITH WARECH Si DRY CLEAN USA Si 8745 SW 57TH ST C COOPER CITY FL 33328	PS Form 3811, July 1999 for Instructions														