INSQ-Compliance Inspection walkthrough 3/2/2005
INSP-Broward Co-CB: He



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary-Designee

February 21, 2007

Mr. Frank Russo Custom Care Cleaners 3350 West Broward Boulevard Fort Lauderdale, Florida 33312

Re: Facility No.: 0112307-002

Dear Mr. Russo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2007.

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

Sandra Veazey, Chief Bureau of Air Monitoring

and Mobile Sources

SV/pg

cc: Mr. Clifton Bittle, Broward County

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

JAN 4 6 2007

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):	···•
C'ANBE Cleaners INC.	
2. Site Name (For example, plant name or number):	
Custom Care cleaners	
3. Hazardous Waste Generator Identification Number:	
FLD981023195	
4. Facility Location: 3350 W. BROWARD BLUD. Street Address:	
City: FT. Lauderdale County: BROWARD Zip Code: 33312	
5. Facility Identification Number (DEP Use ONLY = do not fill in):	
0//2304-0	4
<i>γ</i> :	
Responsible Official 6. Name and Title of Responsible Official:	\neg
Name: FRANK RUSSO Title: OWNER	
7. Responsible Official Mailing Address:	\dashv
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3350 W. BROWARD BLUD.	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3350 W. BROWARD BLUD. City: FT. Lauderdale County: BROWARD Zip Code: 33312 8. Responsible Official Telephone Number:	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3350 W. BROWARD BLUD. City: FT. Lauderdale County: BROWARD Zip Code: 33312	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3350 W. BROWARD BLUD. City FT. Lauderdale County: Responsible Official Telephone Number: Telephone: (954) 584 5270 Fax: ()	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 3350 W. BROWARD BLUD. City: FT. Lauderdale BROWARD Zip Code: 33312 8. Responsible Official Telephone Number: Telephone: (954) 584 5270 Facility Contact (If different from Responsible Official)	
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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 machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 3-08-2002 CA/None required Existing New RC/CA/None required Existing/New Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser 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 Control Device Required* Date Control Device Installed Status . . From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required RC/CA/None required Existing/New Existing/New RC/CA/None required . *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [60] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [

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

New store: [] New machine [___]

Unopened store [] (date of expected opening

		sification based on one classification or		nitions found in section (3) of Part II?
Small A	rea Source	\bowtie		
	Dry-to-dry mach Transfer only on Both machine ty		(used le	ess than 140 gallons of perc per year) ess than 200 gallons of perc per year) ess than 140 gallons of perc per year)
Large A	rea Source	[]		
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	40 - 2,100 gallons of perc per year) 00 - 1,800 gallons of perc per year) 40 - 1,800 gallons of perc per year)
4. What control to (Indicate with		ired on machines p	oursuant 1	to section (5) of Part II of this notification form?
	machines at sma REQUIRED)	ll area source		New machines at small area source Refrigerated condenser
Carbon a	machines at large adsorber ated condenser	e area source		New machines at large area source Refrigerated condenser
Rule 62-213.300,	F.A.C. Verify th	•	t water g	I not be eligible to use the general permit pursuant to generating units on-site meet the following exemptio for the criteria).
All steam and hot No such units on-		units exempt		OR
How many boilers	s do you have on-	site? 1		
For each boiler, in	dicate its horsep	ower (HP) rating: [101] []
What type of fuel	do you use?	[] propane [] No. 2 fuel [] No. 6 fuel		natural gas Other (please list)
6. Equipment Mor	nitoring and Reco	ordkeeping Informa	ation	
Check all logs whi	ich are required t	o be kept on-site in	accorda	ance with the requirements of this general permit:
(a) Purchase receip	pts and solvent p	urchases/solvent ad	ldition lo	og 🔀
(b) Leak detection	inspection and r	epair		\succeq
(c) Refrigerated co	ondenser tempera	ture monitoring		
(d) Carbon adsorb	er exhaust perc c	oncentration monit	oring	<u>[\(\sqrt{a} \) \) \(\)</u>
(e) Startup, shutde	own, malfunction	plan		\swarrow

7. Surrender of Existing DEP Air Permit(s)

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

AIR PermIT # 0112307 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.

Frank Russo
Print name of responsible official

Ham

Signature

12-24-06

Date

Custom Care Cleaners 3 0 W. Broward Blvd. Ft. Lauderdale, FL 33312

FT LAUDERDALE F9. 333 16 JAN 2007 FM 1 L



ATT: DICK DIBBLE

AIRGENERAL PERMIT SECTION

BUTEAU OF AIR MONIBRING & MODIL SOUTCES MS 5510

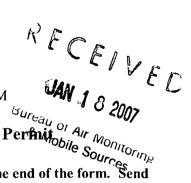
BUTEAU OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD

TALLAHASSEE, FL. 32399 - 2400

BERRIFFEEE

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



Part III. Notification of Intent to Use General Perhit of Air Monitoring Sources

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'av	cility Name and Location		<u> </u>				<u></u>
1.	Facility Owner/Company	Name (Nar	ne of corpo	oration, ager	ncy, or ind	ividual owner): .	a Blanch Latte
	CANBE	Clear	rer5	INC	•		
2.	Site Name (For example, p	lant name	or number)):			
	Custom				er5		
3.	Hazardous Waste Generate	or Identific	ation Numl	ber:			
	FLD9810	2319	15				
4.	Facility Location: 33.	50 W	I. BROO	WARD	BLU	D.	
	City: FT. Laudera	tale	County	BROW	ARD	Zip Code:	33312
.j5:?	Facility-Identification Nun	nber (DEP			10 mg 1 mg 10 mg 1	1100	AA AA
						1123	
(44 v 2)	7:	-0-2-14-20-17-18-0. s-300		Construent States (1995)	As bands and a second as		
	sponsible Official	111 0000					
	Name and Title of Respons	_			mtal		
Nar	TRANK '	Russ	0		Title:	OWNER	
7.	Responsible Official Maili					00101	
7.	Responsible Official Maili	ng Address	s: 1. BROU		BL		
7.	Responsible Official Maili Organization/Firm:	ng Address	s: 1. BROU		_		33312
7.	Responsible Official Maili Organization/Firm: Street Address: 33 City: FT. Lauderda Responsible Official Telep	ng Address So W C Dhone Num	s: 1. BROU County: GR ber:	WARD Roward	_	JD •	33312
	Responsible Official Maili Organization/Firm: Street Address: 33 City: FT. Lauderda	ng Address So W C Dhone Num	s: 1. BROU County: GR ber:		_	JD •	33312
8.	Responsible Official Maili Organization/Firm: Street Address: 33. City FT. Lauderda Responsible Official Telep Telephone: (951)	ng Address 50 W 1c C Shone Num	S: I. BROU County: GR ber: 270	iowa Ri	\	Zip Code:	33312
8.	Responsible Official Maili Organization/Firm: Street Address: 33 City: FT. Lauderda Responsible Official Telep Telephone: (954) Stillty Contact (If different to	ng Address So W Le Cohone Num SA 5 3	S: N. BROU County: GR ber: 270 consible Off	Rowa Ri	S Fax: (Zip Code:	33312
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8. Fac 9.	Responsible Official Maili Organization/Firm: Street Address: 33. City: FT. Lauderda Responsible Official Telep Telephone: (954) 5 Cility Contact (If different to the contact of Facility	ng Address So W Le Cohone Num SA 5 Cohone Respective Contact (F	onsible Officer example	ficial)	Fax: (Zip Code:	
8. Fac 9.	Responsible Official Maili Organization/Firm: Street Address: 33. City FT. Lauderda Responsible Official Telep Telephone: (954) Stillity Contact (If different to the contact (If different to	ng Address So W Le Cohone Num SA 5 3 From Respective Contact (F	onsible Officer example	ficial)	Fax: (Zip Code:	
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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?

1

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")
	3-08-2002	Existing New	RC/CA/None required.	•
		Existing/New		
		Existing/New ,	RC/CA/None required	
	*CONTROL DEVICE KEY:		gerated condenser CA = c	
	1.(b) TRANSFER MACHIN	ES ONLY	Electrical Control of the	A Company of the Comp
	How many washers do you ha	ve on-site?		Sister of the 17th
et.	How many dryers/reclaimers d	lo you have on-si		
	if the transfer machine was purunit. If the transfer machine was 1993, it is a NEW unit (no unit)	as purchased from its purchased after	manufacturer prior to or on Decon the manufacturer between Decor September 22, 1993 are allowed as a provide the following information.	
			ontrol Device Required*ircle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Exi	isting/New R	C/CA/None required	Sanda in
	Exi	isting/New R	C/CA/None required	(1) 1/2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Exi	sting/New R	C/CA/None required.	
	*CONTROL DEVICE KEY:	RC = refrig	gerated condenser $CA = c$	arbon adsorber
	2.(a) How much perchloroethy	ylene (perc) have	you used within the last 12 mor	iths?
	[60] gallons (\	You must fill this	in)	
	(b) If less than 12 months, l	how many? [_] months	
	Check why it is less that		ew owner: [] Did not keep	
			ew store: [] New machine [
		U	nopened store [] (date of ex	pected opening)

3. What is the facility's source classification based on Indicate with an "X". Select one classification or	· ·
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 machines p (Indicate with an "X".)	oursuant 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 [
	nits shall not be eligible to use the general permit pursuant to t water generating units on-site meet the following exemption I 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) rating: [<u>10</u> 1
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	ation
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 ad	ldition log
(b) Leak detection inspection and repair	.[\(\sum_1\)]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring [<u>\mathracksyma</u>]
(e) Startup, shutdown, malfunction plan	\sim

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

AIR
Perm 1T #
0112307

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.

Frank Kusso
Print name of responsible official

Ham

Signature

12-24-06

Date

DEP Form No. 62-213.900(2) Effective: 2/24/99 16