

Department of Environmental Protection

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

David B. Struhs Secretary

May 31, 2002

Mr. Randy Cole Exclusive Cleaners 10667 West Atlantic Boulevard Coral Springs, Florida 33071

Re: Facility No.: 0112366-002

Dear Mr. Waite:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 29, 2002.

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,

Joe Kahn, Chief (مو

Bureau of Air Monitoring and Mobile Sources

JK/jw

cc: Ms. Daniela Banu, Broward County

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

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Page 16 6 (C) Refuired for all sources

DEP ROUTING 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				
FROM:	DATE:PHONE:			

Buscau of Air Monitori & Worlde Sources

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.

Facility Name and Location			
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
PANDY COLE ARCY MODERY FAR OBA/ EXCLUSIVE CLEANERS			
2. Site Name (For example, plant name or number):			
Exclusive (Ceaners			
3. Hazardous Waste Generator Identification Number:			
ACF systems PLD982139396			
4. Facility Location: Eschestic Cleares Street Address: 10667 WATLANTIC Blud			
City: Coral Spens 5, FL County: US A Zip Code: 33071			
5. Facility Identification Number (DEP Use ONLY - do:not fill in):			
01/2366-002			
D			
Responsible Official 6. Name and Title of Responsible Official:			
Name: RANDY COLE Title: PRESIDENT			
7. Responsible Official Mailing Address:			
Organization/Firm: Street Address: 10667 WATLANTIC BUL			
City: Coral spring Pl County: USA Zip Code: 3307/			
8. Responsible Official Telephone Number: Telephone: (Gru) 25 4353 Fax: ()			
Telephone: (954) 75t 4353 Fax: ()			
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):			
RANDI COLE			
10. Facility Contact Address: 10667 WATLANTC BUIL			
Street Address:			
Street Address: City: Coral Spers, PC County: USA Zip Code: 33071			
11. Facility Contact Telephone Number:			
Telephone: (952) 34545/66 Fax: () -			

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informati	ion:
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")
03/01/1996	Existing/Ne	CA/None required	03/01/1996 SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	NA	
How many washers do yo	ou have on-site?		
How many dryers/reclaim	ners do you have o	on-site?	e e e e
unit. If the transfer machi 1993, it is a NEW unit (r	ne was purchased to units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation:
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 K			= carbon adsorber
	ns (You must fill	have you used within the last 12 this in)	monus?
(b) If less than 12 mor	oths how many? I	1 months	
• •	•	: New owner: [] Did not ke	eep records:
CHOOK WHY It IS IO.		New store: New machin	
		Unopened store [] (date of	- -
		Companies areas [(ente or	

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

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".)
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 []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuar 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: [20] [60]
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 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

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

7. Surrender	of Existing DEP Air Permit(s)
Please indicar	te 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
this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification.
Print nan	ne of responsible official
1	4/8/02
Signature	Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.



Department of Environmental Protection

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

David B. Struhs Secretary

To: Users of the Title V General Air Permits

Records in the Division of Air Resource Management indicate that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is entitled to operate for no more than five years with a permit under Section 403.0872, Florida Statutes (F.S.). Rule 62-213.300, F.A.C., establishes that the duration of the permit is for five years and no later than 30 days prior to the fifth anniversary of the filing of intent to use this general permit, the responsible official shall submit a new notice of intent which shall contain all <u>current information</u> regarding the facility.

The enclosed notification form is for your convenience. If you wish to maintain your eligibility, please complete and submit this form to the following address.

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

It is important to note that facilities not in compliance with the conditions of their existing Title V Air General Permit may not be eligible to use a new general permit after the existing general permit expires. Such facilities will be required to make application for an operating permit as a major source under Title V. It is very important for facilities to assure that they are now in compliance with their general permit conditions to avoid this costly situation.

Rule 62-213.300(2)(d), F.A.C., states the Title V air general permit is valid only for the specific activity indicated. Any deviation from the specified activity and the conditions for undertaking that action is a violation of the permit. Eligibility for use of the Title V air general permit may be nullified if the conditions of the permit are not being met. As indicated above, any facility not eligible to operate under the terms of a Title V air general permit should apply for an operating permit as a major source under Title V.

"More Protection, Less Process"

If you have any questions regarding your eligibility to operate as a Title V Air General Permit facility, please contact Rick Butler at 850/921-9586 or e-mail rick.butler@dep.state.fl.us or Sandy Bowman at 850/921-9583 or e-mail sandy bowman@dep.state.fl.us.

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring and Mobile Sources

DD/ Enclosure

10667 W. ATLANTIC BLVD. CORAL SPRINGS. FL 33071



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Burcau of AIR Monitoring and Mobile Sources, MS 5510

Burcau of AIR Monitoring and Mobile Sources, MS 5510

Department of Environmental PROTECTION

2600 BLAIR STUNE Road

TA 1144 955CC, Providt 32399



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

112366 RANDY COLE EXCLUSIVE CLEANERS 10667 W ATLANTIC BLVD CORAL SPRINGS FL 33071 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1
Fund: 20-2-035001



422002 JAN&1 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

AIRS ID#0112366

EXCLUSIVE CLEANERS RANDY COLE 10667 W ATLANTIC BLVD CORAL SPRINGS FL 33071

FOR GOVERNMENT USEONLY Org.: 375501010005 EO: XI Fund: 20-2-0350015 Ohj.: 002273

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20	10667 W Atlantic Blvd Street, Apt. No. CORAL SPRINGS, FL 33071			
	City, State, ZIF			1
	PS Form 3800, June 200)2	See Reverse fo	Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 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. Signature X P		
1. Article Addressed to: AIRS ID# 112366 1stC EXCLUSIVE CLEANERS 10667 W Atlantic Blvd	D. Is delivery address different from item to 12 Yes If YES, enter delivery address below:		
CORAL SPRINGS, FL 33071	3. Service Type Certified Mail		
7004 2510 0002 3939 3	143 cted Delivery? (Extra Fee)		
Article Number (Transfer from service label)			
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540		

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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

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Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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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# 112366 1st EXCLUSIVE CLEANERS 10667 W Atlantic Blvd CORAL SPRINGS, FL 33071 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.

EXCLUSIVE DRIVE THRU CLEANERS 10667 W. ATLANTIC BLVD. CORAL SPRINGS. FL 33071

SOUTH FLORIDA PDC

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDE.

473986 MAY 2:

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

