

Department of Environmental Protection

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

David B. Struhs Secretary

December 28, 2001

Mr. Robert Wenderott Dryclean USA 7771 West Oakland Park Boulevard, Suite 201 Sunrise, Florida 33351

Re: Facility No.: 0250793-002

Dear Mr. Wenderott:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 11, 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: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

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. completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	cility Name and Location				
1.					
	Dryclean USA				
2	Site Name (For example, plant name or number):				
2.	Site Name (For example, plant name or number):				
	#72119.				
3.	Hazardous Waste Generator Identification Number:				
	FLD931019979				
4.					
	Street Address: 13725 SW 152 St.				
l	City: Mianu, & County: Min-Dade Zip Code: 33/86				
5.	Facility Identification Number (DEP Use ONLY - do not fill in):				
-	0250793-002				
	0000190000				
Res	sponsible Official				
6.					
Nar					
	toward werker ou				
7.	Responsible Official Mailing Address: Dryclean USA Organization/Firm: M771 W. Oakland PK Blvd. Suitcol				
	Street Address:				
	Street Address: City: SunnSc, FC County: Browned Zip Code: 3335)				
	, 6,665				
8.	Responsible Official Telephone Number:				
	Telephone: (954) 747 7599 Ext 1018 Fax: (954) 747 -9818				
					
Fac	cility Contact (If different from Responsible Official)				
	Name and Title of Facility Contact (For example, plant manager):				
10	Facility Control Addition				
10.	Facility Contact Address:				
10.					
10.	Facility Contact Address: Street Address: City: County: Zip Code:				
10.	Street Address:				
	Street Address: City: County: Zip Code: Facility Contact Telephone Number:				
	Street Address: City: County: Zip Code:				

DEP Form No. 62-213.900(2)

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 Date Control Device Installed Status Control Device Required* From Manufacturer . (if already included at time of (circle one) (circle one) 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 adsorber1.(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: Control Device Required* Date Initially Purchased Status Date Control Device Installed From Manufacturer (circle one) (circle one) (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 adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [] 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 _

3. What is the fac Indicate with	•	sification based or one classification of		nitions found in se	ection (3) o	f Part II?	
Small Ar	rea Source			,	·		
•	Dry-to-dry mach Transfer only on Both machine typ	-site	(used les	ss than 140 gallons ss than 200 gallons ss than 140 gallons	s of perc pe	r year)	
Large Ar	rea Source						
	Dry-to-dry mach Transfer only on Both machine typ	-site	(used 20	0 - 2,100 gallons of 0 - 1,800	of perc per	year)	
4. What control te		ired on machines	pursuant 1	to section (5) of P	art II of thi	s notification form?	
	machines at sma REQUIRED)	ll area source		New machines at Refrigerated cond		source	
Carbon a	machines at large adsorber ated condenser	e area source		New machines at Refrigerated cond		source	
5. A facility which Rule 62-213.300, exemption criteria	F.A.C. Verify th	at all steam and h	not water g	generating units or	n-site meet	neral permit pursuan the following	t to
All steam and hot No such units on-		units exempt		OR			
How many boilers	s do you have on-	site?					
For each boiler, in	ndicate its horsepo	ower (HP) rating:	<u>U5</u>)L				
What type of fuel	do you use?	propane No. 2 fue No. 6 fue		natural ga No. 4 fuel Other (ple	oil		
6. Equipment Mor	nitoring and Reco	ordkeeping Inform	nation				•
Check all logs wh	ich are required t	o be kept on-site	in accorda	ince with the requ	,	f this general permit:	
(a) Purchase receip	pts and solvent p	urchases/solvent a	addition lo	g	X	,	
(b) Leak detection	inspection and r	epair			\square		
(c) Refrigerated co	ondenser tempera	ture monitoring			(X) (X)		
(d) Carbon adsorber exhaust perc concentration monitoring							
(e) Startup, shutdown, malfunction plan							

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

Air Permit(s)				
e appropriate selection:				
		facility indicated in		
rmits currently exist for the ope	eration of the facility indicated	in this notification		
ation				
v certify, based on information of otification are true, accurate and emissions units and air pollution of this general perm	and belief formed after reason nd complete. Further, I agree on control equipment describe nit as set forth in Part II of thi	able inquiry, that the to operate and ed above so as to is notification form.		
I will promptly notify the Department of any changes to the information contained in this notification.				
Robert Wenderott				
official				
f	$\frac{11/20/0}{Date}$	<u>/</u>		
	ermits currently exist for the operation e responsible official, as defined a certify, based on information a cotification are true, accurate an emissions units and air pollution of this general permatic conditions of this general permatical conditions of this general conditions of the conditio	nder all existing DEP air permits authorizing operation of the on form; the permit number(s) are ermits currently exist for the operation of the facility indicated exation eresponsible official, as defined in Part II of this form, of the sy certify, based on information and belief formed after reason otification are true, accurate and complete. Further, I agree to emissions units and air pollution control equipment described conditions of this general permit as set forth in Part II of this Department of any changes to the information contained in the Department of any changes to the information contained in the Department of any changes to the information contained in the Department of any changes to the information contained in the Department of any changes to the information contained in the Department of any changes to the information contained in the Department of any changes to the information contained in the Department of the		

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 completed form to the address listed in the instructions and keep a copy of the form for your files.

Pacifity Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
2.	Site Name (For example, plant name or number):			
	#72119			
3.	Hazardous Waste Generator Identification Number:			
	FLD931019979			
4.	Facility Location: Street Address: 13725 SW 152 St. City: Wight, & County: Min-Dade Zip Code: 33186			
5.	Facility Identification Number (DEP Use ONLY - do not fill in):			
	0250493-00	2		
	ponsible Official			
6.	Name and Title of Responsible Official:			
Nar	Name and Title of Responsible Official: ne: Robert Wenderott Title: Sermor Project Mgr.			
7.	Responsible Official Mailing Address: Dry clean us A Organization/Firm: M771 W. Oakland PK Blvd. Suite 201			
	Street Address: City: Bunnise, FC County: Browned Zip Code: 3335)			
8.	Responsible Official Telephone Number: Telephone: 954) 747 7599 Ext 1018 Fax: (934) 749 -9818.			
	Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):			
10.	Facility Contact Address:			
	Should Address.			
	Street Address:	l		
	City: County: Zip Code:			
11.	Facility Contact Telephone Number:			
	Telephone: () - Fax: () -			

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	·
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	on:
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/Ne	ew (C)CA/None required	SAME
·	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?		
How many dryers/reclaim	ners do you have o	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (n	ne was purchased to units purchased	from the manufacturer between	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	<u> </u>
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA =	= carbon adsorber
أتحم تعاد	roethylene (perc)	have you used within the last 12 r	months?
(b) If less than 12 mor	nths, how many?] months	
Check why it is les	ss than 12 months	: New owner: Did not kee	ep records: []
•		New store: New machin	ne []
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2)

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				
Transfer only on-site (use	d less than 140 gallons of perc per year) d less than 200 gallons of perc per year) d less than 140 gallons of perc per year)			
Large Area Source				
Transfer only on-site (use	d 140 - 2,100 gallons of perc per year) d 200 - 1,800 gallons of perc per year) d 140 - 1,800 gallons of perc per year)			
4. What control technology is required on machines pursu (Indicate with an "X".)	ant 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			
5. A facility which contains non-exempt emissions units Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site (see	ter generating units on-site meet the following			
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:				
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas Other (please list)			
6. Equipment Monitoring and Recordkeeping Information				
Check all logs which are required to be kept on-site in acc	cordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent addition	on log			
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring	(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	f 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
. [_]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible O	Official Certification
this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in the facility based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form. Inputly notify the Department of any changes to the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification. The way of the production of the information contained in this notification.

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to continue your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal
 - ☐ If you are a new owner, please check this and return this form with your completed notification form.
 - If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.
- If you do not wish to continue your eligibility, please disregard this notice.

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]

Sent: Tuesday, October 21, 2003 4:27 PM

To: Bowman, Sandy

Cc: Fernandez, Cynthia (DERM)

Subject: RE: ARMS Database

Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Tuesday, October 21, 2003 11:08 AM

To: Barros, Marcelo (DERM) **Subject:** RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.



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

Do NOT Remove Label

AIRS ID#0250793

DRYCLEAN USA #72119 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

7

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 can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250793 DRYCLEAN USA #72119 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273