

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.: 0250796-002

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

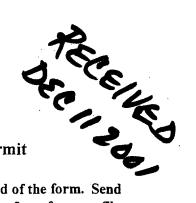
DD/jw

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.

1.	Facility Owner/Company Name (Name of corporation, agency, or individual	ual owner):
	DrycleanusA	
2.	Site Name (For example, plant name or number):	
	#72201	
3.	Hazardous Waste Generator Identification Number:	
	FLD981030885	
4.	Facility Location: Street Address: 17/107 NIW (07 AUC.	
	Facility Location: Street Address: 12468 NW 67 AVE. City: Manu, & County: MA-DADE	Zip Code: 330 15
5.	Facility Identification Number (DEP Use ONLY - do not fill in):	
	0250	2796-002)
Des	sponsible Official	
	Name and Title of Responsible Official:	. ^
	me: Robert Wenderott Title: Sens	ior Project Mar
	110001000000000000000000000000000000000	9
7.	Responsible Official Mailing Address: Organization/Firm: Dry Clear USA Street Address: 7771 W. Oakland PK Blvd St City: Genrise, FC County: Broward	
	Responsible Official Mailing Address:	ete 201 Zip Code: 33357
8.	Responsible Official Mailing Address: Organization/Firm: Dry Clear USA Street Address: The Oakland PK Blvd St City: Servise, FC County: Broward Responsible Official Telephone Number:	ete 201 Zip Code: 33357
8.	Responsible Official Mailing Address: Organization/Firm: Dry Clearn USA Street Address: TTO WOOK and PK Blvd St City: Genrise FC County: Broward Responsible Official Telephone Number: Telephone: (AS-1) TUT-7599 Ext 1018 Fax: (931)	ete 201 Zip Code: 33357
8. Fac. 9.	Responsible Official Mailing Address: Organization/Firm: Dry Clearn USA Street Address: TTO WOCK and PK Blvd St City: Genrise FC County: Broward Responsible Official Telephone Number: Telephone: (AS-1) TUT- TS99 Ext 1018 Fax: (934)	ete 201 Zip Code: 33357
8. Fac. 9.	Responsible Official Mailing Address: Organization/Firm: Dry Clearn USA Street Address: The County: Broward Responsible Official Telephone Number: Telephone: (AS-1) TUT- TS49 Ext 1018 Fax: (AS-1) Tut- TS49 Ext 1018 F	ete 201 Zip Code: 33357
8. Fac. 9.	Responsible Official Mailing Address: Organization/Firm: Dry Clearn USA Street Address: March County: Broward City: General Telephone Number: Telephone: (93-1) 147-7599 Ext 10(8 Fax: (93-1) Cility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):	ete 201 Zip Code: 33357

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

BEST AVAILABLE COPY



DRY-TO-DRY MACHINES ONLY

many dry-to-dry machines do you have on-site?

	ſ	
r	1	7
L	- E	

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")
3/95	Existing/New	RO/CA/None required	SAME
	Existing/New	RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·	Existing/New	RC/CA/None required	
*CONTROL DEVICE R	XEY: RC = ref	rigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY	·	
How many washers do y	ou have on-site?		
How many dryers/reclaim	mers do you have on-	-site?	
uiii. Ii uic uausici maci			
1993, it is a NEW unit (no units purchased a fer machine on-site, Status		Date Control Device Installed (if already included at time of
1993, it is a NEW unit (permit). For each transport Date Initially Purchased	no units purchased a fer machine on-site, Status (circle one)	fter September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation: Date Control Device Installed
1993, it is a NEW unit (permit). For each transport Date Initially Purchased	no units purchased a fer machine on-site, Status (circle one)	fter September 22, 1993 are allo please provide the following info Control Device Required*	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (permit). For each transport Date Initially Purchased	no units purchased a fer machine on-site, Status (circle one) Existing/New	fter September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (permit). For each transport Date Initially Purchased	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New	fter September 22, 1993 are allo please provide the following info Control Device Required* (circle one)	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (permit). For each transport Date Initially Purchased From Manufacturer	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (permit). For each transport Date Initially Purchased	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (permit). For each transport Date Initially Purchased From Manufacturer *CONTROL DEVICE K	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME")
1993, it is a NEW unit (permit). For each transport Date Initially Purchased From Manufacturer *CONTROL DEVICE K	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New ins (You must fill the	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME")
*CONTROL DEVICE K 2.(a) How much perchlo (b) If less than 12 mo	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New in this, how many?	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general permation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
*CONTROL DEVICE K 2.(a) How much perchlo (b) If less than 12 mo	no units purchased a fer machine on-site, Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	fter September 22, 1993 are allo please provide the following information of the following information	wed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber orecords: []

3. What is the facility's source classif Indicate with an "X". Select one		n the definitions found in section (3) of Part II? only.)
Small Area Source		
Dry-to-dry machine Transfer only on-si Both machine types	te	(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 machine Transfer only on-si Both machine types	te	(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 require (Indicate with an "X".)	d on machines	pursuant to section (5) of Part II of this notification form?
Existing machines at small a (NONE REQUIRED)	irea source	New machines at small area source Refrigerated condenser []
Existing machines at large a Carbon adsorber Refrigerated condenser	rea source	New machines at large area source Refrigerated condenser [X]
	all steam and h	units shall not be eligible to use the general permit pursuant to to water generating units on-site meet the following (see attached memo for the criteria).
All steam and hot water generating un No such units on-site	nits exempt	OR
How many boilers do you have on-site	? []	
For each boiler, indicate its horsepow	er (HP) rating:	
What type of fuel do you use?	propane No. 2 fuel No. 6 fuel	
6. Equipment Monitoring and Record	keeping Inform	ation
Check all logs which are required to b	e kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purc	hases/solvent a	ddition log
(b) Leak detection inspection and repa	air	[X _]
(c) Refrigerated condenser temperature	e monitoring	[X]
(d) Carbon adsorber exhaust perc con-	centration moni	itoring X
(e) Startup, shutdown, malfunction pl	an	(<u>X</u>)

7. Surrende	r of Existing DEP Air Permit(s)
Please indic	eate 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.
Responsibl	e Official Certification
this not stateme maintal comply	indersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in 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. The Department of any changes to the information contained in this notification. The Department of the information contained in this notification. The Department of the information contained in this notification.

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.

_Fac	rility Name and Location		
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
	Drycleanusa		
2.	Site Name (For example, plant name or number):		
	# 72901		
3.	Hazardous Waste Generator Identification Number:		
	FLD981030885		
4.	Facility Location: Street Address: 1868 NW 67 AVE. City: Mianu, FC County: MA-DADE Zip Code: 33015		
5.	Facility Identification Number (DEP Use ONLY - do not fill in):		
	0050796-002		
	ponsible Official		
	Name and Title of Responsible Official:		
Nat	ne: Robert Wenderott Title: Seneor Project Mark		
7.	Responsible Official Mailing Address: Organization/Firm: Dry Clean USA Street Address: The Dakland PK Blvd Swite 201 City: Sunise, FC County: Broward Zip Code: 33357		
8.	Responsible Official Telephone Number: Telephone: (93-1) 947-7599 Ext 10(8 Fax: (931)747-9878		
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:		
	Dip odd.		
11.	Facility Contact Telephone Number:		
	Telephone: () - Fax: () -		

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility	Inform	ıation
----------	--------	--------

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 RO/&A/None required	SAME
	Existing/Ne	ew RC/CA/None required	
<u> </u>	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE KI	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/reclain	ners do you have o	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased o units purchased	from the manufacturer between l	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	<u> </u>
	Existing/New	RC/CA/None required	.
*CONTROL DEVICE KI	EY: RC = r	efrigerated condenser CA =	carbon adsorber
\sim \sim \sim \sim	roethylene (perc) ns (You must fill	have you used within the last 12 n	nonths?
(b) If less than 12 mor	nths, how many?] months	
		: New owner: [] Did not kee	p records: []
v		New store: New machin	e
		Unopened store [] (date of	expected opening)

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 Carbon adsorber Refrigerated condenser Carbon adsorber 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 (see attached 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: [20] []
What type of fuel do you use? [] propane
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 o	of Existing DEP Air Permit(s)
Please indicate	e 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 notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imply notify the Department of any changes to the information contained in this notification. The property of the Department of any changes to the information contained in this notification. The property of the Department of any changes to 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.

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# 250796 10 DRYCLEAN USA #72201 18468 N. W. 67 Ave MIAMI, FL 33015

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273



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#0250796

DRYCLEAN USA #72201 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



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

250796 ROBERT WENDEROTT DRYCLEAN USA #72201 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273





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 # 0250796

DRYCLEAN USA #72201 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fung: 20-2-035 Obj.: 002273