



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 22, 2002

Mr. David Kochman
Dry Cleaning Depot, #35
730 West Broward Boulevard
Ft. Lauderdale, Florida 33312

Re: Facility No.: 0112312-002

Dear Mr. Kochman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 17, 2001.

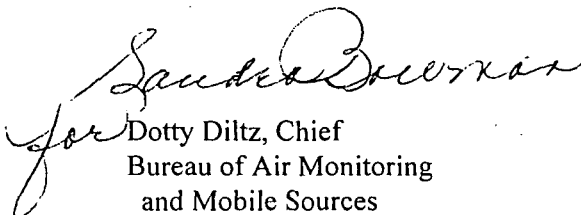
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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. Daniela Banu, Broward County

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED

JAN 31 2002

Bureau of Air Monitoring
& Mobile Sources



COLONY ACQUISITION CORPORATION

December 18, 2001

RE: FACILITY NO.: 0112312-002 ✓

ATTN: ALL VENDORS

FACILITY NO.: 0112313-002

FACILITY NO.: 0112311-002

AS OF DECEMBER 27, 2001, COLONY ACQUISITION CORP A/K/A DRY

CLEANING DEPOT WILL BE MOVING OUR CORPORATE OFFICE. ALL

FUTURE BILLING AND CORRESPONDENCE SHOULD BE SENT TO:

**1995 EAST OAKLAND PARK BLVD. SUITE 215
FT. LAUDERDALE, FL 33306**

PHONE: 954-568-9666

FAX: 954-563-7646

0112312-002

Page 15

1(a) Add Dry to Dry machine information for each machine.

1/3/02

Called and spoke to David Kochman and he directed me to call Jo Ann Ellington for the information on the dryclean machines. Ms. Ellington stated the two dry to dry machines were purchased on December 15, 1995 and each have built in refrigerated condensers as control devices.

Page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- ____ 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

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Source Control

DEC 17 2001

RECEIVED

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 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): Colony Acquisition Corp.
2. Site Name (For example, plant name or number): Broward #35
3. Hazardous Waste Generator Identification Number: FLD 980838890
4. Facility Location: Street Address: 3470 W. Broward Blvd. City: Ft. Lauderdale County: Broward Zip Code: 33312
5. Facility Identification Number (DEP Use ONLY - do not fill in): 01/23/2-002

Responsible Official

6. Name and Title of Responsible Official: Name: David Kochman Title: Vice_President
7. Responsible Official Mailing Address: Organization/Firm: Dry Cleaning Depot Street Address: 730 W. Broward Blvd. City: Ft. Lauderdale County: Broward Zip Code: 33312
8. Responsible Official Telephone Number: Telephone: (954) 522-3660 Fax: (954) 522-6332

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Mary Walker
10. Facility Contact Address: Street Address: 3470 W. Broward Blvd. City: Ft. Lauderdale County: Broward Zip Code: 33312
11. Facility Contact Telephone Number: Telephone: (954) 587-1170 Fax: (954) 587-8997

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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")
_____	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 adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [0]

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 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 KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[960] 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: []

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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 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 OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

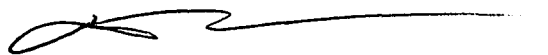
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS # 0112312001 AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

DAVID KOCHMA
Print name of responsible official


Signature

12/13/01
Date

954/410-2604 David Kochman Cell.

wshed me to call

Controller Jordan Ellington 233
Ellington

35

DIP	STA	CDR	DC DE
-----	-----	-----	-------

#35		RC	Built-in
#1	Dec 15 95	RC	Built-in
	Dec 15 95		

#37

		RC	Built-in
1	Oct 95	RC	Built-in
2	Oct 95		
3	Oct 2000	RC	Built-in

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
 1. _____ 4. _____
 2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

____ 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

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

112312 10
COLONY AQUISITION - BROWARD
#35
3470 W Broward Blvd
FT LAUDERDALE, FL 33312

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

H) 33994
1/22/02

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 # 0112312
COLONY AQUISITION - BROWARD #35
ROBERT L DENBERG
730 W BROWARD BLVD
FT LAUDERDALE FL
33312

FOR GOVERNMENT USE ONLY
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 is located on the mailing label.

DDN # 487573

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

PERMIT EXPIRED:
01/17/07
DID NOT CONTACT

AIRS ID# 112312
COLONY ACQUISITION CORP
3470 W Broward Blvd
FT LAUDERDALE, FLORIDA
33312

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	AIRS ID #0112313				50.00
	AIRS ID #0112311				50.00
	AIRS ID #0112312				50.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
1/31/03	23342	Dept. of Environmental Prot.			\$150.00



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. X

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0112312
 COLONY AQUISITION - BROWARD #35
 DAVID KOCHMAN
 1995 EAST OAKLAND PARK BLVD STE 215
 FT LAUDERDALE FL
 33306

Bureau of Air Monitoring
 & Mobile Sources

FEB 07 2003

FOR GOVERNMENT USE ONLY
 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

112312
 DAVID KOCHMAN
 COLONY AQUISITION - BROWARD #35
 1995 EAST OAKLAND PARK BLVD STE
 215 ~~730 W. BROWARD~~ BLVD
 FT LAUDERDALE FL ~~33306~~ 33312

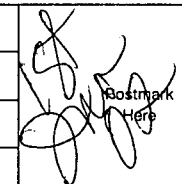
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
 FEB 6 2003
 Bureau of Air Monitoring
 & Mobile Sources

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 6813

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#0112312

COLONY AQUISITION - BROWARD #35
 DAVID KOCHMAN
 1995 E. OAKLAND PARK BLVD SUITE 215
 FT LAUDERDALE FL
 33306

See back for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

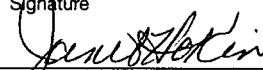
AIRS ID#0112312

COLONY AQUISITION - BROWARD #35
 DAVID KOCHMAN
 1995 E. OAKLAND PARK BLVD SUITE 215
 FT LAUDERDALE FL
 33306

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 6813

COMPLETE THIS SECTION ON DELIVERY

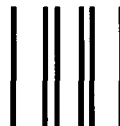
A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
J. HOKIN	2/7/03
C. Signature	
X 	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

<input checked="" 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)* Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

EUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2003

RECEIVED

323992400

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7007 2000 0922 5651 0307

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

David Kochman
 Postmark Here

Total Po ID# 112312

DAVID KOCHMAN

Sent To COLONY AQUISITION BROWARD #35

Street, Ap. 1995 EAST OAKLAND PARK BLVD

or PO Box SUITE 215

City, State FT LAUDERDALE, FL 33306

PS Form 3800, June 2002

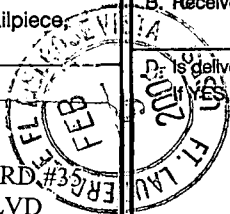
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

ID# 112312
 DAVID KOCHMAN
 COLONY AQUISITION BROWARD #35
 1995 EAST OAKLAND PARK BLVD
 SUITE 215
 FT LAUDERDALE, FL 33306



COMPLETE THIS SECTION ON DELIVERY

A. Signature

David Kochman Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 No
 If Yes, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service)

7003 2260 0003 5651 0307

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2004

RECEIVED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	

AIRS ID# 112312 1stC
 COLONY AQUISITION - BROWARD
 #35
 3470 W Broward Blvd
 FT LAUDERDALE, FL 33312

Sent To _____
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3813

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID# 112312 1stC
 COLONY AQUISITION - BROWARD
 #35
 3470 W Broward Blvd
 FT LAUDERDALE, FL 33312

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *8/17/01*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2005

RECEIVED

32399/2400

