

Department of Environmental Protection

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

David B. Struhs Secretary

January 2, 2002

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

Re: Facility No.: 0112360-002

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/iw

cc: Ms. Daniela Banu, Broward 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 foreyour files.

Fac	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	#72915
3.	Hazardous Waste Generator Identification Number:
	FL000023395.
4.	Facility Location:
	Street Address: 17177 Pines Blud City: Pembroke Pines, FL County: Brownard Zip Code: 33027
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	01/2360-002
	ponsible Official
	Name and Title of Responsible Official:
Nar	ne: Robert Wenderott Title: Senior Project MGR
7.	Responsible Official Mailing Address:
	Street Address: mon 1/2 pokicimal file Blud Suetce 201
	Organization/Firm: Dryclean USA Street Address: MMIW. Dakland TILBIUD Suite 201 City: Sunnse/FC County: Broward Zip Code: 33357
8.	Responsible Official Telephone Number: Telephone: (954)747-7599 Fax: (954)747-9378
	Telephone: (954) 1747-7599 Fax: (954) 141-9378
Fac	rility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	-Facility-Contact-Address:
10.	Tability Condition Table 1
	Street Address:
	City: 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	X	
How many dry-to-dry ma	achines do you ha	ve on-site?	
For each dry-to-dry mac	hine on-site, pleas	e provide the following information	n:
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")
8/96	Existing/N	ew RC/CA/None required	SAME
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	· ,	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
			December 9, 1991, it is an EXISTING
1993, it is a NEW unit (repermit). For each transformation Date Initially Purchased	o units purchased er machine on-sit Status	I after September 22, 1993 are allo e, please provide the following info Control Device Required*	Date Control Device Installed
1993, it is a NEW unit (r permit). For each transf	no units purchased er machine on-sit	I after September 22, 1993 are allo e, please provide the following info	wed to operate under this general ormation:
1993, it is a NEW unit (repermit). For each transformation Date Initially Purchased	o units purchased er machine on-sit Status	I after September 22, 1993 are allo e, 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 (repermit). For each transformation Date Initially Purchased	no units purchased er machine on-sit Status (circle one)	d after September 22, 1993 are allo e, 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 (r permit). For each transf Date Initially Purchased From Manufacturer	o units purchased er machine on-sit Status (circle one) Existing/New Existing/New	d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required	wed to operate under this general ormation: Date Control Device Installed (if already included at time of
1993, it is a NEW unit (rpermit). For each transf Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor	o units purchased er machine on-sit Status (circle one) Existing/New Existing/New Existing/New Existing/New	d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required AC/CA/None required RC/CA/None required	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber
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CONTROL DEVICE K 2.(a) How much perchlo [2.(a) Hose than 12 more	Existing/New	d after September 22, 1993 are allo e, please provide the following information Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser CA = have you used within the last 12 m this in)	wed to operate under this general primation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber onths?
CONTROL DEVICE K 2.(a) How much perchlo [2.(a) Hose than 12 more	Existing/New	d after September 22, 1993 are allo e, please provide the following information (Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 m this in) months	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 classification based on the Indicate with an "X". Select one classification on	
Small Area Source	
Transfer only 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	
Transfer only 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 put (Indicate with an "X".)	ursuant 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 un Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site (s	
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 [] No. 2 fuel o [] No. 6 fuel o	
6. Equipment Monitoring and Recordkeeping Information	tion
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 add	dition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	\mathcal{L}
(d) Carbon adsorber exhaust perc concentration monitor	oring [X]
(e) Startup, shutdown, malfunction plan	Ĺ

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	
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.	
Responsible	Official Certification	
this notification statement maintain comply will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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. Simply 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.	

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):		
2. Site Name (For example, plant name or number):		
2. Site Name (For example, plant name or number):		
#72a15		
3. Hazardous Waste Generator Identification Number:		
FL 000013395.		
4. Facility Location: Street Address: 17177 Pines Blvd City: Pembroke Pines, PL County: Browned Zip Code: 33027		
5. Facility Identification Number (DEP Use ONLY - do not fill in): O/12360-000		
Responsible Official		
6 Name and Title of Pernonsible Official:		
Name: Robert Wenderott Title: Senior Project MGR		
7. Responsible Official Mailing Address: Organization/Firm: Drycleam USA Street Address: 7771W, Dakland FlhBlud Suetcall City: Sunise, FC County: Broward Zip Code: 33357		
8. Responsible Official Telephone Number: Telephone: (954)747-7599 EXTIDIS Fax: (494)747-9378		
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:		
11. Facility Contact Telephone Number:		
Telephone: () - Fax: () -		

DEP Form No. 62-213.900(2)

Facility Information

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 From Manufacturer Status Control Device Required* (circle one) Existing/New RC/CA/None required 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? 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 EXISTII unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 21993, 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 Status Control Device Required* Circle one) Existing/New RC/CA/None required Existing/New RC/CA/None required
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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 adsorber
2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [2//_] 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: []
[211] gallons (You must fill this in)

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		
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: [] []		
What type of fuel do you use? [] propane [] natural gas [] No. 2 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		
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring		
(d) Carbon adsorber exhaust perc concentration monitoring		
(e) Startup, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

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	
	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 ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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. In the importance of this permit is set forth in Part II of this notification. The control of the permit is notification.	
Signature	$\frac{11/20/01}{Date}$	

DEP Form No. 62-213.900(2)

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.

rac	chity Name and Location	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Site Name (For example, plant name or number):	
2.	Site Name (For example, plant name or number):	
	#72915	
3.	Hazardous Waste Generator Identification Number:	
	FL 000023395.	
4.	Facility Location: Street Address: 17177 Pines Blvcl City: Rembroke Pines, Fl. County: Browned Zip Code: 33027	
5 :	Facility Identification Number (DEP Use ONLY - do not fill in):	
	$C_{1} = C_{1} + C_{2} + C_{3} + C_{3$	
Res	sponsible Official	
6.	Name and Title of Responsible Official:	
	ne: Robert Wenderott Title: Senior Project MGR	
7.	Responsible Official Mailing Address: Organization/Firm: Dryclean uS/A Street Address: Mailing Address: City: Sunnse, Responsible Official Mailing Address: County: Browned Zip Code: 33357	
8.	Responsible Official Telephone Number: Telephone: (954)747-7599 EXTIDIS Fax: (454)747-9378,	
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:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

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Facility Name and Location
Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
#72915
3. Hazardous Waste Generator Identification Number:
FL000023895.
4. Facility Location: Street Address: \ \tag{177} \ 2000000000000000000000000000000000000
Street Address: 17177 Pines Bluck City: Rembroke Pines, FL County: Browned Zip Code: 33027
5: Facility Identification Number (DEP Use ONLY - do not fill in):
14 Julius 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19
Responsible Official
6. Name and Title of Responsible Official: Name: Robert (1) and with Title: Senior Project MGR
Name: Robert Wenderott Title: Senior Project MGR
7. Responsible Official Mailing Address:
Organization/Firm: Dryclean USA Street Address: MMIW, Dekland TILBLUD Suct 201 City: Sunise FC County: Browned Zip Code: 33357
Street Address: 7771 W. Oakland the Bluch Suct Sel
City: SUN SE M County: Browner Zip Code: 33351
8. Responsible Official Telephone Number:
Telephone: (954)747-7599 Fax: (954)747-9372,
EXTIDIX
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:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") (RC/CA/None required Existing/New Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser *CONTROL DEVICE KEY: CA = carbon adsorber 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 (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 adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [2//] 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 Indicate with an "X". Select one classif	based on the definitions found in section (3) of Part II? fication only.)
Small Area Source	
Dry-to-dry machines only Transfer only on-site Both machine types on-sit	(used less than 200 gallons of perc per year)
Large Area Source	KI
Dry-to-dry machines only Transfer only on-site Both machine types on-sit	(used 200 - 1,800 gallons of perc per year)
4. What control technology is required on m (Indicate with an "X".)	nachines pursuant to section (5) of Part II of this notification form?
Existing machines at small area south (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area sou Carbon adsorber Refrigerated condenser []	Refrigerated condenser New machines at large area source Refrigerated condenser
Rule 62-213.300, F.A.C. Verify that all stea	nissions units shall not be eligible to use the general permit pursuant t am and hot water generating units on-site meet the following at on-site (see attached memo for the criteria).
All steam and hot water generating units ex. No such units on-site	empt OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP	') rating: [] []
۱ [oropane natural gas No. 2 fuel oil No. 4 fuel oil No. 6 fuel oil Other (please list)
6. Equipment Monitoring and Recordkeepin	ng Information
Check all logs which are required to be kept	t 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 mon	nitoring
(d) Carbon adsorber exhaust perc concentrate	tion monitoring
(e) Startup, shutdown, malfunction plan	, L

DEP Form No. 62-213.900(2)

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	
	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. Simply notify the Department of any changes to the information contained in this notification. The of responsible official The of the properties 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.