

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

September 4, 2007

Mr. Steve Stevener Dryclean USA 10450 Wiles Road Coral Springs, Florida 33065

Re: Facility No.: 0112365-003

Dear Mr. Stevener:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 30, 2007.

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,

Sandra F. Veazey, Chief Bureau of Air Monitoring and Mobile Sources

SFV/pg

cc: Mr. Clifton Bittle, Broward County

NO ACTIVITY FOR FACILITY
EMISSION FEE DATES 1971 2005
SOC REPORTS
COMP. STATUS - SNC MNC (II)

INSP-INSZ-Compliance Inspection
10alkthrough - 5/24/2006 - IN
INSP-Broward Co-CBIHILE



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 owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Keystone 71324
3.	Hazardous Waste Generator Identification Number:
4.	Street Address: 10450 Wiles Rd.
	City: Coral Springs County: Broward Zip Code: 33065
	Pacility Identification Number (DBP Use ONLY do not fill in)
7.16	计是 计理算错例 经分类的
Da	sponsible Official
	Name and Title of Responsible Official:
	me: Steve Stevener Title: Regional Manager
7.	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:  Organization/Firm: Dryclean USA  October 1988  October 1988
7.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dakland Pk. Blud. Suite 201
7.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise  County: Broward  Zip Code: 33351
<b>7</b> .	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Sunrise County: Broward Zip Code: 33351  Responsible Official Telephone Number:
	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise  County: Broward  Zip Code: 33351
8.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise  County: Broward  Responsible Official Telephone Number: Telephone: (954) 747-7599 × 113  Fax: (954) 747-9878
8.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Sunrise County: Broward Zip Code: 33351  Responsible Official Telephone Number:
8.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise County: Broward Zip Code: 33351  Responsible Official Telephone Number: Telephone: (954) 747 - 7599 × 113 Fax: (954) 747 - 9878  cility Contact (If different from Responsible Official)
8. Fac 9.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise County: Broward Zip Code: 33351  Responsible Official Telephone Number: Telephone: (954) 747-7599 × 113 Fax: (954) 747-9878  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Vernon Hoods  Facility Contact Address:
8. Fac 9.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak(and Pk. Blud. Suite 201 City: Surrise County: Broward Zip Code: 33351  Responsible Official Telephone Number: Telephone: (954) 747-7599 × 113 Fax: (954) 747-9878  Cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Vernon Hoods  Facility Contact Address:
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8. Fac 9.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dakland Pk. Blod. Suite 201 City: Sunrise County: Broward Zip Code: 33351  Responsible Official Telephone Number: Telephone: (954)747-7599 × 113 Fax: (954)747-9878  cility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):  Vernon Hoods  Facility Contact Address:  Street Address: 10450 Wiles Rd  City: Coral Springs County: Broward Zip Code: 33065

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

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### **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") 08-Dec-91 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? 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 Control Device Installed Date Initially Purchased Status From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") RC/CA/None required Existing/New RC/CA/None required Existing/New 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?

New store: New machine \_\_\_\_

Check why it is less than 12 months: New owner: [\_\_\_] Did not keep records: [\_\_\_]

Unopened store [ ] (date of expected opening \_\_\_

DEP Form No. 62-213.900(2)

[ // S ] gallons (You must fill this in)

(b) If less than 12 months, how many? [\_\_\_\_] months

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		ssification based or one classification o		nitions found in se	ction (3) of Part	II?
Small A	rea Source	$\square$				
	Dry-to-dry mach Transfer only or Both machine ty		(used le	ss than 140 gallons ss than 200 gallons ss than 140 gallons	of perc per yea	ı)
Large Ai	rea Source					
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	40 - 2,100 gallons o 00 - 1,800 gallons o 40 - 1,800 gallons o	of perc per year)	
4. What control to (Indicate with		nired on machines	pursuant	to section (5) of Pa	art II of this noti	ification form?
	machines at sma REQUIRED)	all area source		New machines at Refrigerated cond		<u>ce</u>
Carbon a	machines at larged sorber at a condenser	e area source		New machines at Refrigerated cond		<u>ee</u>
Rule 62-213.300,	F.A.C. Verify to	exempt emissions that all steam and hunits exist on-site	ot water	generating units or	n-site meet the f	
All steam and hot No such units on-		g units exempt		OR		
How many boilers	s do you have on	-site?				
For each boiler, in	ndicate its horsep	ower (HP) rating:				
What type of fuel	do you use?	propane No. 2 fue No. 6 fue		natural ga No. 4 fuel Other (ple	oil	
6. Equipment Mo	nitoring and Rec	ordkeeping Inform	nation			
Check all logs wh	nich are required	to be kept on-site	in accord	lance with the requ		general permit:
(a) Purchase recei	ipts and solvent p	ourchases/solvent a	addition l	og	بك	
(b) Leak detection	inspection and	repair			بک	
(c) Refrigerated c	ondenser temper	ature monitoring			$ \checkmark $	
(d) Carbon adsorb	er exhaust perc	concentration mor	nitoring			
(e) Startup, shutd	lown, malfunctio	n plan			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	

7. Surrender	of Existing DEP Air Permit(s)
Please indicat	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
LXI	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	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 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.  Imptly notify the Department of any changes to the information contained in this notification.
1	Steve Stevenes
Print nam	ne of responsible official
Signature	<u>7-27-07.</u> 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 Permits 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**

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.

# 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.

	cility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	Keystone
3.	Hazardous Waste Generator Identification Number:
	FLR 000028506
4.	Street Address: 10450 Wiles Rd.
	City: Coral Springs County: Broward Zip Code: 33065
5.	Tecliny Identification Number (DEP Use ONIT) ado not Illand
Da	sponsible Official
	Name and Title of Responsible Official:
	me: Steve Stevener Title: Regional Manager
7.	Responsible Official Mailing Address:
7.	Organization/Firm: Dryclean USA Street Address: 222/16) Dake (1/1/14 Blad. Suite 201
7.	Organization/Firm: Dryclean USA Street Address: 7771 W. Dak (and Ok. Blud. Site 201 City: Surrise County: Broward Zip Code: 33351
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information		•		
1.(a) DRY-TO-DRY M	ACHINES ONL	Y		
How many dry-to-dry ma	achines do you ha	ve on-site?	•	
For each dry-to-dry mach	hine on-site, pleas	e provide the following information	п:	
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")	_
08-Dec-91	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? []		
If the transfer machine w	as purchased from	n the manufacturer prior to or on I	December 9, 1991, it is an EXISTING	
1993, it is a NEW unit (c	o units purchased	d from the manufacturer between D d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one)	December 9, 1991 and September 22, 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 transfer Date Initially Purchased	no units purchased er machine on-sit Status	d after September 22, 1993 are allo e, please provide the following info Control Device Required*	December 9, 1991 and September 22, owed to operate under this general ormation:  Date Control Device Installed	_
1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased	no units purchased er machine on-sit Status	d after September 22, 1993 are allo e, please provide the following info Control Device Required*	December 9, 1991 and September 22, wed to operate under this general ormation:  Date Control Device Installed (if already included at time of	_
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1993, it is a NEW unit (repermit). For each transfer Date Initially Purchased	no units purchased er machine on-sit Status (circle one) Existing/New	d after September 22, 1993 are allo e, please provide the following info Control Device Required* (circle one)  RC/CA/None required	December 9, 1991 and September 22, 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 transference initially Purchased From Manufacturer  *CONTROL DEVICE KI	Status (circle one)  Existing/New Existing/New Existing/New 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  CA =  have you used within the last 12 m  this in)	December 9, 1991 and September 22, owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")	
*CONTROL DEVICE KI 2.(a) How much perchlor  [ // S ] gailor  (b) If less than 12 mon	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  RC/CA/None required  RC/CA/None required  CA =  have you used within the last 12 m  this in)	December 9, 1991 and September 22, owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber	_
*CONTROL DEVICE KI 2.(a) How much perchlor  [ // S ] gailor  (b) If less than 12 mon	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  RC/CA/None required  RC/CA/None required  CA =  have you used within the last 12 m this in)  months	December 9, 1991 and September 22, owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  p records: []	

DEP Form No. 62-213.900(2)

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3. W	hat is the facility's source clandicate with an "X". Select	assification based of one classification	on the definitions found in section (3) of Part II?
٠	Small Area Source	LXI	
	Dry-to-dry mac Transfer only o Both machine t		(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 mac Transfer only o Both machine t		(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. Wh	nat control technology is required to the control technology is requir	uired on machines	pursuant to section (5) of Part II of this notification form?
	Existing machines at sm. (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser  []
	Existing machines at large Carbon adsorber Refrigerated condenser	ze area source	New machines at large area source Refrigerated condenser
Kuic (	02-213.300, F.A.C. Venty t	hat all steam and h	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following (see attached memo for the criteria).
All sto No suo	am and hot water generating the units on-site	g units exempt	OR OR
How n	nany boilers do you have on	-site?	
For ca	ch boiler, indicate its horsep	ower (HP) rating:	
What t	ype of fuel do you use?	propane No. 2 fuel No. 6 fuel	
6. Equ	ipment Monitoring and Rec	ordkeeping Inform	ation
Check	all logs which are required	to be kept on-site i	n accordance with the requirements of this general permit:
(a) Pur	chase receipts and solvent p	urchases/solvent a	ddition log
(b) Lea	k detection inspection and t	repair	
(c) Ref	rigerated condenser temper	ature monitoring	
(d) Car	bon adsorber exhaust perc o	concentration moni	itoring
(e) Sta	rtup, shutdown, malfunction	n plan	<b>∠</b> 」

/. Dailymays	of respine ten tentif(2)	
Please indica	te with an "X" the appropriate selecti	ion:
	I hereby surrender all existing DEI this notification form; the permit n	P air permits authorizing operation of the facility indicated in number(s) are
LΔ	No DEP air permits currently exist form.	for the operation of the facility indicated in this notification
Responsible	Official Certification	
this notif statemen maintain comply v	fication. I hereby certify, based on in is made in this notification are true, the air pollutant emissions units and with all terms and conditions of this g	l, as defined in Part II of this form, of the facility addressed in iformation and belief formed after reasonable inquiry, that this accurate and complete. Further, I agree to operate and it air pollution control equipment described above so as to teneral permit as set forth in Part II of this notification form.
I will pro		changes to the information contained in this notification.
	Steve Stevener	
Print nan	ne of responsible official	<del></del>
	A 4	7-27-07
Signatur		Date