

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 3, 1997

Mr. Michael Gagliano 1875 West Commercial Blvd. Suite 140 Fort Lauderdale, Florida 33309

Facility No.: 0112371 Re:

Dear Mr. Gagliano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 1997.

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: Mr. John Coppola, Broward County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

May 14, 1997

Mr. Michael Gagliano
6518 North State Road 7 1845 W COMMERCIAL Bette Blvd. Swite 140
Coconut Creek, Florida 33073 Ft. Landerdale 33309

Re: Facility No. 0112371

Dear Mr. Gagliano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 1997.

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.

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	#0112371
NU	Dryclean USA
P.13	1.add Inc.
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p. 15	1. complete 5.(f) required

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR # 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Dryclean USA	
2. Site Name (For example, plant name or number):	
Parkland * 11430	
3. Hazardous Waste Generator Identification Number:	******
applied for.	
4. Facility Location:	
Street Address: 6518 N. State Road 7	
City: A Zip Code:	
Coconut Creek Broward 3307	3
5. Facility Identification Number (DEP Use):	(1)
	A71
2/120	71

Responsible Official

6.	Name and Title of Responsible Official:	· ·	
کے	Responsible Official Mailing Address: Organization/Firm: Dycken Us Street Address: 1875 W. Comm	Director of Ex	rintering
7	Responsible Official Mailing Address:		7
	Organization/Firm: Dryclean US	5A	
	Street Address: 1875 'W. Comm	nercial Blvd., Ste 140	
	City:	County: 0	
	Ft. Lauderdale	broward	33309
8.	Responsible Official Telephone Number:		
	Telephone: (954) 493 -6760	Fax: (991)492	- 8444
	. , , , , , ,	(101)/110	יין ט
	City: Ft. Lauderdale Responsible Official Telephone Number: Telephone: (954) 493 - 6700	County: Broward	Zip Code: 33309

Facility Contact (If different from Responsible Official)

	9. Name and Title of Facility Contact (For example, plant manager):
	Larry Berger District Manager
	10. Facility Contact Address:
	Street Address: 1875 W. Commercial Bluch. Ste 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
	11. Facility Contact Telephone Number: Telephone: (954) 493 -6700 Fax: (954) 493 -8444
ı	

DEP Form No. 62-213.900(2) Effective: 6-25-96

Facility Information

(1) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control	İ	Machine	Control		Machine	Control
		Initially	Device	İ	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser								Ţ	1
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•					•	
(4) w/ ref. condenser		1							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		· · · · · · · · · · · · · · · · · · ·						<u> </u>	*
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser		Ţ							
· (11) w/carbon adsorber									
(12) w/ no controls								,	
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce X		Part II?	
Existing large are	:a 50l	11 Ce []	IAC	w idi	ge area sour	<u> </u>	ı		

DEP Form No. 62-213.900(2) Effective: 6-25-96

(Indicate with an "X".)	ured on machines	pursuant to section (3) of	Part II of this notification form?
Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	نــا
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-to Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil o	ed exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt		
Equipm	nent Monitoring a	and Recordkeeping Inform	mation
Check all logs which are required	to be kept on-site	in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		Ϋ́
(b) Leak detection inspection and	гераіг		X
(c) Refrigerated condenser temper	ature monitoring		<u>لــــــــــــــــــــــــــــــــــــ</u>
(d) Carbon adsorber exhaust perc	concentration mon	itoring	
(e) Instrument calibration	; ,·		
(f) Start-up, shutdown, malfunction	on plan		

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
L	No 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 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. Imptly notify the Department of any changes to the information contained in this notification.						
Signature	3-26-97 Date						

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that w card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	ce does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
NADDAESS completed of	Airs ID# 0112371 DRYCLEAN USA PARKLAND #11430 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service Registere	Type ed Certified Mail Insured ceipt for Merchandise COD
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only if requested e paid)

Z 333 613 389 US Postal Service Receipt for Certified Mail AIRS ID# 0112371 DRYCLEAN USA PARKLAND #11430 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 14, 1997

Mr. Michael Gagliano 6518 North State Road 7 Coconut Creek, Florida 33073

Re: Facility No. 0112371

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Tallahassee, Florida 32399-2400

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/iw

cc: Mr. John Coppola, Broward County

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Department of Environmental Protection

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

LETTER OF NONCOMPLIANCE

AIRS ID# 0112371 DRYCLEAN USA PARKLAND #11430

TO: MICHAEL GAGLIANO

1875 W COMMERCIAL BLVD SUITE 140

FT LAUDERDALE FL 33309

Virginia B. Wetherell Secretary

Virginia B. Wetherell Secretary

Virginia B. Wetherell Secretary

The Montage of the Montage

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

MICHAEL GALCIANO

Name (please print)

Signature

7-6-98

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Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

Z 333 613 750 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided. AIRS ID# 0112371 DRYCLEAN USA PARKLAND #11430 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

Eald at line over top of envelope to

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed of	3. Article Addressed to: AIRS ID# 0112371 DRYCLEAN USA PARKLAND #11430 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article N 4b. Service Registere Express Return Ret 7. Date of De	Type ad CY Certified Mail Insured ceipt for Merchandise COD
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X State: Nelley	8. Addressed and fee is	
	PS Form 3811 , December 1994		Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

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• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROFESAIR MONITORING MONITORING MONITORING MONITORING MONITORING MAIL STATION 5510 CONTROL PROTECTION MONITORING MON ECEIVED JUN 3 0 1998

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363218

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

PAK.

AIRS ID # 0250917

PAIL CLEANERS SHABBIR HUSSAIN 13800 SW 88TH STREET MIAMI FL 33186

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

AHAGE U.S.POSTAGE U.S.POSTAGE O .3 2

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

32399-6564 Ø1

ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID 0112371 DRYCLEAN USA MICHAEL GAGLIANO 1875 W.COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	de does not le number. Id the date 4a. Article N 4b. Service Registere Express	Type ed Certified Mail Insured ceipt for Merchandise COD
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt

Z 333 61/3 31/9 US Postal Service Receipt for Certified Mail AIRS ID 0112371 DRYCLEAN USA MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date