

Jeb Bush  
Governor

# Department of Environmental Protection

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.: 0950360-002

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.

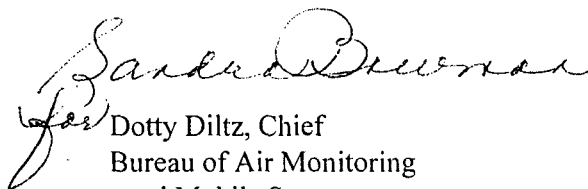
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.



**FAX**

7771 W. Oakland Park Bl., Suite 201  
Sunrise, FL 33351  
PH: (954) 747-7599 X1018  
FX: (954) 747-9878

**To:** Allen Zahn

**Date:** December 9, 2003

**From:** Robert Wenderott

**Fax:** 407-897-5963

**Subject:** Title V permit renewals

**Pages:** 1

Dear Mr Zahn,

This is to inform you that the following three Dry cleaning Plants are no longer owned and operated by DCI Management Group Ltd ( Dryclean USA)

The reference # on the renewal labels are as follows:

- J. nap*  
*8/18/03*  
*006*  
*5/13/03* 1170087  
Store Heathrow #11522
- 950359  
Store Dryclean USA #73501
- 6/24/03* 950360  
Store Dryclean USA #73503

Regards,

Robert Wenderott  
Senior Projects Manager  
DCI Management Group Ltd  
7771 W Oakland Park Blvd  
Suite 201  
Sunrise, FL  
33351

*4/30/04 (BT)*

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
DEC 11 2001  
Bureau of Air Monitoring  
& Mobile Sources

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): Dryclean USA
2. Site Name (For example, plant name or number): #173503
3. Hazardous Waste Generator Identification Number: FLD981030364
4. Facility Location: Street Address: 2554 W. Colonial Drive City: Orlando County: Orange Zip Code: 32804
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950360-002

Responsible Official

6. Name and Title of Responsible Official: Name: Robert Wendlerott Title: Sr. Project Mgr.
7. Responsible Official Mailing Address: Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd Suite 201 City: Sunrise, FL County: Broward Zip Code: 33351
8. Responsible Official Telephone Number: Telephone: (954) 747-7599 Ext 1018 Fax: (954) 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:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

**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 From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1987</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	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:

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?**

620.4 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".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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?  1

For each boiler, indicate its horsepower (HP) rating:  15

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 \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

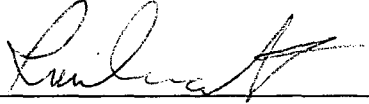
**Responsible Official Certification**

*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.*

Robert Wenderott

Print name of responsible official



Signature

11/20/01

Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
NOV 26 2001  
Bureau of Air Monitoring  
& Meteorology

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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): Dryclean USA
2. Site Name (For example, plant name or number): #13503
3. Hazardous Waste Generator Identification Number: FLD981030364
4. Facility Location: Street Address: 2554 W. Colonial Drive City: Orlando County: Orange Zip Code: 32804
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950360-002

Responsible Official

6. Name and Title of Responsible Official: Name: Robert Wendherott Title: Sr. Project Mgr.
7. Responsible Official Mailing Address: Organization/Firm: Dryclean USA Street Address: 7771 W. Oakland PK Blvd Suite 201 City: Sunrise, FL County: Broward Zip Code: 33351
8. Responsible Official Telephone Number: Telephone: (954) 747-7599 Ext 1018 Fax: (954) 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:
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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	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	<u>SAME</u>
_____	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?

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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?**

620.4 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:

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3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
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- Small Area Source
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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
 (Indicate with an "X".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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 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:

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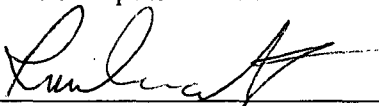
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*I will promptly notify the Department of any changes to the information contained in this notification.*

Robert Wenderott

Print name of responsible official



Signature

Date

11/20/01

# 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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449387 MAR21 2005

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#0950363.....2<sup>nd</sup> Cert 05  
RAINBOW CLEANERS  
672 South Goldenrod Road  
ORLANDO, FL 32807

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

RECEIVED  
MAR 23 2005  
Bureau of Air Monitoring  
& Mobile Sources

*Printed on recycled paper.*

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>O F F I C I A L R E C E I P T</b>	
Postage \$	<i>bn</i> <i>03</i> <i>in</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIKS ID # 950300
Sent To	DRYCLEAN USA #73503
Street, Apt. 1 or PO Box N	ROBERT WENDEROTT
City, State, Z	7771 W OAKLAND PARK BLVD #201
	SUNRISE, FL 33351
PS Form 3800, January 2001 See Reverse for Instructions	

7001 1140 0001 7556 4088

**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:

AIKS ID # 950300  
 DRYCLEAN USA #73503  
 ROBERT WENDEROTT  
 7771 W OAKLAND PARK BLVD #201  
 SUNRISE, FL 33351

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 4088

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *Jose Rodriguez* C. Date of Delivery *4/5/01*

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

*0950360*

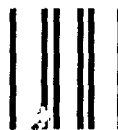
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

3595-02-M-1540

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 SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

APR 7 2004  
BUR. OF AIR MONITORING & MOBILE SOURCES  
RECEIVED

01 01



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$
ID# 950360		
Sent To		
ROBERT WENDEROTT		
Street, Apt. No. or PO Box No. DRYCLEAN USA #73503		
7771 W OAKLAND PARK BLVD #201		
City, State, Zip SUNRISE, FL 33351		

PS Form 3800

**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# 950360  
 ROBERT WENDEROTT  
 DRYCLEAN USA #73503  
 7771 W OAKLAND PARK BLVD #201  
 SUNRISE, FL 33351

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 8755

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Barbara J. Weiss*  Agent  
 Addressee

B. Received by (Printed Name)

*B. WEISS*

C. Date of Delivery

*2/6/04*

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

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  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 •

DARM/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 9 2004

RECEIVED







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**

X

Bureau of Air Monitoring  
& Mobile Sources

JAN 22 2003

RECEIVED

Do NOT Remove Label

AIRS ID#0950360
DRYCLEAN USA #73503 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351

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

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

7000 0520 0020 9373 1425

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>		

AIRS ID # 0950360

**Reci** DRYCLEAN USA #73503  
ROBERT WENDEROTT

**Stree** 7771 W OAKLAND PARK BLVD #201

**City,** SUNRISE FL  
33351

PS Form 3800, February 2000 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>R</i> B. Date of Delivery <i>2/11</i></p>
<p>1. Article Addressed to:</p> <p>AIRS ID # 0950360 DRYCLEAN USA #73503 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351</p>	<p>C. Signature <i>R FAULTZ</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>2. Article Number (Copy from service label) <i>70000520002093731425</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type  <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999. Domestic Return Receipt 102595-99-M-1789</p>	



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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 4

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

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DRYCLEAN USA #73503  
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