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 its send. completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	cility Name and Location			
	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	Dryclean USA			
2.	Site Name (For example, plant name or number):			
	#73578			
3.	Hazardous Waste Generator Identification Number:			
	FLD98208756	2		
4.	Facility Location: Street Address: 100 International PKWY City: Headwood, FC County: Seminole	#114 2 Zip Code: 32746.		
5.	Facility Identification Number (DEP Use ONLY do not fill in):	140087-002		
	ponsible Official			
	Name and Title of Responsible Official: ne: Robert Wendevott Title:	Sr. Project Mgr.		
7.	Responsible Official Mailing Address: Organization/Firm: Dryclean USA Street Address: 771 W. Oak land PK Blue City: Sunnise, F. County: Broward	1. Suite 701 Zip Code: 33351		
8.	Responsible Official Telephone Number: Telephone: (954) 947-959 Fax: (951)142-9818		
Fac	ility 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

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 EXISTIN 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 Status Control Device Required* Date Control Device Installed	racinty information			
For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased From Manufacturer (circle one) Existing/New RC/CA/None required **CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTIN unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 129, 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 Status Control Device Required* 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	1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
Date Initially Purchased From Manufacturer Control Device Required*	How many dry-to-dry ma	achines do you ha	ve on-site?	
From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") O	For each dry-to-dry mach	nine on-site, pleas	e provide the following informati	ion:
Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser	Date Initially Purchased From Manufacturer		-	(if already included at time of
*CONTROL DEVICE KEY: RC = refrigerated condenser	1988	Existing/Ne	ew RCA/None required	SAME
*CONTROL DEVICE KEY: RC = refrigerated condenser		Existing/No	ew RC/CA/None required	
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Check why it is less than 12 months: New owner: [] Did not keep records: []	unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer	ine was purchased to units purch	d from the manufacturer between after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed (if already included at time of purchase, write "SAME")
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New store: [] New machine []	unit. If the transfer machi 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [SCOTT gallor	ine was purchased to units the units purchased to units	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 this in)	December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber
	unit. If the transfer maching 1993, it is a NEW unit (no permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI 2.(a) How much perchlor [56.] gallor (b) If less than 12 more	Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	d from the manufacturer between d after September 22, 1993 are all e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 this in) months New owner: Did not ke	December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?

3. What is the facility's source classification based on Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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	
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 p (Indicate with an "X".)	oursuant 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 u Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site (
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: [151
What type of fuel do you use? propane No. 2 fuel No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Informa	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log
(b) Leak detection inspection and repair	· (×)
(c) Refrigerated condenser temperature monitoring	Ĺ
(d) Carbon adsorber exhaust perc concentration moni	toring (×)
(e) Startup, shutdown, malfunction plan	(<u>X</u>)

7. Surrender of Existing DEP Air Permit(s)				
Please indicat	e 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 scation. 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 Department of any changes to the information contained in this notification. OFF DEMONDARY May La May			
Signature	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.

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):			
#73588			
3. Hazardous Waste Generator Identification Number:			
FLD982087561			
4. Facility Location: 100 International PKWY # 114			
4. Facility Location: Street Address: 100 International PKWY #114 City: Nearthrow, FC County: Seminole zip Code: 32746.			

25. Facility Identification Number (DEP Use ONLY - do not fill in):			
140067-002	4		
THE RESIDENCE OF THE PROPERTY	1987117		
Responsible Official			
6. Name and Title of Responsible Official:			
Name: Robert Wenderott Title: Sr. Project Mgr.			
7. Responsible Official Mailing Address:			
Organization/Firm: Dryclean USA Street Address: 771 W. Oakland PK Bluck Swite 201			
City: Sunnise, E County: Broward Zip Code: 33351			
8. Responsible Official Telephone Number:			
8. Responsible Official Telephone Number: Telephone: (954) 747-1599 Ext 1018 Fax: (954) 747-9878			
901018			
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 M	ACHINES ONL	ΑΥ ,	
How many dry-to-dry ma	chines do you ha	ve on-site?	•
For each dry-to-dry mach	ine on-site, pleas	se provide the following information	on:
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/N	ew ROCA/None required	SAME
	Existing/N	ew RC/CA/None required	
	Existing/N	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?	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased to units purchased	d from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
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 K	EY: $RC = r$	refrigerated condenser CA =	= carbon adsorber
	roethylene (perc) ns (You must fill	have you used within the last 12 r	nonths?
(b) If less than 12 mor	nths, how many?	months	
Check why it is les	ss than 12 months	s: New owner: [] Did not kee	ep records: []
•		New store: New machin	e
		Unananad stora [] (data of	evnected opening

3. What is the facility's source classification based or Indicate with an "X". Select one classification of				
Small Area Source				
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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				
Dry-to-dry machines only on-site Transfer only on-site Both machine types 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 (Indicate with an "X".)	pursuant 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 a Rule 62-213.300, F.A.C. Verify that all steam and h exemption criteria or that no such units exist on-site				
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 No. 2 fuel No. 6 fuel	oil natural gas oil No. 4 fuel oil oil Other (please list)			
6. Equipment Monitoring and Recordkeeping Inform	nation			
Check all logs which are required to be kept on-site it	in accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases/solvent a	ddition log			
(b) Leak detection inspection and repair	\sim			
(c) Refrigerated condenser temperature monitoring	ίχι			
(d) Carbon adsorber exhaust perc concentration mon	itoring			
(e) Startup, shutdown, malfunction plan				

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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notification in the statement of th	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. Somptly notify the Department of any changes to the information contained in this notification. Devaluted the described addressed in the information contained in this notification.

DEP Form No. 62-213.900(2)

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.

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500	Restricted (Endorseme	Delivery Fee nt Required)				
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7003	Sent To		ROW #115			\neg
~	Street Apr. 7771 W OAKLAND PARK BLVD #201					
	or PO Box	SUNRIS	E, FL 333	51		
	City, State,					
	PS Form 38	00, June 200	2		See Reverse for Instru	ctions

	· ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X. Barbara Wass D. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
ID# 1170087 ROBERT WENDEROTT HEATHROW #11522 7-71 W OAKLAND PARK BLVD #201	
SUNRISE, FL 33351	3. Service Type Certified Mail
· ·	4. Restricted Delivery? (Extra Fee)
2. Article Number	
7003 0500 0004 0144 440]4 [
PS Form 3811 August 2001 Domestic Re	turn Receipt 102595-02-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

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

FEB 9 2004

Bureau of Air Monitorin

CEIVED

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520	Rec HEATHROW	AIRS ID # 1170 #11522	10087
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	7771 W OAK	LAND PARK BLV	D #201
7000	City, SUNRISE FL 33351		*************
	PS F	ang ka ang kanggapanan sa mang kanggapanan sa ng pagbanan sa ng pa	nstructions

NOILDAS SIHI ALANMOD. WARNAGE PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter-delivery address below:
AIRS ID # 1170087 HEATHROW #11522 ROBERT WENDEROTT 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 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

And the late of th

U.S. Postal Service of CERTIFIED MAIL (Domestic Mail Only; No Ins	III RECEIPT Urance Coverage Provided)
Certified Fee Return Reclept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
ENDER: COMPLETE THIS SECTION	See Reverse for Instructions COMPLETE THIS SECTION ON DELIVERY
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.	A. Signatural for Secure Name C. Da

☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ,4. Restricted Delivery? (Extra Fee)

AIRS ID # 1170087

2. Article Number 7003 0500 0004 0144 9805 (Transfer from service labe

☐ Yes

☐ Addressee

Attach this card to the back of the mailpiece,

7771 W OAKLANDPARK BLVD #20!

or on the front if space permits.

ROBERT WENDEROTT HEATHROW #11522

SUNRISE, FL 33351

1. Article Addressed to:

SENDER:

3. Service Type Certified Mail

D. Is delivery address different from item 1?

If YES, enter delivery address below:

□ Express Mail

United States Postal Service



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

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DARM/MOBILE SOURCE CONTROL PROGRAME
DEPT: OF ENVIRONMENTAL PROTECTION OF Air Monitoring
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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SUNRISE FL 33351

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