



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 1, 2001

Mr. Olga I. Acosta
Acosta Cleaners
2330 North Wickham Road
Melbourne, Florida 32935

Re: Facility No.: 0090155-002

Dear Mr. Acosta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 27, 2001.

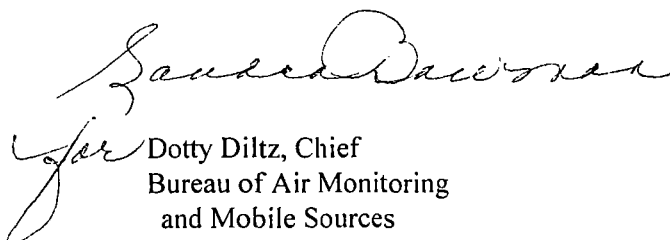
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

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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): <i>Olga L. Acosta</i>			
2. Site Name (For example, plant name or number): <i>Acosta Cleaners 2330 N. Wickham Rd. MELB.</i>			
3. Hazardous Waste Generator Identification Number: <i>GAD 98 1269095</i>			
4. Facility Location: Street Address: City: <i>MELB.</i> County: <i>Brevard</i> Zip Code: <i>32935</i>			
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0090155-002</i>			

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Olga L. Acosta</i> Title: <i>Owner</i>			
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>2330 N. Wickham Rd.</i> City: <i>MELB</i> County: <i>Brevard</i> Zip Code: <i>32935</i>			
8. Responsible Official Telephone Number: Telephone: <i>(321) 255-4810</i> Fax: () -			

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: () -			

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AUG 27 2001

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>1993</u>	Existing/New	RC/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?

585 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".)

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 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?

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:

- (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.

Olga I. Acosta
Print name of responsible official

Olga I. Acosta
Signature

8/21/01
Date

0090155-002

P16

4. New machine at small area source should be marked.
5. add boiler information.
- 6.(b) Required for all sources. Should be marked.

P17

Responsible official sign and date for changes made.

9/5/01

Spoke to Olga Acosta and she stated that she has one boiler fueled by natural gas and is 10 horsepower.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

[Handwritten signature]
Postmark
Here

AIRS ID#0090155

Sent

ACOSTA CLEANERS

Street

OLGA I ACOSTA

or P.O.

2330 N WICKHAM ROAD

City

MELBOURNE FL

32935

PS F

Instructions

7001 0320 0001 7976 4023

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:

AIRS ID#0090155

ACOSTA CLEANERS
 OLGA I ACOSTA
 2330 N WICKHAM ROAD
 MELBOURNE FL
 32935

 2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 4023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Edwin E Acosta Jr

C. Date of Delivery

3-8-03

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

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

RECEIVED

MAR 10 2003

Bureau of Air Monitoring
& Mobile Sources

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
U.S. DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL STATION 15510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399/2400

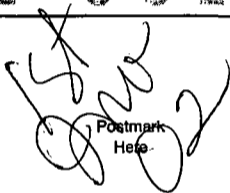


U.S. Postal Service
CERTIFIED MAIL, RECEIPT

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O F F I C I A L U S E

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Postmark
Here

Total Postage &

AIRS ID#0090155

ACOSTA CLEANERS

Sent To

OLGA I ACOSTA

2330 N WICKHAM ROAD

Street, Apt. No.;

MELBOURNE FL

32935

City, State, ZIP+

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

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.

1. Article Addressed to:

ACOSTA CLEANERS
OLGA I ACOSTA
2330 N WICKHAM ROAD
MELBOURNE FL
32935

AIRS ID#0090155

2. Article Number

(Transfer from service label)

70002870000070275234

A. Received by (Please Print Clearly)

E. Acosta

B. Date of Delivery

2/7/03

C. Signature

X *Vol 4 Lt J*

- Agent
- Addressee

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

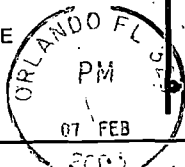
3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

Bureau of Air Monitoring
& Mobile Sources

FEB 18 2003

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01

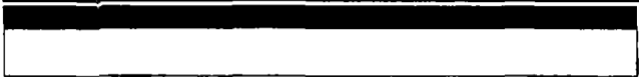


U.S. Postal Service

CERTIFIED MAIL RECEIPT

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7000 0600 0090 0000 0026 4128 9214 8581



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark
Here

AIRS ID # 0090155

Recip. ACOSTA CLEANERS
OLGA I ACOSTA
Street 2330 N WICKHAM ROAD
City, MELBOURNE FL
32935

PS Form

Instructions

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:

AIRS ID # 0090155

ACOSTA CLEANERS
 OLGA I ACOSTA
 2330 N WICKHAM ROAD
 MELBOURNE FL
 32935

2. Article Number (Copy from service label)

7000 0600 0026 4128 8581 | | | | | | | | | |

COMPLETE THIS SECTION ON DELIVERY

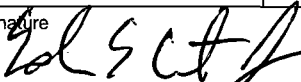
A. Received by (Please Print Clearly)

B. Date of Delivery

2/9/02

C. Signature

X


 Agent AddresseeD. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

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
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- 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 14 2002

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Restricted Delivery Fee (Endorsement Required)	
Total	

2nd cert.

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2003

AIRS ID # 90155

Sent

Street
or PO

City

OLGA ACOSTA
 ACOSTA CLEANERS
 2330 N WICKHAM ROAD
 MELBOURNE, FL 32935

7003 0500 0004 0144 5241
4470 4000 0050 0003

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:

AIRS ID # 90155

OLGA ACOSTA
 ACOSTA CLEANERS
 2330 N WICKHAM ROAD
 MELBOURNE, FL 32935

2. Article Number


(Transfer from service label)

7003 0500 0004 0144 5241

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by, (Printed Name)

Edwina Acosta

C. Date of Delivery

3-6-04

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

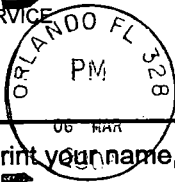
3. Service Type

 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

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

BUR. OF AIR MONITORING
& MOBILE SOURCES

MAR 1 2004

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

[Handwritten Signature]
Postmark Here

ID# 90155

Sent **OLGA ACOSTA**
ACOSTA CLEANERS
Street or P.O. **2330 N WICKHAM ROAD**
City, **MELBOURNE, FL 32935**

7003 2260 0003 5743 9904

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# 90155
 OLGA ACOSTA
 ACOSTA CLEANERS
 2330 N WICKHAM ROAD
 MELBOURNE, FL 32935

2. Article Number

(Transfer from service label)

7003 2260 0003 5743 9904

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Edwin Acosta Jr

C. Date of Delivery

2-6-04

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

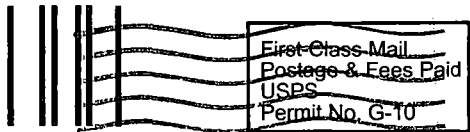
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



• 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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

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32400





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

RECEIVED

426339 MAR21 2003

MAR 25 2003

Bureau of Air Monitoring
Community Sources

Do **NOT** Remove Label

AIRS ID#0090155

ACOSTA CLEANERS
OLGA I ACOSTA
2330 N WICKHAM ROAD
MELBOURNE FL
32935

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

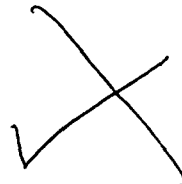


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437647 MAR17 2004

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

90155
OLGA ACOSTA
ACOSTA CLEANERS
2330 N WICKHAM ROAD
MELBOURNE FL 32935

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414342 FEB21 2002

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

AIRS ID # 0090155


ACOSTA CLEANERS
OLGA I ACOSTA
2330 N WICKHAM ROAD
MELBOURNE FL
32935

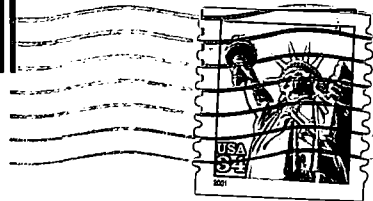
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

FEB 22 2002

RECEIVED

 Acosta Cleaners
2330 N. Wickham Rd. # 4
Melbourne, FL 32935



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99

