

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

December 4, 2003

Mr. Glen Gould
The Laundry Lady, Inc.
4435 Tamiami Trail
Port Charlotte, Florida 33980

Re: Facility No.: 0150059-003

Dear Mr. Gould:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 2003.

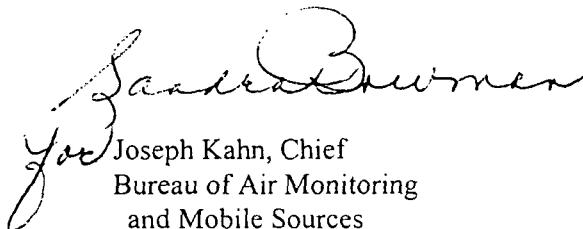
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joe Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE - '96-2002
SOC REPORT - 2
COMPLIANCE Status - SNC (10/21/2003)

RECEIVED

OCT 27 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

307-80 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):	The Laundry Lady, Inc		
2. Site Name (For example, plant name or number):	LA France Charlotte Harbor		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	4435 Tamiami Trail		
City:	County:	Zip Code:	
Port Charlotte	Charlotte	33980	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0150059-003		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Glen Gould	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	The Laundry Lady, Inc		
Street Address:	4435 Tamiami Trail		
City:	County:	Zip Code:	
Port Charlotte	Charlotte	33980	
8. Responsible Official Telephone Number:			
Telephone:	(941) 627 6969	Fax:	(941) 627 4522

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same		
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>New Owner/Existing Business</u>	<u>Existing/New</u>	<u>RC/CA/None required</u>	<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?

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:

New
Owner
of permit
recently
expired

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

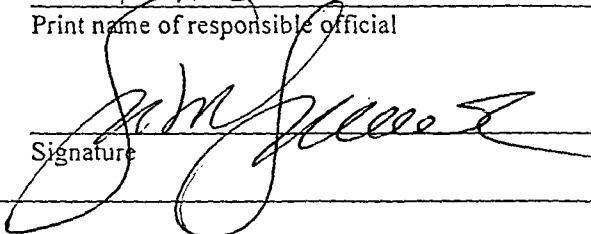
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

Glen Gould

Print name of responsible official

Signature



Date

10-21/03

Dibble, Dickson

From: Dibble, Dickson
Sent: Friday, September 07, 2007 4:36 PM
To: Stewart, Robert J.
Cc: Satyal, Ajaya; Culliver, Sherrill; Bowman, Sandy
Subject: RE: LaFrance Dry Cleaners - 0150059 General Permit Renewal
Attachments: 0150059-003.pdf

Tracking:	Recipient	Delivery	Read
	Stewart, Robert J.	Delivered: 9/7/2007 4:38 PM	
	Satyal, Ajaya	Delivered: 9/7/2007 4:38 PM	Read: 9/7/2007 4:40 PM
	Culliver, Sherrill	Delivered: 9/7/2007 4:38 PM	
	Bowman, Sandy	Delivered: 9/7/2007 4:38 PM	

Robert,

Good morning! (It's been a long day!)

First, let me clarify that there is no renewal, or application fee associated with the Title V Air General Permit (AGP) program. The annual emission fee that we invoice is simply that, an annual emission fee. There is no application, registration or renewal fee associated with this program.

In the Non-TitleV AGP world however, there is an application fee requirement that is part of the registration/renewal process.

If you "click" on the link below it will take you to the DEP rule governing referencing the Title V Air General Permit Annual Emission fees, the time element involved, level of the fees, including late fee penalties as well AGP eligibility when payment is not received.

<https://www.flrules.org/gateway/readFile.asp?sid=0&tid=2215885&type=1&file=62-213.205.doc>

We are currently advising the use of **enforcement discretion** in situations such as these, because as you may be aware in December 2005 the EPA promulgated new rules effectively removing the Title V Air General Permits (area sources) from the Title V Program. Since Florida originally adopted the EPA rules by reference, we are currently caught in the middle of a small dilemma. Last Legislative year we approached the Legislature for a change in the State Statutes to reflect the new EPA rules, however they took no action, hence the dilemma.

If you review the history of this facility:

- 1) There was NO receipt of payment of the annual emission fee for the 2003 operating year (previous owner Mr. MIKHAIL BRAVERMAN), although since Mr. Glen Gould took over operation of the facility in November 2003 he was the Responsible Official of record. Invoices were mailed in January, February & March of 2004 for the 2003 operating year.
- 2) We received payment (2/25/05) of \$50.00 from Mr. Gould for the 2004 operating year. (See the .pdf attachments – Certified Mail Return Receipts shows signature of Zach Gould.)
- 3) There were no receipts of payment from Mr. Gould, or the subject item facility for the 2005 and 2006 operating years.

I have attached a .pdf file showing copies of the invoice and receipt documentation for the 2004 operating year.

Our records indicate that he/his facility was invoiced for both the 2005 & 2006 operating years at the same 4435 Tamiami Trail address in Port Charlotte.

Unfortunately we cannot go back and re-invoice. However, in the rule payment of the annual emission fee is part of the eligibility requirements.

9/7/2007

Hope this helps.

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG-#345

Dickson.Dibble@dep.state.fl.us

C:\Documents and Settings\dibble_d\My Documents\My Pictures\communicateinlogo.gif

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Stewart, Robert J.
Sent: Friday, September 07, 2007 7:37 AM
To: Dibble, Dickson
Cc: Satyal, Ajaya; Culliver, Sherrill
Subject: LaFrance Dry Cleaners - 0150059 General Permit Renewal

Dick,
We had the enforcement meeting with LaFrance owner Scott Gould yesterday. He said he would pay the renewal fees if we would resend him the renewal notice. Can we resend the invoice to his facility again? His facility address has not changed and is still:

The Laundry Lady, Inc.
d/b/a LaFrance Dry Cleaners
c/o Scott Gould
4435 Tamiami Trail
Port Charlotte, FL 33980

Thanks.

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# 150059 1stC
 LA FRANCE CHARLOTTE HARBOR
 4435 Tamiami Trail
 PORT CHARLOTTE, FL 33980

2. Article Number

(Transfer from service la

7004 2510 0002 3939 0263

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jack Hall

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-7-05

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

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:

150059.....2nd Cert 05
 E CHARLOTTE HARBOR
 ami Trail
 CHARLOTTE, FL 33980

2. Article Number

(Transfer from service label)

7004 2510 0002 3939 7781

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jack Hall

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-24-05

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

447599 FEB25 2005

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 150059 1stC
 LA FRANCE CHARLOTTE HARBOR
 4435 Tamiami Trail
 PORT CHARLOTTE, FL 33980

FOR GOVERNMENT USE ONLY
 ORG.: 37550101000 EO: A1
 FUND: 20-2-035001
 OBJECT: 002273

RECEIVED
 MAR 1 2005
 Bureau of Air Monitoring
 & Mobile Sources

11/18/2003

Spoke with Mr. Glen Gould, president, The Laundry Lady, and he stated that the perchloroethylene dry-to-dry machine was originally manufactured in 1996. Mr. Gould also stated the horsepower for the natural gas boiler is 20.

Page 13

- 1.(a) Add Date Initially Purchased from Manufacturer for dry-to-dry perchloroethylene machines.

Page 15

54. Add horsepower for natural gas boiler.

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For delivery information visit our website at: www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage P	
AIRS ID# 150059 1stC	
Sent To	LA FRANCE CHARLOTTE HARBOR
Street, Apt. No., or PO Box No.	4435 Tamiami Trail
City, State, ZIP+	PORT CHARLOTTE, FL 33980
PS Form 3800, June 2000	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>2-7-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 150059 1stC LA FRANCE CHARLOTTE HARBOR 4435 Tamiami Trail PORT CHARLOTTE, FL 33980</p>	<p>3. Service Type</p> <input checked="" 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>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7004 2510 0002 3939 0263</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-40B1</p>	

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP 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

RECEIVED
FEB 16 2005

RECEIVED



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OFFICIAL USE

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

Sent To AIRS ID#0150059.....2nd Cert 05
 LA FRANCE CHARLOTTE HARBOR
 Street, Apt. N or PO Box No 4435 Tamiami Trail
 City, State, Zi PORT CHARLOTTE, FL 33980

PS Form 3811

7004 2510 0002 3939 7781

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>3-24-05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 150059.....2nd Cert 05 LA FRANCE CHARLOTTE HARBOR Tamiami Trail PORT CHARLOTTE, FL 33980 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 7004 2510 0002 3939 7781 </div>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

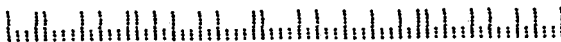
• Sender: Please print your name, address, and ZIP+4 in this box

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

BUREAU OF AIR MONITORING
& ASSESSMENT

MAR 7 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447599 FEB25 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# 150059 1stC
LA FRANCE CHARLOTTE HARBOR
4435 Tamiami Trail
PORT CHARLOTTE, FL 33980

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Monitoring
& Mobile Sources
MAR 1 2005
RECEIVED

Printed on recycled paper.