

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 8, 2001

Mr. Tommy Q. White
Dolphin Cleaners
25463 Rancagua Drive
Punta Gorda, Florida 33983

Re: Facility No.: 0150062-002

Dear Mr. White:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 6, 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. Sherrill Culliver, South District

Fee Paid
SOC 3
Compliance IN

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL - 6 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):	Tommy Q. WHITE		
2. Site Name (For example, plant name or number):	DOLPHIN CLEANERS		
3. Hazardous Waste Generator Identification Number:	Facility ID# AIRS ^{ID#} - 0150062-001-AG OR 0403027		
4. Facility Location:	4300-G7 KINGS HIGHWAY #604		
Street Address:	4300-G7 KINGS HIGHWAY #604		
City:	Port CHARLOTTE, FL	County:	CHARLOTTE
		Zip Code:	33980
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0150062-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Tommy Q. WHITE	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	25463 RANCAQUA DRIVE		
City:	PUNTA GORDA, FL	County:	CHARLOTTE
		Zip Code:	33983
8. Responsible Official Telephone Number:			
Telephone:	(941) 743-3535	Fax:	(941) 625-6598

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	PAT CHATHAM		
10. Facility Contact Address:			
Street Address:	4300-G7 KINGS HIGHWAY #604		
City:	Port CHARLOTTE, FL	County:	CHARLOTTE
		Zip Code:	33980
11. Facility Contact Telephone Number:			
Telephone:	(941) 743-3535	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>01-15-99</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
<u>01-15-99</u>	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY NOT APPLICABLE

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)
Total of both machines.

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

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) ELECTRIC

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 NOT APPLICABLE
- (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. OTHER THAN TITLE V AIR GENERAL PERMIT
of which this notification intends to RENEW.

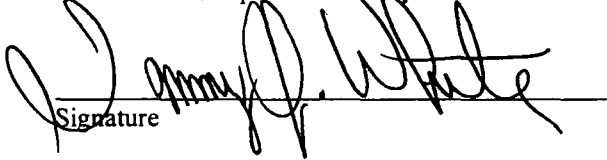
Responsible Official Certification

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.

Tommy Q. WHITE

Print name of responsible official



Signature

6/30/2001

Date

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JUL - 6 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): <i>Tommy Q. WHITE</i>
2. Site Name (For example, plant name or number): <i>DOLPHIN CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FACILITY ID#</i> <i>AIRS-0150062-001-AG OR 0403027</i>
4. Facility Location: Street Address: <i>4300-G7 KINGS HIGHWAY #604</i> City: <i>PORT CHARLOTTE, FL</i> County: <i>CHARLOTTE</i> Zip Code: <i>33980</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0150062-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Tommy Q. WHITE</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>25463 RANCAGUA DRIVE</i> City: <i>PUNTA GORDA, FL</i> County: <i>CHARLOTTE</i> Zip Code: <i>33983</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 743-3535</i> Fax: <i>(941) 625-6598</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>PAT CHATHAM</i>
10. Facility Contact Address: Street Address: <i>4300-G7 KINGS HIGHWAY #604</i> City: <i>PORT CHARLOTTE, FL</i> County: <i>CHARLOTTE</i> Zip Code: <i>33980</i>
11. Facility Contact Telephone Number: Telephone: <i>(941) 743-3535</i> Fax: ()



Dolphin Cleaners

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JUL - 6 2001

Bureau of Air Monitoring
& Mobile Sources

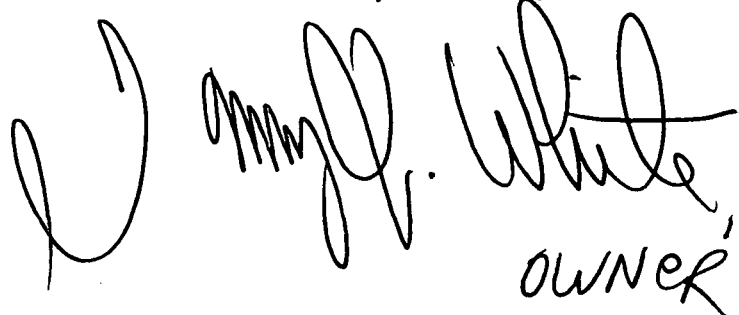
JUNE 30, 2001

To Whom it MAY CONCERN:

I HAVE COMPLETED THE ENCLOSED FORMS THAT YOU RECENTLY SENT TO ME TO REFLECT MY INTENT TO RENEW MY TITLE V GENERAL AIR PERMIT AT THE END OF ITS CURRENT 5 YEAR PERIOD. I AM NOT AWARE OF THE EXACT EXPIRATION DATE, BUT HOPEFULLY I HAVE GIVEN YOU PROPER NOTIFICATION WITHIN THE REQUIRED 30 DAY PERIOD.

PLEASE CALL OR WRITE IF YOU HAVE ANY QUESTIONS REGARDING MY RENEWAL AND UPDATED FORM. YOUR ATTENTION IN PROCESSING MY RENEWAL IS GREATLY APPRECIATED.

Thank you,


OWNER

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456877 DEC15 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

150062 10
 DOLPHIN CLEANERS
 4300-G7 Kings Hwy #604
 PORT CHARLOTTE, FL 33980

FLAIR ACCT. CODE 372020350013755010000
 BENEFITTING OBJECT CODE 002000
 BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

RECEIVED
 DEC 16 2005
 Bureau of Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443400 DEC16 2004

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# 150062 10
 DOLPHIN CLEANERS
 4300-G7 Kings Hwy #604
 PORT CHARLOTTE, FL 33980

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

Printed on recycled paper.

RECEIVED
 DEC 16 2004
 Bureau of Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435585 JAN22 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

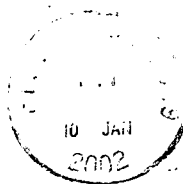
Do NOT Remove Label

150062
 TOMMY WHITE
 DOLPHIN CLEANERS
 25465 RANCAGUA DRIVE
 PUNTA GORDA FL 33983

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

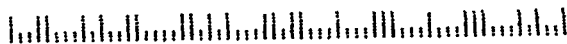
RECEIVED
 JAN 26 2004
 Bureau of Air Monitoring
 & Mobile Sources

3 DOLPHIN CLEANERS
4000-G7 KINGS HIGHWAY #604
PORT CHARLOTTE, FL 33980



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

32315X3070



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412981 JAN14 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 # 0150062
DOLPHIN CLEANERS
TOMMY Q WHITE
25463 RANCAGUA DRIVE
PUNTA GORDA FL
33983

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421564 JAN10 2003

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#0150062
DOLPHIN CLEANERS
TOMMY Q WHITE
25463 RANCAGUA DRIVE
PUNTA GORDA FL
33983

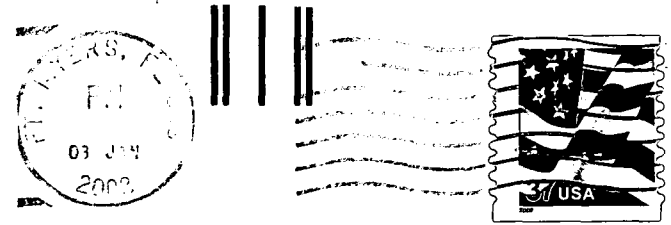
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services

JAN 16 2003

RECEIVED

DOLPHIN CLEANERS
4300-G7 KINGS' HIGHWAY #604
PORT CHARLOTTE, FL 33980



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

32315+3070 99

