



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

RECEIVED  
JAN 30 2004

January 14, 2004

Ms. Edie Cannon  
Professional Cleaners  
1095 Bald Eagle Drive  
Marco, Florida 34145

Bureau of Air Monitoring  
& Mobile Sources

Re: Facility No.: 0210057-003

Dear Ms. Cannon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 10, 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,

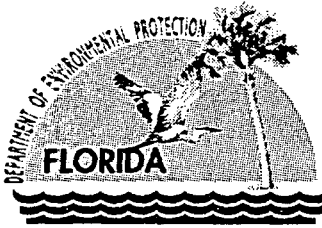
*Joseph Kahn*  
for Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

January 14, 2004

Ms. Edie Cannon  
Professional Cleaners  
1095 Bald Eagle Drive  
Marco, Florida 34145

Re: Facility No.: 0210057-003

Dear Ms. Cannon:

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Sincerely,

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

JK/jw

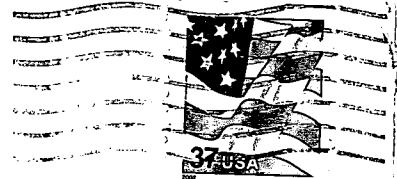
cc: Mr. Sherrill Culliver, South District

"More Protection, Less Process"

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EMISSION FEE DATES *196-2002*  
SOC REPORTS .....  
COMPLIANCE STATUS *IN*.....

Professional Drycleaners  
571 Elkcam Circle  
Marco Island, FL 34145



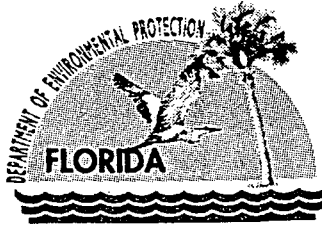
*Title V General Permits office  
Dept of Environmental Protection  
2600 Blain Stone Rd  
Tallahassee Fl. 32399-2400*

32399+6342



*Jane,  
This ck  
needs to be  
returned-*

*to Eddie  
Lanier.  
We only  
received the  
check.*



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

February 2, 2004

Ms. Edith Cannon  
Professional Drycleaners  
571 Elkcam Circle  
Marco Island, Florida 34145

Re: Facility No.: 0210057-003

Dear Ms. Cannon:

The Bureau of Air Monitoring and Mobile Sources recently received your check (#2473) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

DCJR ENTERPRISES INC 571 Elkcam Circle Marco Island, FL 34145		2473
PAY TO THE ORDER OF <u>Dept of Environmental Protection</u>		DATE <u>Jan 27 04</u>
<u>fifty</u>		\$ <u>50.00</u>
AMSOUTH BANK THE RELATIONSHIP PEOPLE		DOLLARS
FACILITY # <u>0210057-003</u>		<u>Edith Cannon</u>

RECEIVED

DEC 10 2003

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM D.E.P. - South District

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):	PROFESSIONAL CLEANERS		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	1095		
Street Address:	BALD EAGLE DRIVE		
City:	MARCO	County:	COLLIER
		Zip Code:	34145 R
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0210057-003		

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DEC 11 2003  
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:			
Name:	EDIE CANNON	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	1095		
Street Address:	BALD EAGLE DRIVE		
City:	MARCO	County:	COLLIER
		Zip Code:	34145
8. Responsible Official Telephone Number:			
Telephone:	(239) 389-4557	Fax:	(239) 394-4579

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DEC 12 2003  
Bureau of Air Monitoring & Mobile Sources

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	DALE CANNON		
10. Facility Contact Address:			
Street Address:	SAME		
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	( )	Fax:	( )
	SAME		

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>1992</u>	Existing/New	RC/CA/None required	<u>1992</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".)

- |  |  |
|--|--|
| <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 checked="" 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 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) \_\_\_\_\_

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

NEW OWNER NEW PERMIT

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.*

EDIE CANNON

Print name of responsible official

Eddie Cannon

Signature

12-09-03

Date

RECEIVED

DEC 10 2003

D.E.P. - South District



**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

459238 FEB24 2006

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# 210057 1st  
PROFESSIONAL DRY CLEANER  
1095 Bald Eagle Drive  
MARCO ISLAND, FL 34145

Bureau of A.I. Multi-Term  
& Mobile Sources

FEB 27 2006

RECEIVED  
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.

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

466204 DEC182006

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# 210057  
PROFESSIONAL CLEANERS  
1095 Bald Eagle Drive  
MARCO ISLAND, FLORIDA  
34145

Bureau of Air Mail for  
Mobile Source

DEC 19 2006

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.

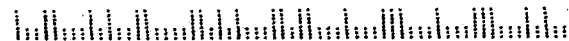
Professional Drycleaners  
571 Elkcam Circle  
Marco Island, FL 34145

FORT MYERS FL 339  
15 DEC 2006 PM 4 L



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

32315+3070-70 8099



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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

444540 JAN14 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# 210057 10  
PROFESSIONAL DRY CLEANER  
1095 Bald Eagle Drive  
MARCO ISLAND, FL 34145

**RECEIVED**  
JAN 19 2005  
Bureau of Air Monitoring  
& Mobile Sources

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

*Printed on recycled paper.*

7003 2260 0003 5651 2493	<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)		
	For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
	<b>OFFICIAL USE</b>		
	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____	<i>Recd 10/04</i> Postmark Here	
	Total   <b>IRS ID# 0210057</b> <b>PROFESSIONAL DRY CLEANER</b> Sent To <b>TANLEYPAVEY</b> Street, <b>095 BALD EAGLE</b> or PO E <b>MARCO ISLAND, FL 34145</b> City, St _____		
PS Form 3800, June 2002		See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         IRS ID# 0210057          PROFESSIONAL DRY CLEANER          TANLEYPAVEY          095 BALD EAGLE          MARCO ISLAND, FL 34145       </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         7003 2260 0003 5651 2493       </div>	<b>COMPLETE THIS SECTION ON DELIVERY</b>  A. Signature <i>X Mcnir Alberto</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>SACE</i> C. Date of Delivery <i>9-16-04</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> 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.

DAR/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

SEP 21 2004

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MS# 5510 MC Acct # 5521

**CERTIFIED MAIL™**

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

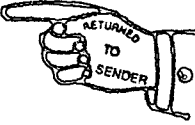
RETURN TO SENDER IF REASON SHOWN  
7003 2260 0003 5650 7710 FL  
TALLAHASSEE

U.S. POSTAGE  
442  
POSTALIA 513236

RECEIVED

FEB 24 2004

Bureau of Air Monitoring  
& Mobile Sources

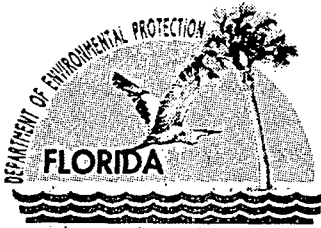


DECEASED

ATTN: DECEASED  
45-18 (8)

2-6-04  
TAKES OUT OF FILE

34143+2193 1  
32399/2400



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

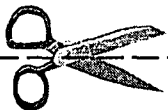
**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070**



(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 can be found below on your mailing label.**

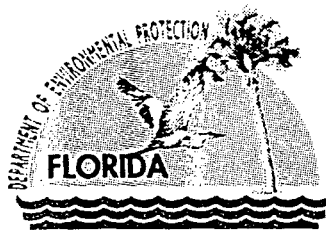
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 210057  
STANLEY PAVEY  
PROFESSIONAL DRY CLEANER  
1095 BALD EAGLE  
MARCO ISLAND, FL 34145

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





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 4, 2004

## NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2003**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2004**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

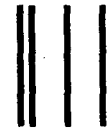
Joseph Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



POSTAGE  
REQUIRED

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

**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# 210057  
 STANLEY PAVEY  
 PROFESSIONAL DRY CLEANER  
 1095 BALD EAGLE  
 MARCO ISLAND, FL 34145

2. Article Number  
 (Transfer from service label)

7003 2260 0003 5650 7710

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

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

**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)		

Postmark  
Here

To ID# 210057  
 STANLEY PAVEY  
 PROFESSIONAL DRY CLEANER

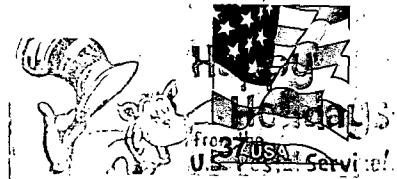
Send  
 Street or P.O. Box  
 City, State ZIP+4®

1095 BALD EAGLE  
 MARCO ISLAND, FL 34145

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 7710

Professional Drycleaners  
571 Elkcam Circle  
Marco Island, FL 34145



D.E.P. - South District

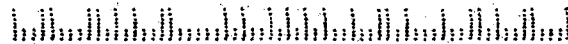
DEC 10 2003

RECEIVED

Dept of Environmental Protection  
2295 Victoria Ave Suite 264  
P.O. Box 2549  
Ft. Myers. FL 33902-2549

ATT  
WAYNE LEWIS

33902+2549



--ATTENTION MAIL ROOM--

PLEASE ROUTE THIS  
DOCUMENT TO:

Sandy Bowman

Name of Individual/Office

5510

Mail Station Number