

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 30 2001

Mr. Edward Straubhaar
Berkshire Cleaners
7055 Radio Road
Naples, Florida 34104

Re: Facility No.: 0210062-002

Dear Mr. Straubhaar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 21, 2001.

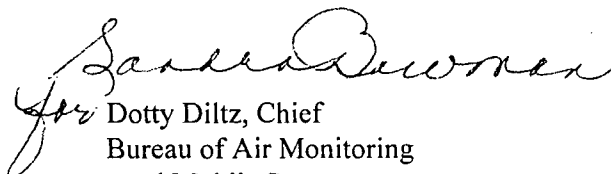
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Feedback
SOC 1
Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUN 21 2001

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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): Fussy Garment Care of SW Florida, Inc.
2. Site Name (For example, plant name or number): Berkshire Plant
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Berkshire Cleaners Street Address: 7055 Radio Rd City: Naples, FL County: COLLIER Zip Code: 34104
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0210062-002

Responsible Official

6. Name and Title of Responsible Official: Name: EDWARD STRAUBHAAR Title: PLANT OPERATION MANAGER
7. Responsible Official Mailing Address: Organization/Firm: BERKSHIRE CLEANERS Street Address: 7055 Radio Rd City: Naples, FL County: COLLIER Zip Code: 34104
8. Responsible Official Telephone Number: Telephone: (941) 455-9666 Fax: (941) 455-3913

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: N/A 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")
6/3/89	<u>Existing</u> /New	RC/ <u>CA</u> /None required	SAME
	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")
N/A	Existing/New	RC/CA/None required	N/A
	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: 20

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)

Per Rick
N/A Butler

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.

EDWARD STRAUBHAAR
Print name of responsible official

[Signature]
Signature

6/18/01
Date

Bureau of Air Monitoring
& Mobile Sources
JUN 21 2001

RECEIVED

IMPORTANT RECEIVED

JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources

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.

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.

446813 FEB 17 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 210062 1stC
BERKSHIRE CLEANERS
7055 Radio Rd
NAPLES, FL 34104

Bureau of Air Monitoring
& Mobile Source

FEB 21 2005

RECEIVED

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

Printed on recycled paper.

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Postage: AIRS ID# 210062 1stC Sent To: BERKSHIRE CLEANERS 7055 Radio Rd Street, Apt. N NAPLES, FL 34104 or PO Box No City, State, Z	
PS Form 3800, June 2002 See Reverse for 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.

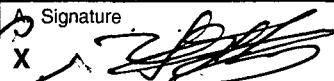
1. Article Addressed to:

 AIRS ID# 210062 1stC
 BERKSHIRE CLEANERS
 7055 Radio Rd
 NAPLES, FL 34104

 2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 0300

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
  Addressee
- B. Received by (Printed Name) C. Date of Delivery
 2-7
- 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



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

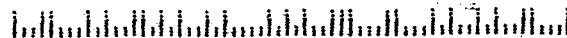
• Sender: Please print your name, address, and ZIP+4 in this box.

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 2005

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457852 JAN 10 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

RECEIVED

Do **NOT** Remove Label

210062 10
BERKSHIRE CLEANERS
7055 Radio Rd
NAPLES, FL 34104

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

JAN 10 2006
Bureau of Air Monitoring
& Mobile Sources

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

435701 JAN 26 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

210062
EDWARD STRAUBHAAR
BERKSHIRE CLEANERS
7055 RADIO ROAD
NAPLES FL 34104

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

RECEIVED
JAN 28 2004
Bureau of Air Mail
& Inland Mail



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423272 FEB 20 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

BERKSHIRE CLEANERS
EDWARD STRAUBHAAR
7055 RADIO ROAD
NAPLES FL
34104

AIRS ID#0210062

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

RECEIVED
FEB 26 2003
Bureau of Air Mail
& Mobile Services

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
AIRS ID#0210062	
BERKSHIRE CLEANERS EDWARD STRAUBHAAR 7055 RADIO ROAD NAPLES FL 34104	
<small>See for instructions</small>	

7001 0320 0001 7976 5389

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. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 27</p> <p>C. Signature </p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0210062</p> <p>BERKSHIRE CLEANERS EDWARD STRAUBHAAR 7055 RADIO ROAD NAPLES FL 34104</p>	<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 <i>(Copy from service label)</i></p> <p style="text-align: center;">7001 0320 0001 7976 5389</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

BEST AVAILABLE COPY

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 •

Bureau of Air Monitoring
& Mobile Sources
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 1898
2800 BLAIR HUNTER ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414453 FEB25 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# 0210062

BERKSHIRE CLEANERS
EDWARD STRAUBHAAR
7055 RADIO ROAD
NAPLES FL
34104

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9373 0589

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot:		AIRS ID # 0210062
Rec:	BERKSHIRE CLEANERS	(aller)
	EDWARD STRAUBHAAR	
	7055 RADIO ROAD	
Street	NAPLES FL	
	34104	
City:		

PS Form 3800, February 2000 See Reverse for 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 # 0210062
 BERKSHIRE CLEANERS
 EDWARD STRAUBHAAR
 7055 RADIO ROAD
 NAPLES FL
 34104

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2-9

C. Signature

X *Edward Straubhaar*

- Agent
 Addressee

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

2. Article Number (Copy from service label)

7000 0520 0020 9373 0589

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. •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 6610
2802 EMERALD STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Source

FEB 11 2002

RECEIVED

