



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. Nick Shirghio
President
Fashion Fresh Dry Cleaners
5329 Airport Road North
Naples, Florida 34112

Re: Facility I.D. No. 0210066

Dear Mr. Shirghio:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

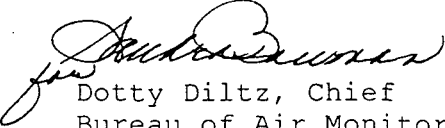
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

#0210066

Fashion Fresh Dry Cleaners

-spoke with Nick Shirghio-
9/30/96 - faxed and mailed
statement

p.14 1.(a) add date control device
installed, if any

1.(c) add "X"

p.15 5.(c) not required, mark out
"V" and initial

5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	FASHION FRESH, INC.
2. Site Name (For example, plant name or number):	FASHION FRESH DRY CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982147951
4. Facility Location: Street Address: 2638 TAMiami TRAIL E. City: NAPLES County: COLLIER Zip Code: 34112	
5. Facility Identification Number (DEP Use):	0210066

Responsible Official

6. Name and Title of Responsible Official:	NICK SHIRGHIO, PRES.
7. Responsible Official Mailing Address: FASHION FRESH, INC Organization/Firm: 5329 AIRPORT ROAD N. Street Address: City: NAPLES County: COLLIER Zip Code: 34109	
8. Responsible Official Telephone Number: Telephone: (941) 262-2520 Fax: (941) 263-2390	

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: () -	

RECEIVED

SEP 3 1996

Facility Information

1(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>05-MAY-88</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed *NA*

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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.)

*existing
small
area*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.


Signature

8-26-96
Date

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

all

JAN 21 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0210066
FASHION FRESH INC NICK SHIRGHIO 5329 AIRPORT ROAD N NAPLES FL 34109

Do NOT Remove Label

Annual Reporting Period: 1/01 1997 TO 12/31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____	<i>Imoved R.O. 50</i>
Action(s) taken to achieve compliance: _____	
Method used to demonstrate compliance: _____	

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: PAULA SHIRGHIO *Paula Shirghio* 1/12/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Fashion Fresh
Dry Cleaning Alterations

Mailing Address:
Ridgeport Plaza
5329 Airport Road North
Naples, Florida 33942
(813) 566-1665

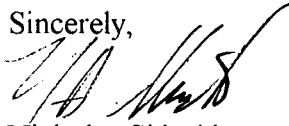
September 30, 1996

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Dear Sirs:

This letter concerns our facility located at 2638 Tamiami Trail East, Naples, Florida. We would like to state for further reference that this location in any 12 months period will use less than 140 gallons of perchloroethylene. Please let us know if there are any other questions.

Sincerely,



Nicholas Shirghio
Fashion Fresh Dry Cleaners

RECEIVED

OCT 6 1996

Bureau of Air Monitoring
& Mobile Sources

RIVERCHASE CENTER - 11188 Tamiami Trail North • RIDGEPORT PLAZA - 5329 Airport Road North
RIVER REACH PLAZA - 1230 Airport Road North • CROSSROADS - Vineyards / Pine Ridge Road
GULF GATE SHOPPING CENTER - 2638 Tamiami Trail East • DOWNTOWN - 380 Ninth Street North

BEST AVAILABLE COPY



Mailing Address:

Ridgeport Plaza
5329 Airport Road North
Naples, Florida 33942
(813) 566-1665

September 30, 1996

Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Dear Sirs:

This letter concerns our facility located at 2638 Tamiami Trail East, Naples, Florida. We would like to state for further reference that this location in any 12 months period will use less than 140 gallons of perchloroethylene. Please let us know if there are any other questions.

Sincerely,

Nicholas Shirghio
Fashion Fresh Dry Cleaners

Attn: Marnie

- RIVERCHASE CENTER - 1155 Tamiami Trail North • RIDGEPORT PLAZA - 5329 Airport Road North
- RIVER REACH PLAZA - 1230 Airport Road North • CROSSROADS - Vineyards / Pine Ridge Road
- GULF GATE SHOPPING CENTER - 2638 Tamiami Trail East • DOWNTOWN - 380 Ninth Street North

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259038 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

FASHION FRESH INC
NICK SHIRGHIO
5329 AIRPORT ROAD N
NAPLES FL 34109

AIRS ID# 0210066

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

FASHION FRESH, INC.

002929

Payee: TITLE V AIR GEN. PERMITS

2929

AIRS ID # 0210066

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 21 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0210066

FASHION FRESH INC
NICK SHIRGHIO
5329 AIRPORT ROAD N
NAPLES FL 34109

all

RECEIVED
MAR 13 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 1/01 1997 TO 12/31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: PAULA SHIRGHIO *Paula Shirghio* 1/12/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: _____ DATE: 3/10/98
 Fashion Fresh, Inc.
 FACILITY LOCATION: _____
 5329 Airport Rd. N.
 Naples, FL 34109

Annual Reporting Period: 1/01 1997 TO 12/31 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

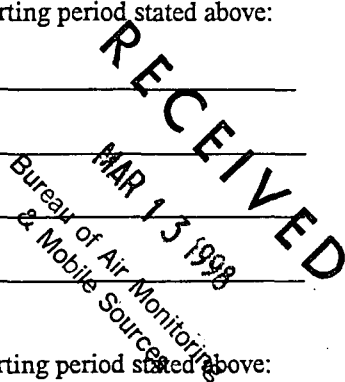
Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Nicholas A. SHIPANIO [Signature] 3/10/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.





Department of Environmental Protection

Lawton Chiles
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881
Mailing Address:
Post Office Box 2549
Fort Myers, Florida 33902-2549

RECEIVED
Virginia B. Weatherell
Secretary
Bureau of Air Monitoring
& Mobile Sources
MAR 13 1998

March 2, 1998

Mr. Nick Shirghio
Fashion Fresh, Inc.
5329 Airport Road
Naples, Florida 34109

*As requested
enclosed new forms*

Re: Collier County - AP
Fashion Fresh, Inc.
Annual Compliance Certification Form

Dear Mr. Shirghio:

Thank you for submitting your Annual Compliance Certification form. In reviewing the form we found some discrepancies that need correcting. Enclosed is a copy of your form. The area of concern is the responsible official. If the responsible official has changed, please let us know.

The Department has enclosed another form. Please make the corrections and submit both forms within 30 days after receiving this letter. Submit form to the address listed below:

General Permit Sections
Bureau of Air Monitoring and Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Should you have any questions, please call **Wayne Lewis** or me at (941)332-6975.

Sincerely,

Sherrill C. Culliver
Environmental Specialist

SCC/jw
Enclosure

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) 0210065, 0210066, 0210067 -

No air permits currently exist for the operation of the facility indicated in this notification form.

*file
0210066*

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.

MA Shup
Signature

1/8/99
Date

RECEIVED

JAN 10 1999

D.E.P. - South District

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0210066

FASHION.FRESH DRY CLEANERS
 NICK SHIRGHIO
 5329 AIRPORT ROAD N
 NAPLES FL 34109

4a. Article Number
 P174 052 197

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 5/27/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Belenet*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

P 174 052 197

1999

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID # 0210066

FASHION FRESH DRY CLEANERS
 NICK SHIRGHIO
 5329 AIRPORT ROAD N
 NAPLES FL 34109

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0210066

FASHION FRESH DRY CLEANERS
 NICK SHIRGHIO
 5329 AIRPORT ROAD N
 NAPLES FL 34109

4a. Article Number

2 333 660 639

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2 13 94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Nicky Calocoremi

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 639

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0210066

FASHION FRESH DRY CLEANERS
 NICK SHIRGHIO
 5329 AIRPORT ROAD N
 NAPLES FL 34109

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

1999

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

SENDER: 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:

10 AIRS ID # 0210066001AG
NICK SHIRGHIO
CACHE' CLEANERS
5329 AIRPORT ROAD N
NAPLES FL 34109

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

C. Signature Agent
 Addressee

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

08 8-22

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 9372 9286

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7000 0520 0020 9372 9286

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

10 AIRS ID # 0210066001AG
NICK SHIRGHIO
CACHE' CLEANERS
5329 AIRPORT ROAD N
NAPLES FL 34109

See Article

PS Form 3800, February 2000 See Reverse for Instructions



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
MAIL ROOM
FEB 25 99

Do **NOT** Remove Label

AIRS ID # 0210066
 FASHION FRESH DRY CLEANERS
 NICK SHIRGHIO
 5329 AIRPORT ROAD N
 NAPLES FL 34109

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

FASHION FRESH, INC. 9477

Payee: TITLE V AIR GENERAL 9477

FOR PERMITS #0210065, 0210066, 0210067



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300302 ✓

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#0210066
FASHION FRESH INC NICK SHIRGHIO 5329 AIRPORT ROAD N NAPLES FL 34109

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273
