

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 11, 2001

Mr. Phil Gorgas
Concord Custom Cleaners #074
Post Office Box 55910
Lexington, Kentucky 40555-5910

Re: Facility No.: 0330234-002

Dear Mr. Gorgas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 2001.

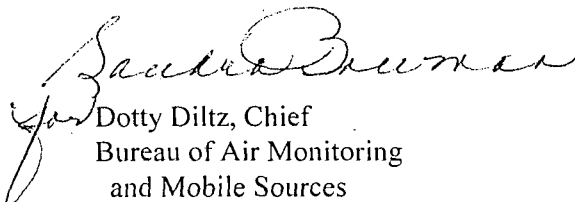
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Fees Paid 96-00
SOC 5
Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 3 1999

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): CONCORD CUSTOM CLEANERS
2. Site Name (For example, plant name or number): CONCORD CUSTOM CLEANERS # 074
3. Hazardous Waste Generator Identification Number: FLD-981-921-554
4. Facility Location: Street Address: 4081 E. OLIVE / LEX. SQ. City: PENSACOLA County: ESCAMBIA Zip Code: 32514
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0330234-002

Responsible Official

6. Name and Title of Responsible Official: Name: PHIL GORGAS Title: VICE PRESIDENT FACILITIES
7. Responsible Official Mailing Address: Organization/Firm: CONCORD CUSTOM CLEANERS # 074 Street Address: PO BOX 55910 City: LEXINGTON, KY County: FAYETTE Zip Code: 40555-5910
8. Responsible Official Telephone Number: Telephone: (859) 422-4800 Fax: (859) 422-4801

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): JIM AAKER STORE MANAGER
10. Facility Contact Address: Street Address: 4081 E. OLIVE LEX. / SQ. City: PENSACOLA County: ESCAMBIA Zip Code: 32514
11. Facility Contact Telephone Number: Telephone: (850) 476-2569 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>JAN. 1992</u>	Existing/ <u>New</u>	<u>RC</u> /CA/None required	<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 _____)

033 0234-002

page 16

4. New machines at large area source
should be marked

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:

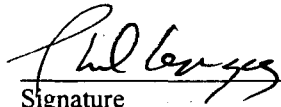
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

PHIL GORGAS
Print name of responsible official


Signature

8-23-01
Date

CORRECTED BY

RECEIVED
AUG 30 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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NOV 13 2001

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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
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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 checked="" 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).

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How many boilers do you have on-site? 1

For each boiler, indicate its horsepower (HP) rating: 0 1 5

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

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(e) Startup, shutdown, malfunction plan

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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 _____
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I will promptly notify the Department of any changes to the information contained in this notification.

PHIL GORGAS
Print name of responsible official


Signature

8-23-01
Date

Rick Butler



www.concordcustomcleaners.com

January 2, 2002

United States Environmental Protection Agency
Region 4 Office
Sam Nunn Atlanta Federal Center
61 Forsyth St, SW
Atlanta, GA 30303

Bureau of Air Monitoring
& Mobile Sources

JAN 14 2002

RECEIVED

Subject: Store Closure

To Whom It May Concern:

This is to advise you that effective December 15, 2001, the following location has closed for business:

Concord Custom Cleaners #074
4081 East Olive
Pensacola, FL 32514

Please deactivate the following numbers for this location:

EPA ID No: **FLD981921554**
Florida Facility ID No: **9502138**
Florida AIRS ID No: **0330234**

Should you need more information, feel free to contact me at the address or phone listed below.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Gorgas".

Phil Gorgas
Vice-President Facilities

Copies: Mr. Norman, FDEP Air Resources Management
Florida Department of Environmental Protection

RECEIVED
JAN - 7 2002
NORTHWEST FLORIDA
DEP



January 2, 2002

United States Environmental Protection Agency
Region 4 Office
Sam Nunn Atlanta Federal Center
61 Forsyth St, SW
Atlanta, GA 30303

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Sincerely,

A handwritten signature in black ink, appearing to read "Phil Gorgas".

Phil Gorgas
Vice-President Facilities

Copies: Mr. Norman, FDEP Air Resources Management
Florida Department of Environmental Protection



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412745 ✓
1/7/02

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

CLOSED SEE ATTACHED

Do **NOT** Remove Label

AIRS ID # 0330234
CONCORD CUSTOM CLEANERS #074
PHIL GORGAS
PO BOX 55910
LEXINGTON KY
40555-5910

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