

Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 14, 2004

Mr. Robert A. Riley, Jr.
Pronto Cleaners
104 South Main Street
Brooksville, Florida 34601

Re: Facility No.: 0530371-001

Dear Mr. Riley Jr.:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 2004.

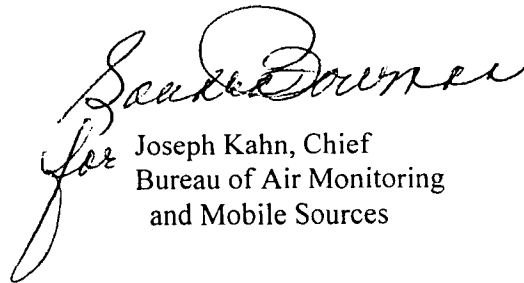
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Joel Smolen, Southwest District

"More Protection, Less Process"

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NO ACTIVITY FOR FACILITY...✓.....
EMISSION FEE DATES
SOC REPORTS
COMP. STATUS -SNC MNC IN

TBD 67421

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 8 2004
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 SW - Tampa

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <u>MARKE CLEANERS CORPORATION</u> <u>DIBA PRONTO CLEANERS</u>
2. Site Name (For example, plant name or number): <u>PRONTO CLEANERS</u>
3. Hazardous Waste Generator Identification Number: <u>MCF</u> <u>D</u> <u>FL 982100752</u>
4. Facility Location: Street Address: <u>104 So. MAIN STREET</u> City: <u>BROOKSVILLE</u> County: <u>HERNANDO</u> Zip Code: <u>34601</u>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <u>0530371-001</u>

Responsible Official

6. Name and Title of Responsible Official: Name: <u>ROBERT A. RILEY JR.</u> Title: <u>PRESIDENT</u>
7. Responsible Official Mailing Address: Organization/Firm: <u>MARKE CLEANERS CORP.</u> Street Address: <u>104 So. MAIN ST.</u> City: <u>BROOKSVILLE</u> County: <u>HERNANDO</u> Zip Code: <u>34601</u>
8. Responsible Official Telephone Number: Telephone: <u>(352) 796-2425</u> Fax: <u>(352) 796-0642</u>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <u>SAME</u>
10. Facility Contact Address: Street Address: City: 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? 2

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>11-1992</u> <u>MFG. 3 1992</u>	<u>To SITE</u> Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
<u>08-DEC-1991</u> <u>MFG. 1990</u>	<u>To SITE</u> Existing/ <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	<u>SAME</u>
_____	Existing/ <input type="radio"/> 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/ <input type="radio"/> New	RC/CA/None required	_____
_____	Existing/ <input type="radio"/> New	RC/CA/None required	_____
_____	Existing/ <input type="radio"/> 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?

0 gallons (You must fill this in)

(b) If less than 12 months, how many? months PREVIOUSLY USED PETROLEUM HYDROCARBON SOLVENT

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening 12-4-04)

Charging to PERC

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? 1

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)

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.

ROBERT A. RILEY JR.
Print name of responsible official

[Signature]
Signature

11-04-04
Date

Belleair Bluffs

PERCHLOROETHYLENE (Perc) Dry Cleaning Notification to EPA & FLDEP

Each owner or operator of a Perc dry cleaning facility shall submit to the EPA and FLDEP by registered mail on or before July 28, 2008 a notification of compliance status providing the following information and signed by a responsible official who shall certify its accuracy:

AIRS ID Number: 0530371

The name and address of the owner or operator;

ROBERT A. RILEY JR
Name of the owner or operator of the dry cleaning facility

314 WASHINGTON AVE
Mailing address of the owner or operator of the dry cleaning facility

MASARYKTOWN, FL 34604
Mailing address line 2

City State Zip Code

The address (that is, physical location) of the dry cleaning facility;
MARK CLEANERS CORP.
FRONT CLEANERS
Name of the dry cleaning facility

104 SO. MAIN STREET
Address of the dry cleaning facility (physical location)

Address line 2
BROOKSVILLE FL 34601
City State Zip Code

By Registered Mail Send to: USEPA Region 4
Air Toxics and Monitoring Branch
61 Forsyth Street SW
Atlanta, Georgia 30303-8960

And to: Florida Department of Environmental Protection
General Permits Section
Bureau of Air Monitoring and Mobile Sources
2600 Blair Stone Road, MS #5510
Tallahassee, Florida 32399-2400

Is the Perc dry cleaning machine located in a building with a residence(s), even if the residence is vacant at the time of this notification?

Check one: No Yes

Is the Perc dry cleaning machine located in a building with no other tenants, leased space, or owner occupants?

Check one: No Yes

Is the Perc dry cleaning operation a major or area source?

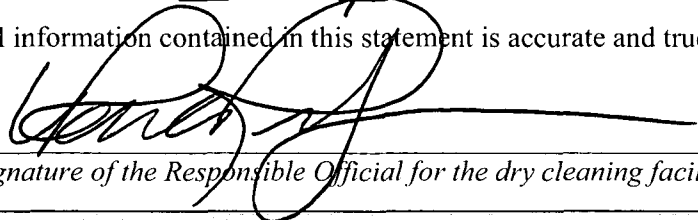
Major Source: Perc consumption is greater than 2100 gallons/year
 Area Source: Perc consumption is 2100 gallons/year or below

The yearly Perc solvent consumption: 45 gallons
(How much Perc did you buy over the last 12 months?)

Is the Perc dry cleaning operation in compliance with each applicable requirement of the Federal Standard of 40 CFR §63.322?

Check one: No Yes

All information contained in this statement is accurate and true.


Signature of the Responsible Official for the dry cleaning facility

RECEIVED
FEB 05 2009

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0002 3939 4407

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

Postmark
Here

Total Postage AIRS ID# 530371 1stC
 PRONTO CLEANERS
 104 S Main Street
 BROOKSVILLE, FL 34601

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

PS Form 3800, June 2002 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <p>AIRS ID# 530371 1stC PRONTO CLEANERS 104 S Main Street BROOKSVILLE, FL 34601</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>[Signature]</i> Agent <input type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Received by (Print Name) _____ C. Date of Delivery <u>2-7-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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2. Article Number
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

TAMPA, FL 336

07 FEB 2005

RECEIVED

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

RECEIVED
FEB 9 2005

DARM/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5510
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

32399+2400

7004 2510 0002 3939 4407

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Total Postage AIRS ID# 530371 1stC
PRONTO CLEANERS
104 S Main Street
BROOKSVILLE, FL 34601

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip

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# 530371 1stC
PRONTO CLEANERS
104 S Main Street
BROOKSVILLE, FL 34601

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 2-7-05

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.

7004 2510 0002 3939 4407 Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

Tampa, FL 336

FEB 3 2005

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

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

RECEIVED

FEB 9 2005

Bureau of Air Monitoring & Mobile Sources

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5310
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399+2400

104 So. ~~Bro~~ Main St.
Brooksville, FL 34601



7008 3230 0000 8157 5023



0000

32399

U.S. POSTAGE
PAID
BROOKSVILLE, FL
34601
FEB 03, 09
AMOUNT

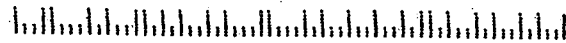
\$5.32

00026377-01

RETURN RECEIPT
REQUESTED

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SERVICES
2600 BLAIR STONE ROAD, MS #5510
TALLAHASSEE, FL 32399-2400

3239998542 0001



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.

488699 FEB 8 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 530371
MARKE CLEANERS
CORPORATION
104 S Main Street
BROOKSVILLE, FLORIDA



RECEIVED

FEB 1 2 2007

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 446674 FEB16 2005

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 530371 1stC
PRONTO CLEANERS
104 S Main Street
BROOKSVILLE, FL 34601

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

RECEIVED
FEB 17 2005
Bureau of Administration
& Mobile Services

Printed on recycled paper.

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. **457535 JAN 3 2006**

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

530371 10
PRONTO CLEANERS
104 S Main Street
BROOKSVILLE, FL 34601

JAN 5 2006
Bureau of Air Monitoring
& Mobile Sources

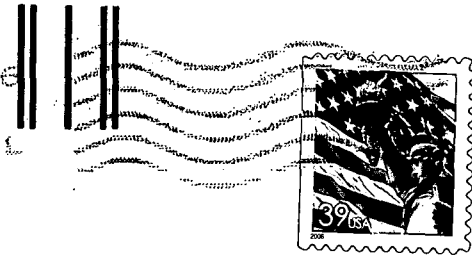
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

**MARKS CLEANERS CORP.
314 WASHINGTON AVE.
MADARYKTOWN, FL 34804**

TAMPA FL 336
05 FEB 07 PM 5 L



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