



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 16, 1997

Mr. Billy Doyle
Highlands Cleaners and Laundry
101 East Main Street
Avon Park, Florida 33825

Re: Facility I.D. No. 0550041

Dear Mr. Doyle:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

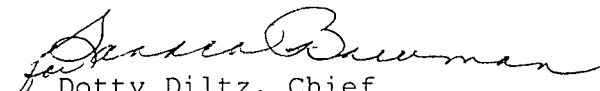
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

0550041

P.14

3. new small area source
should be marked

0550041

0550041

0550041

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Highlands Cleaners + Laundry Inc		
2. Site Name (For example, plant name or number):	Highlands Cleaners - Laundry		
3. Hazardous Waste Generator Identification Number:	FL D982106130		
4. Facility Location: AVON PARK FLA Street Address: 101 EAST MAIN STREET City: AVON PARK FLA County: HIGHLANDS Zip Code: 33825			
5. Facility Identification Number (DEP Use):	0550041		

Responsible Official

6. Name and Title of Responsible Official:	Billy Doyle Pres -		
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	SAME AS ABOVE		
8. Responsible Official Telephone Number: Telephone: (941) 453 4450 Fax: (N/A) NONE			

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Billy Doyle Pres + MGR.		
10. Facility Contact Address: Street Address: City: County: Zip Code:	101 EAST MAIN ST AVON PARK FLA HIGHLANDS 33825		
11. Facility Contact Telephone Number: Telephone: (941) 453 4450 Fax: (N/A)			

RECEIVED

SEP 6 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>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	8/94	SAME						
(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

(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 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 ER
- (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.

Billy Deyle Bus
Signature

8/30/96
Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0550041 DATE: 10-33-97 TIME IN: / TIME OUT: /
FACILITY NAME: Highlands Cleaners & Laundry Inc.
FACILITY LOCATION: 101 East Main Street
Aven Park, FL 33825
RESPONSIBLE OFFICIAL: Billy Doyle PHONE: 453-4450
CONTACT NAME: PHONE:

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PART I: NOTIFICATION

(check appropriate box)

DEC 17 1999

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store out of business petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was ? gallons.

SHUT Down - Oct. 19, 1997

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Door gaskets and seating	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A				
4. Which method of detection is used by the responsible official?
 - Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
 - Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Wayne Lewis
Inspector's Name (Please Print)

OCT 23, 1997
Date of Inspection

Wayne Lewis
Inspector's Signature

—
Approximate Date of Next Inspection

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

7000 0600 0264 1302 232

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

Postmark
Here

Tr 10 AIRS ID # 0550041001AG
 Re. BILLY DOYLE
 Str. HIGHLANDS CLEANERS & LAUNDRY
 101 EAST MAIN STREET
 City AVON PARK FL 33825

McIntire

PSI See reverse for instructions

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

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:

10 AIRS ID # 0550041001AG
 BILLY DOYLE
 HIGHLANDS CLEANERS & LAUNDRY
 101 EAST MAIN STREET
 AVON PARK FL 33825

2. Article Number (Copy from service label)

70000600002641302232

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

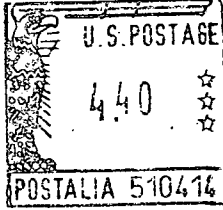
4. Restricted Delivery? (Extra Fee) Yes


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 0600 0026 4130 2232



 UNDELIVERABLE AS
ADDRESSED
UNABLE TO FORWARD

FOR

~~10 AIRS ID # 0550041001AG
BILLY DOYLE
HIGHLANDS CLEANERS & LAUNDRY
101 EAST MAIN STREET
AVON PARK FL 33825~~

Bureau of Air Monitoring
& Mobile Sources

AUG 27 2001

RECEIVED



FIRST NOTICE
SECOND NOTICE

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

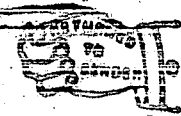
CERTIFIED

Z 333 613 687

MAIL

TALLAHASSEE, FL
APR - 6 '98
U.S. POSTAGE
277

530304
MS5510



MOVED
LEFT NO ADDRESS

HIGHLANDS CLEANERS & LAUNDRY INC
BILLY DOYLE
101 EAST MAIN STREET
AVON PARK FL 33825
AIRS ID# 0550041

AVON PARK, FL
APR 9 1998
MS16

Form with fields for recipient name and address.

Bureau of Air Monitoring
& Mobile Sources

APR 14 1998

RECEIVED

33825x33825/2400

BEST AVAILABLE COPY

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# 0550041
 HIGHLANDS CLEANERS & LAUNDRY INC
 BILLY DOYLE
 101 EAST MAIN STREET
 AVON PARK FL 33825

4a. Article Number

2333 613687

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

2595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 687

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID# 0550041

HIGHLANDS CLEANERS & LAUNDRY INC
 BILLY DOYLE
 101 EAST MAIN STREET
 AVON PARK FL 33825

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	

BEST AVAILABLE COPY

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

CERTIFIED

Z 333 613 528

18:34 06/23/98 TLH FL 32301

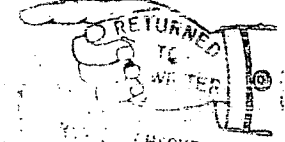
TALLAHASSEE
JUN 23 1998
FL
U.S. POSTAGE
277

550304
MS5510



MAIL

**MOVED
LEFT NO ADDRESS**



UNDELIVERED
UNKNOW
INELIGIBLE
MISDELIVERED
NO SUCH ADDRESS
NOT FOR MAIL

TALLAHASSEE FL
JUN 23 1998
USPS

FIRST NOTICE
SECOND NOTICE
RETURN

LETTER OF NONCOMPLIANCE

AIRS ID# 0550041
HIGHLANDS CLEANERS & LAUNDRY INC
TO: BILLY DOYLE
101 EAST MAIN STREET
AVON PARK FL 33825

ALWA

PS Form 3800, April 1995
 PSN 7530-01-000-9000

BEST AVAILABLE COPY

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# 0550041

HIGHLANDS CLEANERS & LAUNDRY INC
 BILLY DOYLE
 101 EAST MAIN STREET
 AVON PARK FL 33825

4a. Article Number
Z 333 613 528

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Bureau of Air Monitoring & Mobile Source Control
 Thank you for your contribution!

RECEIVED
 APR 30 1996

92595-97-B-0179 Domestic Return Receipt

Z 333 613 528

US Postal Service
Receipt for Certified Mail
 AIRS ID# 0550041
 HIGHLANDS CLEANERS & LAUNDRY INC
 BILLY DOYLE
 101 EAST MAIN STREET
 AVON PARK FL 33825

Postage	\$
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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262284 ✓

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

RECEIVED
MAIL ROOM

MAR -3 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#: 0550041
HIGHLANDS CLEANERS & LAUNDRY INC
BILLY DOYLE
101 EAST MAIN STREET
AVON PARK FL 33825

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

P 265 302 140

US Postal Service
Receipt for Certified Mail
No Insurance

AIRS ID#: 0550041
HIGHLANDS CLEANERS & LAUNDRY INC
BILLY DOYLE
101 EAST MAIN STREET
AVON PARK FL 33825

PS Form 3800, April 1995

Postage	\$
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	2/13/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER

Fold at line over top of envelope to

- 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):
- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0550041
HIGHLANDS CLEANERS & LAUNDRY INC
BILLY DOYLE
101 EAST MAIN STREET
AVON PARK FL 33825

4a. Article Number
P 265 302 140

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/18/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 Cindy Steenke

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.