



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 3, 2002

Mr. Robert H. Cothorn
60 Minute Cleaners
Post Office Box 156
Melbourne, Florida 32902

Re: Facility No.: 0610067-002

Dear Mr. Cothorn:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 2002.

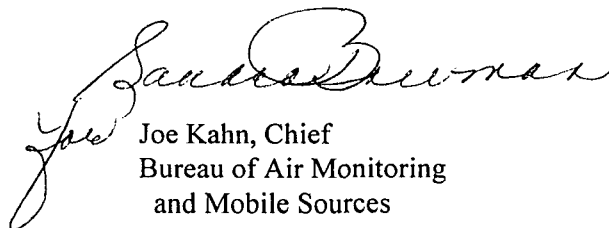
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. John Turner, Central District

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

Printed on recycled paper.

Fees Paid 96-01
SOC 4
Compliance IN

Page 15

1. (a) New should be circled under Status for 1994 machines.

Page 16

4. New Machines at large area source Refrigerated Condenser should be marked.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 28, 2002

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):	ROBERT H. COTHERN
2. Site Name (For example, plant name or number):	60 MINUTE CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 060 237 666
4. Facility Location: Street Address: 1145 20th PLACE City: VERO BEACH County: INDIAN RIVER Zip Code: 32960	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0610067-002

Responsible Official

6. Name and Title of Responsible Official: Name: ROBERT H. COTHERN Title: OWNER (PRESIDENT)	
7. Responsible Official Mailing Address: Organization/Firm: 60 MINUTE CLEANERS Street Address: P.O. BOX 156 City: MELBOURNE County: BREVARD Zip Code: 32902	
8. Responsible Official Telephone Number: Telephone: (321) 724-0170 Fax: (321) 724-0171	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	JOHN FOLDES, PLANT MANAGER
10. Facility Contact Address: Street Address: 1145 20th PL City: VERO BEACH County: INDIAN RIVER Zip Code: 32960	
11. Facility Contact Telephone Number: Telephone: (561) 567-4387 Fax: (321) 724-0171	

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")
27-AUG-94	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
28-OCT-94	<input checked="" type="radio"/> Existing/ <input type="radio"/> New	<input checked="" type="radio"/> RC/ <input type="radio"/> CA/ <input type="radio"/> None required	SAME
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> None required	_____
_____	Existing/ <input type="radio"/> New	RC/ <input type="radio"/> CA/ <input type="radio"/> 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".)

- | | |
|---|---|
| <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 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).

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.

ROBERT H. CETHERN
Print name of responsible official


Signature

6-8-01
Date

CENTRAL FLORIDA DRYCLEANING, INC.
DEPARTMENT OF ENVIRONMENTAL

Check Number: 22967
Check Date: Jan 1, 2004

22969

Item to be Paid - Description

Check Amount: \$50.00
Discount Taken Amount Paid

TITLE V AIR GENERAL PERMIT

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434038 JAN 5 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

610067
ROBERT COTHERN
60 MINUTE CLEANERS
P.O. BOX 156
MELBOURNE FL 32902

State of Air Monitoring
Contract Services
JAN 5 2004

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)

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)		

AIRS ID# 610067 1stC
 60 MINUTE CLEANERS
 1145 20 PLACE
 VERO BEACH, FL 32960

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 7207

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# 610067 1stC
 60 MINUTE CLEANERS
 1145 20 PLACE
 VERO BEACH, FL 32960

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Melissa Gibbs Agent Addressee

B. Received by (*Printed Name*) *MELISSA GIBBS* C. Date of Delivery *02/09/05*

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

7003 0500 0004 0144 7207

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 21 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421361 JAN 6 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

60 MINUTE CLEANERS ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902	AIRS ID#0610067
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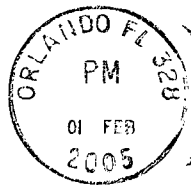
Bureau of Air Monitoring
& Mobile Sources

JAN 06 2003

RECEIVED

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

CENTRAL FLORIDA DRY CLEANING,
P. O. BOX 156
MELBOURNE, FLORIDA 32902-0156



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

32315+3070 99

CENTRAL FLORIDA DRYCLEANING, INC.
DEPARTMENT OF ENVIRONMENTAL

Check Number: 24883
Check Date: Feb 1, 2005

Item to be Paid - Description

Check Amount: \$50.00
Discount Taken Amount Paid

TITLE V AIR GENERAL PERMIT 50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445235 FEB 3 2005

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
FEB 4 2005
Bureau of Air, Marine
& Mobile Sources

Do NOT Remove Label

AIRS ID# 610067 10
60 MINUTE CLEANERS
1145 20 PLACE
VERO BEACH, FL 32960

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