

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 3, 2003

Mr. J. Bruce Chambers
Cape Cleaners of Southwest Florida, Inc.
1945 Southeast 37 Terrace
Cape Coral, Florida 33904

Re: Facility No.: 0710178-002

Dear Mr. Chambers:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 31, 2003.

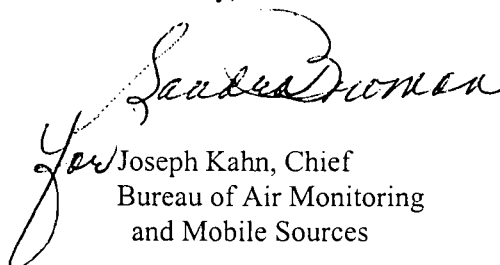
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

8/5/03 2:25P

AD called & asked for Mr. or Mrs. Chambers & was told they would be
in tomorrow after 5pm


Fees 99-02

SOC 2

Comp SAC

* next owners *

08/18/2003



Spoke with Dawn Chambers, Cape Cleaners of SW FL owner, and asked for the initial purchase dates and control device information on the two dry-to-dry machines. She referred the question to the operational manager Phil Laurie. Mr. Laurie stated that the new dry-to-dry machine was purchased from the manufacturer in 2000 and the other dry-to-dry machine was purchased in 1994. He also stated the 1994 machine is not in operation and both machines have built-in refrigerated condensers for control devices.

Page 15

1. (a) Add Date Initially Purchased From Manufacturer for each dry-to-dry machine.

Add Date Control Device Installed for each dry-to-dry machine.

RECEIVED

JUL 31 2003

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

D.E.P. - South District

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):
CAPE CLEANERS OF SW FL, INC.
2. Site Name (For example, plant name or number):
SAME
3. Hazardous Waste Generator Identification Number:
FLR0000 33258
4. Facility Location: FT MYERS Street Address: 2809 CLEVELAND AV City: FT MYERS County: LEE Zip Code: 33901
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0710178-002

Responsible Official

6. Name and Title of Responsible Official:
Name: DAWN & J. BRUCE CHAMBERS Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1945 SE 37 th TERR City: CAPE CORAL County: LEE Zip Code: 33904
8. Responsible Official Telephone Number:
Telephone: (239) 334-6406 Fax: (239) 334-9143

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
SAME
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?

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")
_____	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / CA / None required	_____
_____	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC / CA / None required	_____
_____	Existing / New	RC / CA / None required	_____

DATE ON OLD PERMITS WE ARE NEW

*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?

500-8710150

If a 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 _____)

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: 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

RECEIVED

JUL 31 2003

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.

DAW S. CHAMBERS

Print name of responsible official

Dawn S. Chambers

Signature

7/30/03

Date

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DISTRICT ROUTING SLIP

To: Sandy Bowman DATE: _____
MS 5510 CC To: _____

	PENSACOLA	NORTHWEST DISTRICT	
	Panama City	Northwest District Branch Office	
	Tallahassee	Northwest District Branch Office	
	Sopchoppy	Northwest District Satellite Office	
	TAMPA	SOUTHWEST DISTRICT	
	Punta Gorda	Southwest District Branch Office	
	Bartow	Southwest District Satellite Office	
	ORLANDO	CENTRAL DISTRICT	
	Melbourne	Central District Satellite Office	
	JACKSONVILLE	NORTHEAST DISTRICT	
	Gainesville	Northeast District Branch Office	
	FORT MYERS	SOUTH DISTRICT	
	Marathon	South District Branch Office	
	WEST PALM BEACH	SOUTHEAST DISTRICT	
	Port St. Lucie	Southeast District Branch Office	

Reply Optional Date Due: _____ Reply Required Date Due: _____ Info Only

Comments:

RECEIVED

AUG 5 2003

Bureau of Air Monitoring
& Mobile Sources

From: Wayne Lewis

Tel: _____

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.

463770 FEB22 2007

*1st Payment
REC'D 2/12/07*

TOTAL AMOUNT DUE: \$50.00

Duplicate Payment

Do NOT Remove Label

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

AIRS ID# 710178
CAPE CLEANERS OF SW FL INC
2809 Cleveland Ave
FT. MYERS, FLORIDA 33901

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

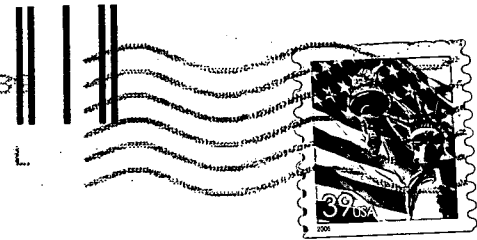
3/2/07 REFUND REQUEST # 14950

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BUREAU OF AIR MAIL
FEB 20 2007
RECEIVED

FORT MYERS FL 33

20 FEB 2007 PM 5 L



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

32315+3070-70 8099



Best Available Copy

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.

468970 FEB 12 2007

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#710178
CAPE CLEANERS OF SW FL INC ✓
2809 Cleveland Ave
FT. MYERS, FLORIDA 33901

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 0002003

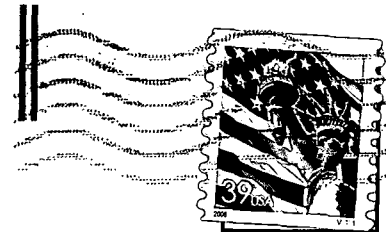
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Town & Country Cleaners
2809 Cleveland Ave
Ft Myers, FL 33901

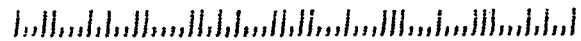
FORT MYERS FL 339

03 FEB 2007 PM 2 L



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

32315+3070-70 8095



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456965 DEC192005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

710178 10
CAPE CLEANERS OF SW FL
2809 Cleveland Ave
FT. MYERS, FL 33901

Monitoring
& Mobile Sources

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

2005

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

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7004 2510 0002 3939 1208

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
AIRS ID#0710178.....2 nd Cert 05		
Sent To CAPE CLEANERS OF SW FL		
2809 Cleveland Ave		
Street, Apt. No. or PO Box No. FT. MYERS, FL 33901		
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#0710178.....2nd Cert 05
CAPE CLEANERS OF SW FL
2809 Cleveland Ave
FT. MYERS, FL 33901

2. Article Number

(Tra) 7004 2510 0002 3939 1208

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marie Demsey Agent Addressee

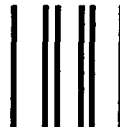
B. Received by (Printed Name) C. Date of Delivery
3/4/05

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.

4. Restricted Delivery? (Extra Fee) Yes

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Mobile Sources

MAR 17 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448526 MAR 7 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

Do NOT Remove Label

AIRS ID#0710178.....2nd Cert 05
CAPE CLEANERS OF SW FL
2809 Cleveland Ave
FT. MYERS, FL 33901

DEPT. OF Air Mon
& Mobile Sourc
MAR 9 2005
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ORG.: 37550101000 EO: A
FUND: 20-2-035001
OBJECT: 002273

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Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark
Here

Total AIRS ID# 710178 1stC
 CAPE CLEANERS OF SW FL
 2809 Cleveland Ave
 FT. MYERS, FL 33901

PS Form 3800, June 2002 See Reverse for instructions

7003 0500 0004 0144 6255

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# 710178 1stC
 CAPE CLEANERS OF SW FL
 2809 Cleveland Ave
 FT. MYERS, FL 33901

2. Article Number

(Transfer from service label)

7003 0500 0004 0144 6255

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent

Addressee

B. Received by (*Printed Name*)

Marilyn Portillo

C. Date of Delivery

2/7/02

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.

4. Restricted Delivery? (*Extra Fee*)

Yes

UNITED STATES POSTAL SERVICE



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

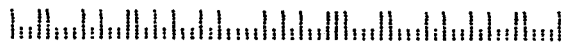
• Sender: Please print your name, address, and ZIP+4 in this box •

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

BUREAU OF A
MOBILE SOURCE

FEB 10 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436679 FEB 20 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

ID# 710178
DAWN CHAMBERS
CAPE CLEANERS OF SW FL
1945 SE 37TH TERR
CAPE CORAL, FL 33904

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

~~RECEIVED~~
FEB 26 2004
Bureau of Air & Money Sources

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

OFFICIAL USE

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

Posmark
Here

ID# 710178

Total Postage & DAWN CHAMBERS
 CAPE CLEANERS OF SW FL
 1945 SE 37TH TERR
 CAPE CORAL, FL 33904

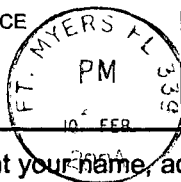
Sent To _____
 Street, Apt. No.,
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 9509

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <input checked="" type="checkbox"/> J.B. Chambers <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery J.B. Chambers 2/10/14</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 710178 DAWN CHAMBERS CAPE CLEANERS OF SW FL 1945 SE 37TH TERR CAPE CORAL, FL 33904 </div>	<p>3. Service Type</p> <p><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. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; text-align: center;"> 7003 2260 0003 5650 9509 </div>	

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 16 2004

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