

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 #015  
Post Office Box 55910  
Lexington, Kentucky 40555-5910

Re: Facility No.: 0730083-002

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.

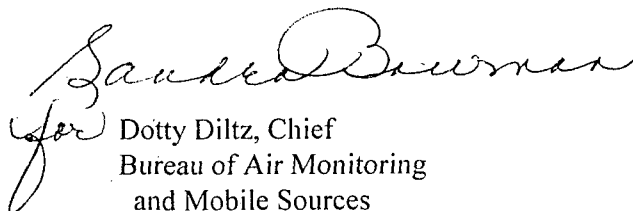
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

*Printed on recycled paper.*

Fees Paid 96-00  
SOC 4  
Compliance IN



January 11, 2005

Mr. Charles Norman  
Compliance Inspector  
Air Resources Management  
160 Governmental Center  
Pensacola, FL 32501-5794

RECEIVED  
JAN 26 2005  
Bureau of Air Monitoring  
& Mobile Sources

FOR FILE  
ONLY - FACILITIES  
ARE INACTIVE

Subject: Annual Compliance Certification

Dear Mr. Norman:

Attached are the 2004 Annual Compliance Certification Forms for our Florida locations.

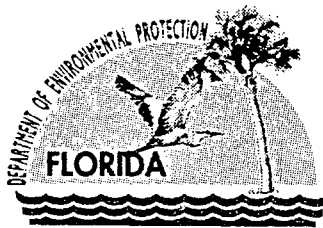
Please note there are Air Permit Notification Forms indicating the surrender of air permits for two locations. Both of these locations have been converted from plants to pick up locations. All equipment and hazardous waste has been removed from these locations. # 0730083-002

Should you have any questions or need any additional information, feel free to contact me.

Sincerely

A handwritten signature in cursive script, appearing to read "Phil Gorgas".

Phil Gorgas  
Vice President Facilities



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**TO: Holder of Title V Air General Permit**

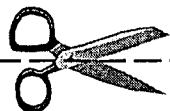
Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

RECEIVED  
DEC 17 2003  
Bureau of Air Monitoring  
& Mobile Sources



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

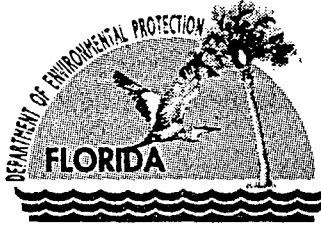
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

730083  
PHIL GORGAS  
CONCORD CUSTOM CLEANERS #015  
PO BOX 55910  
LEXINGTON KY 40555

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



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Governor

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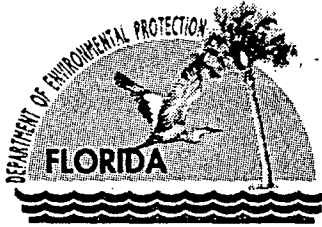
**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0730083  
CONCORD CUSTOM CLEANERS #015  
PHIL GORGAS  
PO BOX 55910  
LEXINGTON KY  
40555-5910

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

RECEIVED  
JAN 29 2003  
Bureau of Air Monitoring  
& Mobile Sources



# Department of Environmental Protection

X

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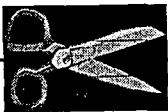
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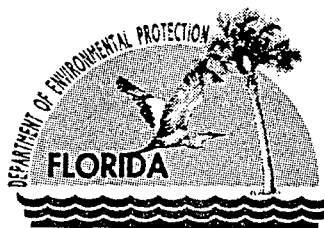
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#0730088  
CONCORD CUSTOM CLEANERS #201  
PHIL GORGAS  
PO BOX 55910  
LEXINGTON KY  
40555-5910

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

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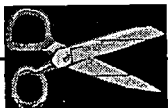
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0730083  
CONCORD CUSTOM CLEANERS #015  
PHIL GORGAS  
PO BOX 55910  
LEXINGTON KY  
40555-5910

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

Concofd Custom Cleaners

00114763

VENDOR: 000000000872

DATE 12/27/01 VENDOR NO. 000000000872

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISC. TAKEN	NET AMOUNT
000000000170885	12/26/01	400.00	400.00	.00	400.00
				Check Total	400.00



Best Available Copy

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

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.

REC'D  
AIR MONITORING  
2/20/01  
DEP  
At Monitoring  
Services

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>CONCORD CUSTOM CLEANERS</b>
2. Site Name (For example, plant name or number): <b>CONCORD CUSTOM CLEANERS #015</b>
3. Hazardous Waste Generator Identification Number: <b>FLD 981 025 398</b>
4. Facility Location: Street Address: <b>324 N. MONROE ST.</b> City: <b>TALLAHASSEE</b> County: <b>LEON</b> Zip Code: <b>32301</b>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <b>0130083-002</b>

Responsible Official

6. Name and Title of Responsible Official: Name: <b>PHIL GORGAS</b> Title: <b>VICE PRESIDENT, FACILITIES</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>CONCORD CUSTOM CLEANERS #015</b> Street Address: <b>PO Box 55910</b> City: <b>LEXINGTON, KY</b> County: <b>FAYETTE</b> Zip Code: <b>40555 - 5910</b>
8. Responsible Official Telephone Number: Telephone: <b>( 859 ) 422 - 4800</b> Fax: <b>( 859 ) 422 - 4801</b>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <b>BOBBY BRIDGES, STORE MANAGER</b>
10. Facility Contact Address: Street Address: <b>324 N. MONROE ST</b> City: <b>TALLAHASSEE</b> County: <b>LEON</b> Zip Code: <b>32301</b>
11. Facility Contact Telephone Number: Telephone: <b>( 850 ) 222 - 6016</b> 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>JULY 1990</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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".)

- |   |   |
|---|---|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u><br>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.*

PHIL GORGAS  
Print name of responsible official

  
Signature

8-23-01  
Date