

AREA	Office * HWDT	HW Br: TALLAHASSEE	County * LEON	AIRS ID 0730084	ARMINV01
Owner/Comp *	CONCORD CUSTOM CLEANERS		Site	CONCORD CUSTOM CLEANERS #019	
Directions					
Street	2910 Kerry Forest Pkwy				
City *	TALLAHASSEE	Zip	32309	6892	<input type="button" value="Validate Address"/>
UTM Zone	16	East	765.98	North	3382.13
		Latitude	30	32	31.5708
		Longitude	84	13	39.1584
Status *	<input type="checkbox"/> INACTIVE	Maj Group SIC *	72	PERSONAL SERVICES	
Reloc	H	Shtdwn Dt		Strt Dt	10/11/1996
				Final Shtdwn Dt	04/10/2010
Gov Fac *	0	NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE		HAZ Waste Generator ID: FLD	984228866
AOR Req *	N	Ozone SIP Facility *	N	Type	10 PCE Drycleaning Facilities
Compliance Tracking	<input type="checkbox"/>			Current Permit Indicator	AG
Title V	NON TITLE V	non-HAP Class	MINOR	HAP Class	MINOR
				Public Exempt	<input type="checkbox"/>
# of Emis Units	C	<input type="checkbox"/>	A	<input type="checkbox"/>	I <input type="checkbox"/>
				Generator Rating	<input type="text"/> MW
Comment	Converted to a drop-off location only. All equipment and hazardous materials were removed from the facility (see letter				

Brynes, Marnie

From: White, Tracy A.
Sent: Tuesday, October 19, 2010 2:41 PM
To: Brynes, Marnie
Cc: Dibble, Dickson; Bradburn, Rick; Curle, Mary Beth
Subject: RE: Concord Cleaners 0730084 - inactive

Please disregard. I note that someone already completed the task and inactive is now listed.

Tracy White
Environmental Specialist
FDEP Northwest District Branch Office
Carr Building, Suite 115
3900 Commonwealth Blvd. MS 55
Tallahassee, Florida 32399-3000
850-245-2984, Fax: (850) 245-2948

From: White, Tracy A.
Sent: Tuesday, October 19, 2010 2:39 PM
To: Brynes, Marnie
Cc: Dibble, Dickson; Bradburn, Rick; Curle, Mary Beth
Subject: Concord Cleaners 0730084 - inactive

Hello,

The RO requested that I make this facility inactive. Would you please inactivate it in ARMs. Thank you.

Tracy White
Environmental Specialist
FDEP Northwest District Branch Office
Carr Building, Suite 115
3900 Commonwealth Blvd. MS 55
Tallahassee, Florida 32399-3000
850-245-2984, Fax: (850) 245-2948

Brynes, Marnie

From: White, Tracy A.
Sent: Tuesday, October 19, 2010 2:39 PM
To: Brynes, Marnie
Cc: Dibble, Dickson; Bradburn, Rick; Curle, Mary Beth
Subject: Concord Cleaners 0730084 - inactive
Attachments: DOC101510.pdf; Concord Custom Cleaners - Tracy.pdf

Hello,

The RO requested that I make this facility inactive. Would you please inactivate it in ARMs. Thank you.

Tracy White
Environmental Specialist
FDEP Northwest District Branch Office
Carr Building, Suite 115
3900 Commonwealth Blvd. MS 55
Tallahassee, Florida 32399-3000
850-245-2984, Fax: (850) 245-2948



Florida Department of Environmental Protection

Northwest District Branch Office
3900 Commonwealth Boulevard, MS 55
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

October 15, 2010

Phil Gorgas
Concord Custom Cleaners #019
Post Office Box 55910
Lexington, Kentucky 40555

Dear Mr. Gorgas:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The permit **expires August 10, 2011**. The program identification number for this facility is **0730084**. This letter applies only to activities covered by the Air Resource Management Program.

The Tallahassee Branch Office reported a facility status of In Compliance. Note that your compliance status may be subject to further review by the District Program Office.

The assistance you provided is appreciated. The inspection report is enclosed. If you have any questions, your local contact is Tracy White at (850) 245-2960 or tracy.a.white@dep.state.fl.us.

Sincerely,

Marlane Castellanos
Branch Manager

MC/tw

Enclosures

cc: Rick Bradburn, Mary Beth Curle, FDEP, Pensacola.



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO: _____

AIRS ID#: 0730084	DATE: 10/07/2010	ARRIVE: _____	DEPART: _____
FACILITY NAME: CONCORD CUSTOM CLEANERS #019			
FACILITY LOCATION: 2910 Kerry Forest Pkwy TALLAHASSEE 32309-6892			
OWNER/AUTHORIZED REPRESENTATIVE: PHIL GORGAS		PHONE: (859)422-4800	
Email: _____		Mobile: _____	
CONTACT NAME: _____		PHONE: _____	
Email: _____		Mobile: _____	
ENTITLEMENT PERIOD: 8/10/2006 / 8/10/2011 (effective date) (end date)			

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC
(check only one box in A)

<p>A. 1. Existing small area source <input checked="" type="checkbox"/> 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)</p> <p>3. Existing large area source <input type="checkbox"/> 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)</p> <p>5. Ineligible for General Permit <input type="checkbox"/> drop store/out of business/petroleum / facility exceeds above limits</p>	<p>2. New small area source <input type="checkbox"/> 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)</p> <p>4. New large area source <input type="checkbox"/> 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)</p>
---	--

B. The sum of the volume of all perchloroethylene (perc) purchases made in each of the previous 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

(check only one box for each question)

1. Is all perc, and wastes containing perc, in tightly sealed & impervious containers? ----- Yes No N/A
2. Are all perc. containers leak free? ----- Yes No N/A
3. Are all machine doors kept closed and secured except during loading/unloading? ----- Yes No
4. Are cartridge filters drained in their housing or in sealed containers for at least 24 hours prior to disposal? ----- Yes No N/A
5. Has each dry cleaning system installed after December 21, 2005 at an area source, routed the air-PCE gas-vapor stream contained within each dry cleaning machine through a refrigerated condenser and passed the air-PCE gas-vapor stream from inside the dry cleaning machine drum through a non-vented carbon adsorber or equivalent control device immediately before the door of the dry cleaning machine is opened? The carbon adsorber must be desorbed in accordance with manufacturer's instructions. ----- Yes No N/A
6. Is solvent-to-carbon ratios and steam pressure for carbon adsorber beds maintain according to the manufacturer's specifications? ----- Yes No N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is an **existing small area source**, no controls are required. **Proceed to Part V.**
2. If the facility classification is a **new small area source**, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is an **existing large area source**, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a **new large area source**, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

A. Has the responsible official of all existing large area & new sources:

(check only one box for each question)

1. Equipped all machines with the appropriate vent controls? ----- Yes No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- Yes No N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- Yes No N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- Yes No N/A
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- Yes No N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- Yes No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. For all existing large or new large area sources:

1. Is the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines measured and recorded on a weekly basis? ----- Yes No
2. Is the washer exhaust temperature at the condenser inlet and outlet measured and recorded weekly? ----- Yes No N/A
 - a) Is the temperature differential equal to, or greater than 20° F? ----- Yes No N/A
3. Is the perc concentration in the exhaust stream inlet and outlet measured weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? ----- Yes No N/A
 - a) Is the perc concentration equal to, or less than 100 ppm? ----- Yes No N/A
4. Is the sampling port on the carbon adsorber exhaust for measuring perc concentrations at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ----- Yes No N/A
5. Are transfer machines equipped (dryers, reclaimers, and washers) with individual condenser coils? ----- Yes No N/A
6. Is airflow routed to the carbon adsorber (if used) at all times? ----- Yes No N/A

PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

(check only one box for each question)

1. Are receipts maintained for all perc purchased? ----- Yes No
2. Are rolling monthly totals of yearly perc consumption maintained? ----- Yes No
3. Are leak detection inspection and repair reports maintained for the following:
 - a) Of any leaks repaired w/in 24 hrs? or; ----- Yes No N/A
 - b) Of any parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- Yes No N/A
4. Is calibration data maintained for applicable direct reading instruments? ----- Yes No N/A
5. Is exhaust duct monitoring data on perc concentrations maintained? ----- Yes No N/A
6. Is a startup/shutdown/malfunction plan maintained for each machine? ----- Yes No
7. Are deviation reports maintained? ----- Yes No N/A
 - a) Problem corrected? ----- Yes No N/A
8. Is a compliance plan maintained, if applicable? ----- Yes No N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

(check only one box for each question)

1. What type of leak detection equipment is used to detect leaks?
 Halogenated hydrocarbon detector PCE gas analyzer None used
2. Is the halogenated hydrocarbon detector or PCE gas analyzer operated according to the manufacturer's instructions (*manual was available and RO could demonstrate procedure*) ? ----- Yes No
3. For major sources is the halogenated hydrocarbon detector or PCE gas analyzer operated according to EPA Method 21 ? ----- Yes No N/A
4. Is the vapor leak inspection conducted by placing the probe inlet at the surface of each component interface where leakage could occur and moving it slowly along the interface periphery? ----- Yes No
5. Is the PCE gas analyzer a flame ionization detector, photo ionization detector, or infrared analyzer capable of detecting vapor concentrations of PCE of 25 parts per million by volume (*based on documented specifications*) ? ----- Yes No N/A
6. Is the halogenated hydrocarbon detector capable of detecting vapor concentrations of PCE of 25 parts per million by volume (*based on documented specifications*) and indicating a concentration of 25 parts per million by volume or greater by emitting an audible or visual signal that varies as the concentration changes? ----- Yes No N/A
7. Are the following dry cleaning system components inspected weekly for perceptible leaks (sight, smell or touch) while the system is in operation (§63.322(k))?
(Inspection with a halogenated hydrocarbon detector or PCE gas analyzer also fulfills the requirement for inspection of perceptible leaks)

a) Hose connections, fittings, couplings, and valves ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	g) Muck cookers ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Door gaskets and seating ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	h) Stills ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Filter gaskets and seating ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	i) Exhaust dampers ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Pumps ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	j) Diverter valves ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Solvent tanks and containers -- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	k) Cartridge filter housings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Water separators ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Are the following dry cleaning system components inspected monthly for vapor leaks using a halogenated hydrocarbon detector or PCE gas analyzer while the system is in operation? (*Any inspection conducted according to this paragraph shall satisfy the requirements to conduct an inspection for perceptible leaks under §63.322(k) or (l)*)

a) Hose connections, fittings, couplings, and valves ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	g) Muck cookers ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Door gaskets and seating ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	h) Stills ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Filter gaskets and seating ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	i) Exhaust dampers ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Pumps ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	j) Diverter valves ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Solvent tanks and containers -- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	k) Cartridge filter housings <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Water separators ----- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC (continued)

9. What evidence suggests that leak checks are performed as required?

Leak log documentation RO Assurances On-site observation other

Explain other :

Tracy White

10/07/2010

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS:

I initially received a phone call from Phil Gorgas. Mr. Gorgas explained that the facility was now inactive and that all Perc-related equipment had been removed from the facility. He indicated that he had sent the Department a letter dated April 30, 2010. I did not appear to have a copy of the letter. I requested a copy from him.

The letter indicated that "This location is no longer an active dry cleaning plant and effective 4-10-2010 has been converted to a Drop-off location."

I told Mr. Gorgas that I would inspect his facility one more time, and then forward his letter and a copy of my final inspection report to the General Permitting Division office. I will request that they make the facility inactive in the computer system.

I observed the site on 10/07/2010. Mr. Gorgas's letter indicated a drop off site. However, I could not locate the drop off site. In the place of the former cleaners was a newly established business. I did not note any Hazardous wastes materials or Perc-related equipment in the vicinity. The facility appeared to be inactive.

Note: The inspection checklist was not fully completed due to insufficient information (facility is now inactive).

Brynes, Marnie

From: Moore, Deborah L.
Sent: Monday, October 18, 2010 10:00 AM
To: Brynes, Marnie
Cc: Sarasua, Armando; Curle, Mary Beth
Subject: FW: 0730084 Concord--inactive

Hi all,

I already inactivated Concord in ARMS before I saw this message. I also entered a final shutdown date and a comment with history, but I did not do anything with surrendering the AG permit.

Debbie

From: Curle, Mary Beth
Sent: Monday, October 18, 2010 8:54 AM
To: Sarasua, Armando; Moore, Deborah L.
Cc: Bradburn, Rick
Subject: RE: 0730084 Concord--inactive

Marnie Brynes in Tallahassee will/did inactivate this in ARMS.

MB

From: Sarasua, Armando
Sent: Monday, October 18, 2010 8:40 AM
To: Moore, Deborah L.
Cc: Curle, Mary Beth; Bradburn, Rick
Subject: FW: 0730084 Concord--inactive

DM,
Please see if this is active/inactive in ARMS. Make corrections as needed.
R/Armando

From: Bradburn, Rick
Sent: Monday, October 18, 2010 7:39 AM
To: Waltrip, Jennifer; Melton, Carol; Stoll, Christopher
Cc: Curle, Mary Beth; Sarasua, Armando
Subject: FW: 0730084 Concord--inactive

FYI and file....Rick

From: White, Tracy A.
Sent: Friday, October 15, 2010 8:07 AM
To: Curle, Mary Beth
Cc: Bradburn, Rick
Subject: 0730084 Concord--inactive

Fyi- for your files – see attached.

Tracy White
Environmental Specialist

FDEP Northwest District Branch Office
630 - 3 Capital Circle NE
Tallahassee, Florida 32301
850-488-3704, Fax: (850) 922-3620

01
02
03

04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150

151
152
153
154
155
156
157
158
159
160

Brynes, Marnie

From: Dibble, Dickson
Sent: Friday, October 15, 2010 10:15 AM
To: Curle, Mary Beth; Sarasua, Armando; Brynes, Marnie
Cc: Ajhar, Rebecca; Bradburn, Rick
Subject: FW: 0730084 Concord--inactive
Attachments: DOC101510.pdf

Mary Beth, et.al.,

Yes these types of requests are to be processed through Tallahassee since we process these registrations and maintain the hardcopy and electronic files here.

I am forwarding this on to Marnie Brynes, since she has been trained in and is currently handling all of the Perchloroethylene Dry Cleaner Air General Permit Registration requests, reviews and processing and is the resource for dry cleaner issues and questions.

Hope you have a great weekend!

Dick

Dickson E. Dibble, ES III

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
Tel. (850) 921-9586
FAX (850) 922-6979
ICG-#345

Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Curle, Mary Beth
Sent: Friday, October 15, 2010 9:39 AM
To: Dibble, Dickson; Sarasua, Armando
Cc: Bradburn, Rick
Subject: FW: 0730084 Concord--inactive

Dick and Armando,
FYI. Needs to be updated in ARMS. I'm not sure if we (the district office) do that, or if it's done in Tallahassee. Please enlighten me. Thank you.

Mary Beth

From: White, Tracy A.
Sent: Friday, October 15, 2010 8:07 AM
To: Curle, Mary Beth
Cc: Bradburn, Rick
Subject: 0730084 Concord--inactive

Fwi- for your files – see attached.

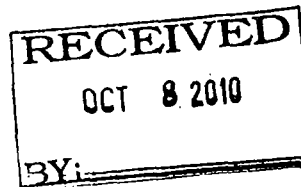
Tracy White
Environmental Specialist
FDEP Northwest District Branch Office
630 - 3 Capital Circle NE
Tallahassee, Florida 32301
850-488-3704, Fax: (850) 922-3620



CM

October 5, 2010

Mr. Tracy White
Florida Department of Environmental Protection
Northwest District Branch Office
Carr Building
Suite 115
3900 Commonwealth Blvd. MS55
Tallahassee, FL 32399-3000



Dear Mr. White:

Pursuant to our conversation today, enclosed is a copy of correspondence we discussed that was sent in April.

Thank you for your help in this matter.

Sincerely,

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

Phil Gorgas
Vice President Facilities



April 30, 2010

Mr. Tracy White
Florida Department of Environmental Protection
Northwest District Branch Office
630-3 Capital Circle NE
Tallahassee, FL 32301

Mr. White:

This is to inform the Department that the following location's status has changed:

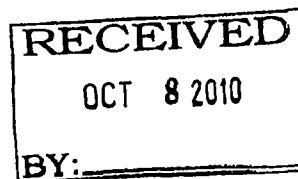
Concord Custom Cleaners #019
2910 Kerry Forest Parkway
Tallahassee, FL 32309
Airs ID #: 0730084
Facility ID #: 9502171
EPA #: FLD-984-228-866

This location is no longer an active dry cleaning plant and effective 4-10-2010 has been converted to a Drop-off location. All equipment and hazardous material have been removed from this facility. Please deactivate all appropriate permits and ID numbers.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Gorgas", is written over a faint horizontal line.

Phil Gorgas
Vice President Facilities





8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

EPA ID **F L D 9 8 4 2 2 8 8 6 6**

1. Reason for Submittal

Mark 'X' in correct box:

- To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- To provide **subsequent notification** (to update status and facility identification information).
- Is this the **final notification** (see instructions) for the facility?

RECEIVED
OCT 8 2010
BY: _____

2. Facility or Business Name

Concord Custom Cleaners #019

FEID No.

6 1 0 4 1 5 7 3 3

3. Facility Operator
(List additional Operators in the comments section).

Name of Operator:

Concord Custom Cleaners #019

New Operator

Date became Operator: ___/___/___
mm dd yy

Street or P.O. Box:

PO Box 55910

Phone Number:

859-422-4800

City or Town:

Lexington

State:

KY

Zip Code:

40555

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information

Physical Street Address:

2910 Kerry Forrest Parkway

City or Town:

Tallahassee

State:

FL

Zip Code:

32309

County:

Choose ___

If available, please attach a map or sketch of the facility boundaries.

Latitude: **3 0 3 2 3 0** Longitude: **8 4 1 3 5 7** Method: _____
dd mm ss . ssss dd mm ss . ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A.

81232

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

PO Box 55910

City or Town:

Lexington

State:

KY

Zip Code:

40555

7. Facility or Business Contact Person

First Name:

Phil

Last Name:

Gorgas

Title:

Vice President

Phone Number:

859-422-4800

Extension:

E-Mail:

Street or P.O. Box:

PO Box 55910

City or Town:

Lexington

State:

KY

Zip Code:

40555

8. Real Property (Land) Owner of the Facility's Physical Location
(List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

Begley Company

New Owner

Date became Owner: ___/___/___
mm dd yy

Street or P.O. Box:

PO Box 55910

Phone Number:

City or Town:

Lexington

State:

KY

Zip Code:

40555

Owner Type: Private Federal Municipal State Other _____

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.

A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (7) Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. a. For own waste only b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

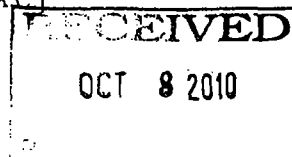
- d. Transportation Mode Air Rail Highway Water Other - specify _____

- e. Hazardous Waste Transfer Facility: Storage Volume _____

 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- Notification of changes in above items
- Annual update notification



B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
 - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated

 - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
 - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler

 - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
 - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
 - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
 - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
 [Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

(5) Destination Facility for UW Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) Used Oil Transporter - indicate type(s) of activity(ies):
- a. Transporter
 - b. Transfer Facility
- (2) Collection Center
- (3) Used Oil Processor (A permit is required for this activity.)
- (4) Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer
- (6) Used Oil Filter
- a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person _____

Print Name of Authorized Person _____

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.
 A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- our mailing (business) address
- The site (facility) address



BY: _____

D. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]
 Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):

A. Non-Handler of Regulated Waste at This Facility

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) _____

B. Facility Closed

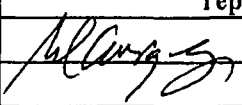
- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____
 Address _____
 City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Phil Gorgas, Vice President Facilities	04-30-2010

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:

Effective 4-10-2010 this location has been changed from an active dry-cleaning plant to a drop-off location.

