



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 #019
Post Office Box 55910
Lexington, Kentucky 40555-5910

Re: Facility No.: 0730084-002

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.

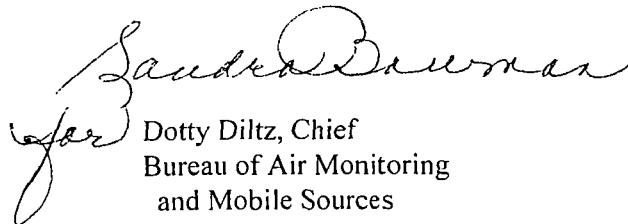
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Corrected

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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AUG 30 2001

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):	CONCORD CUSTOM CLEANERS		
2. Site Name (For example, plant name or number):	CONCORD CUSTOM CLEANERS #019		
3. Hazardous Waste Generator Identification Number:	FLD-984-228-866		
4. Facility Location:	Street Address: 2910 KERRY FOREST PARKWAY City: TALLAHASSEE County: LEON Zip Code: 32308		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0M30084-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: PHIL GORGAS Title: VICE PRESIDENT, FACILITIES		
7. Responsible Official Mailing Address:	Organization/Firm: CONCORD CUSTOM CLEANERS #019 Street Address: PO Box 55910 City: LEXINGTON, KY County: FAYETTE Zip Code: 40555-5910		
8. Responsible Official Telephone Number:	Telephone: (859) 422-4800 Fax: (859) 422-4801		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CHUCK CULPEPPER STORE MANAGER		
10. Facility Contact Address:	Street Address: 2910 KERRY FORREST PARKWAY City: TALLAHASSEE County: LEON Zip Code: 32308		
11. Facility Contact Telephone Number:	Telephone: (850) 893-5596 Fax: ()		

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NOV 13 2001

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")
JAN 1992	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC/CA/None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	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/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 *pb*

New machines at large area source
Refrigerated condenser *pb*

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



0730084-002

Page 16

4. New machine at large area source
should be marked.

--ATTENTION MAIL ROOM--

**PLEASE ROUTE THIS
DOCUMENT TO:**

Rick Butler / DADM

Name of Individual/Office

MS 5510

Mail Station Number

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 730084 1st
CONCORD CUSTOM CLEANERS
#019
2910 Kerry Forest Pkwy
TALLAHASSEE, FL 32308

Bureau of
& Mobile Sources
All INFORMATION

MAR 01 2006

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

VED

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

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412745 X

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

1/7/02

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0730084

CONCORD CUSTOM CLEANERS #019
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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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 730084 10
CONCORD CUSTOM CLEANERS #019
~~2910 Kerry Forest Pkwy~~
~~TALLAHASSEE, FL 32308~~
PO BOX 55910
LEXINGTON, KY 40555

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

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Bureau of Air Monitoring
& Mobile Sources
FEB 17 2005
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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# 730084 1stC
 CONCORD CUSTOM CLEANERS #019
 2910 Kerry Forest Pkwy
 TALLAHASSEE, FL 32308

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

C.J. CARLSON

C. Date of Delivery

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

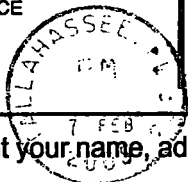
3. Service Type

 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 SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Mobile Source
FEB 10 2005

RECEIVER





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Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
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Secretary

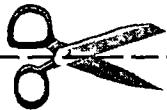
TO: Holder of Title V Air General Permit

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



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TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

730084
PHIL GORGAS
CONCORD CUSTOM CLEANERS #019
PO BOX 55910
LEXINGTON KY 40555

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



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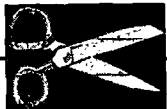
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Receipts
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CONCORD CUSTOM CLEANERS #019
PHIL GORGAS
PO BOX 55910
LEXINGTON KY
40555-5910

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MAY 29 2003