



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

August 21, 2006

Mr. Phil Gorgas  
Concord Custom Cleaners #201  
Post Office Box 55910  
Lexington, Kentucky 40555-5910

Re: Facility No. 0730088-003

Dear Mr. Gorgas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 10, 2006.

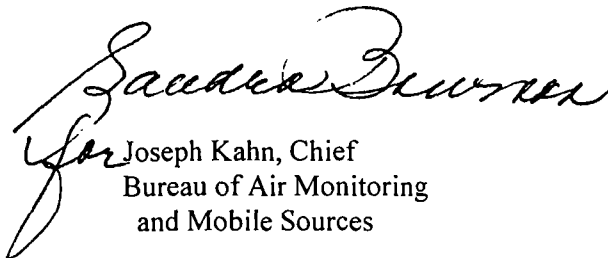
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

RECEIVED  
JUL 10 2006PERCHLOROETHYLENE 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.

## 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 #201		
3. Hazardous Waste Generator Identification Number:	FLD-112-766-704		
4. Facility Location:			
Street Address:	143 S. MONROE ST.		
City:	TALLAHASSEE	County:	LEON
		Zip Code:	32301
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0730088-003		

## 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 #201		
Street Address:	PO BOX 55910		
City:	LEXINGTON	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):	MIKE CULPEPPER, STORE MANAGER		
10. Facility Contact Address:			
Street Address:	143 S. MONROE ST		
City:	TALLAHASSEE	County:	LEON
		Zip Code:	32301
11. Facility Contact Telephone Number:			
Telephone:	( 850 ) 222-0652	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>JAN 1990</u>	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
<u>JAN 1990</u>	<u>Existing</u> /New	RC/CA/None required	<u>SAME</u>
_____	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

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:

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

7-5-06  
Date

0730088

**Notification of Compliance Status Report**

**Due on or before July 28, 2008**

Bureau of Air Management  
Mobile Station

FEB 12 2009

RECEIVED

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/Operator CONCORD CUSTOM CLEANERS #201

Company Name " " " "

Mailing Address PO Box 55910

City LEXINGTON State KY Zip 40550-5910

Phone Number 859 422 4800

Plant Address (If Different Than Mailing Address)

Street Address 1413 S. MONROE ST

City TALLAHASSEE State FL Zip 32301

EPA Facility ID Number (if known) FLD 112-766-704

2. This facility (check only one):

AIRS ID #0730088

- uses perchloroethylene (perc) - check box and go to question 3
- is a pick-up store only, having no dry cleaning machines. STOP HERE
- has only coin-operated dry cleaning machines that are operated by the customers. STOP HERE
- does NOT use perc. Indicate the cleaning fluid below and STOP HERE
  - GreenEarth BS-32     Exxon DF2000™     Chevron Phillips EcoSolve®     Rynex™
  - SASOL LPA-142     Water-based cleaning     Carbon dioxide (CO2)     Other \_\_\_\_\_

If you checked a box instructing you to STOP HERE, you are finished. Sign and return the form to the address given on the title page of this report.

3. This dry cleaning facility is located (check only one):

- in a building with a residence(s), even if the residence is vacant at this time.
- in a building with other commercial tenants (non-residential).
- in a building with no other tenants, leased space, or owner occupants (stand-alone building).

4. Based on perc consumption, this dry cleaning facility is a (check one):

- Area source (uses less than 2,100 gallons/year of perc)
- Major source (uses more than 2,100 gallons/year of perc)

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JUL 28 2008

NORTHWEST FLORIDA  
DEP

Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at this dry cleaning facility over the past 12 months:

555 gallons

NOTE: If this is a new facility or if perchloroethylene purchase records have not been kept, the volume may be estimated for this initial report.

Method of determining gallons used (check one):  Actual purchase records  Estimated

5. Is the perc dry cleaning facility in compliance with all applicable control device and monitoring requirements contained in 40 CFR Part 63, Subpart M – National Perchloroethylene Air Emission Standards for Dry Cleaning Facilities (July 27, 2006 Final Rule)?

Yes

No

6. I, the undersigned, certify that the information contained in this report is accurate and true to the best of my knowledge.

Print or type the name and title of the Responsible Official for this dry cleaning facility:

Phil Gorgas PHIL GORGAS VICE PRESIDENT FACILITIES  
Name Title

A Responsible Official can be:

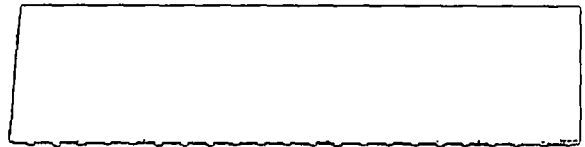
- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility,
- An owner of the dry cleaning facility,
- The manager of the dry cleaning facility, or
- A government official if the dry cleaning facility is owned by the Federal, State, City, or County government.
- A ranking military officer if the dry cleaning facility is located at a military base.

certified mail™



7004 2510 0001 4449 7958

CONCORD CUS  
PO BOX 55910  
LEXINGTON, KY 40555-5910



UNITED STATES POSTAGE  
PITNEY BOWES  
02 1A \$ 05.90  
0004628209 JUL 23 20  
MAILED FROM ZIP CODE 405

FIRST CLASS MAIL



Ms. Erica Mitchell  
Florida Dept. of Environmental Protection  
Northwest District Air Program  
160 Governmental Center  
Pensacola, FL 32502-5794



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.

RECEIVED

FEB 14 2007

**TOTAL AMOUNT DUE: \$50.00**

Bureau of Acquisition  
& Mobile Sources

Do NOT Remove Label

AIRS ID# 730088  
CONCORD CUSTOM CLEANERS ✓  
1413 S Monroe St  
TALLAHASSEE, FLORIDA  
32301

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

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