

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 17, 2001

Mr. John W. Woodard
Village Cleaners
6324 US Highway 301 North
Ellenton, Florida 34222

Re: Facility No.: 0810165-002

Dear Mr. Woodard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 12, 2001.

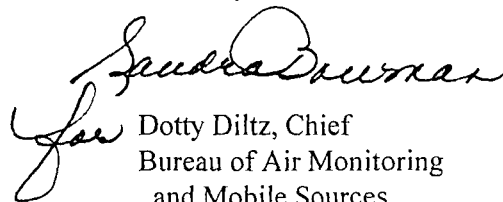
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

6/19

Feedback 96-00

30C entered

Bowman, Sandy

From: Janis, Neal
Sent: Wednesday, April 23, 2003 4:29 PM
To: Bowman, Sandy
Subject: dry cleaner's closed or drop store

Touch of Class #0810184 closed and out of business.

Village Cleaners #0810165 is now a drop store only.

Bowman, Sandy

From: Janis, Neal
Sent: Tuesday, July 08, 2003 3:11 PM
To: Bowman, Sandy
Subject: RE: Pay 02NoPay.xls

Sandy:
#0810165 Village cleaners is now a drop store.
#0810166 Palmetto cleaners is still active.
#0810184 Touch of Class is now closed, out of business.
I hope that this answers all of your questions for the southwest district.
Neal

-----Original Message-----

From: Bowman, Sandy
Sent: Monday, June 30, 2003 2:27 PM
To: Norman, Charles; Schilling, Tracy; Lewis, Wayne; Culliver, Sherrill; Janis, Neal; 'tutt@coj.net'; 'John.Parker@ocfl.net'; 'cbittle@broward.org'; 'Martin_liebler@doh.state.fl.us'; 'nozari@epchc.org'; 'mmccann@co.pinellas.fl.us'; 'ajaya_satyal@doh.state.fl.us'; 'scameron@co.sarasota.fl.us'; 'barrom@miami-dade.gov'
Cc: Davis, William; Grant, Patricia
Subject: Pay 02NoPay.xls

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you. Have a safe and happy Fourth!

Sandy

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 12 2001
Bureau of Air Monitoring
& Mobile Sources

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):	VILLAGE CLEANERS
2. Site Name (For example, plant name or number):	6324 U.S. HWY 301 N ELLENTON, FL 34222 941-722-8252
3. Hazardous Waste Generator Identification Number:	FLD 982 089 2600
4. Facility Location: Street Address: City: County: Zip Code:	6324 US HWY 301 N ELLENTON MANATEE 34222
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0810165-0026

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	JOHN W. WOODARD OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	 6324 US HWY 301 N ELLENTON MANATEE 34222
8. Responsible Official Telephone Number: Telephone: Fax:	(941) 722-8252 () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: Fax:	() - () -

0810165-002

p16

(e) Required should be marked.

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")
7-26-93	Existing <input checked="" type="radio"/> / New <input type="radio"/>	RC <input checked="" type="radio"/> / CA <input type="radio"/> / None required <input type="radio"/>	SAME
_____	Existing <input type="radio"/> / New <input type="radio"/>	RC <input type="radio"/> / CA <input type="radio"/> / None required <input type="radio"/>	_____
_____	Existing <input type="radio"/> / New <input type="radio"/>	RC <input type="radio"/> / CA <input type="radio"/> / None required <input type="radio"/>	_____

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

*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>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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 0810165
- 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.

Joan W. Woodard
Print name of responsible official

Joan W. Woodard
Signature

6-8-01
Date

RECEIVED
JUN 12 2001
Bureau of Air Monitoring
& Mobile Sources

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.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	VILLAGE CLEANERS
2. Site Name (For example, plant name or number):	6324 US HWY 301 N ELLENTON, FL 34222 941-722-8252
3. Hazardous Waste Generator Identification Number:	FLD 987 089 260
4. Facility Location: Street Address: City: County: Zip Code:	6324 US HWY 301 N ELLENTON MANATEE 34222
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0810165-002

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	JOHN W. WOODARD OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	 6324 US HWY 301 N ELLENTON MANATEE 34222
8. Responsible Official Telephone Number: Telephone: Fax:	(941) 722-8252 () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: Fax:	() - () -

RECEIVED
JUN 25 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

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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")
7-26-93	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?

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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

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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).

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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) _____

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(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

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Please indicate with an "X" the appropriate selection:

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- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

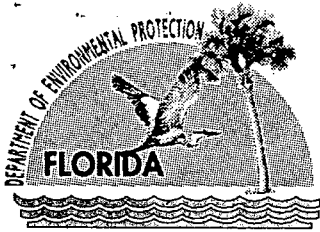
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, 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.

John W. Woodard
Print name of responsible official

John W. Woodard
Signature

6-8-01
Date



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

June 15, 2001

Mr. John Woodard
Village Cleaners
6324 US Highway 301 North
Ellenton, Florida 34222

Dear Mr. Woodard:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 12.

In reviewing your submittal, it was noted that Village Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0810165-001). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Bill Proses, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

THANK YOU SANDRA
John Woodard
6-20-01

5510

5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7975 6974



RECEIVED
MAR 12 2003
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0810165
VIELAGE CLEANERS
JOHN W WOODARD III
6324 US HWY 301 N
ELLENTON FL
34222

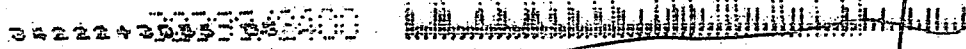
MLWF

~~MLWF~~

ANK TP

See

3803



SENDER

ACTION ON DELIVERY

- 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.

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

1. Article Addressed to:

AIRS ID#0810165

VILLAGE CLEANERS
 JOHN W WOODARD III
 6324 US HWY 301 N
 ELLENTON FL
 34222

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7975 6974

PS Form 3811, July 1999.

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

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

[Handwritten Signature]
 Postmark Here

Total P:

AIRS ID#0810165

Sent To VILLAGE CLEANERS
 JOHN W WOODARD III
 Street, Apt or PO Box: 6324 US HWY 301 N
 City, State: ELLENTON FL 34222

7001 0320 0001 7975 6974

PS Form 3800, January 2001

See Reverse for Instructions

5510

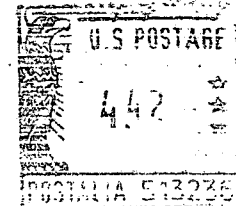
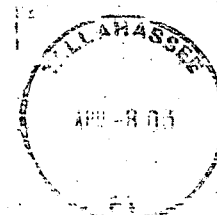
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

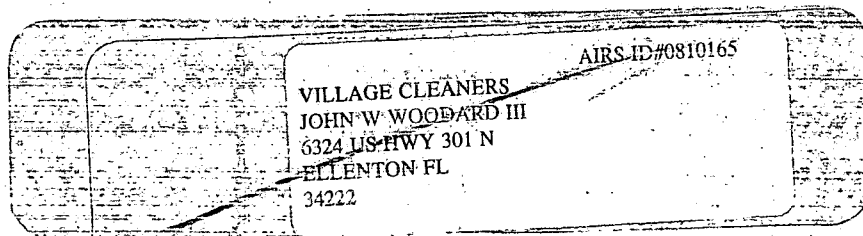


7001 0320 0001 7976 5587



AC5521

BAMMS/BCO
JOEY ROBERTS
5510



- INSUFFICIENT POSTAGE
- NO SUCH NUMBER
- UNCLAIMED BY ADDRESSEE
- ATTEMPTED NOT DELIVERED
- NO SUCH STREET
- VACANT
- NO RECEIPTABLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO. _____ DATE _____
- INITIALES _____

AN/C

Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

02 APR 17 2003

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#0810165

VILLAGE CLEANERS
 JOHN W WOODARD III
 6324 US HWY 301 N
 ELLENTON FL
 34222

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number () 7001 0320 0001 7976 5587

PS Form 3841, July 1999 Domestic Return Receipt

102595-00-M-0952

7001 0320 0001 7976 5587

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">022</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">320</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">5587</div> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
AIRS ID#0810165	
Sent VILLAGE CLEANERS Street JOHN W WOODARD III or P 6324 US HWY 301 N City ELLENTON FL 34222	
<small>Instructions</small>	



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

412275 DEC26 2001

Do **NOT** Remove Label

AIRS ID # 0810165
VILLAGE CLEANERS
JOHN W WOODARD III
6324 US HWY 301 N
ELLENTON FL
34222

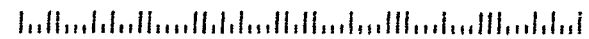
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAY 12 1993
TALLAHASSEE, FL 32315-3070



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

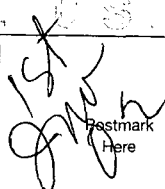
32315+3070 93



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0013 3108 6809

OFFICIAL USE

Postage	\$	 Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P:		

AIRS ID#0810165

Sent To **VILLAGE CLEANERS**
JOHN W WOODARD III
 Street, A **6324 US HWY 301 N**
 City, State **ELLENTON FL**
34222

PS Form Instructions

SENDER: COMPLETE THIS SECTION

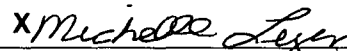
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1. Article Addressed to:

VILLAGE CLEANERS
 JOHN W WOODARD III
 6324 US HWY 301 N
 ELLENTON FL
 34222

AIRS ID#0810165

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 michelle Lyons Addressee

C. Date of Delivery
 2-7-03

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

Same

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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