

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 17, 2001

Ms. Kay Horton  
Michael the Cleaner  
3900 Clark Road #2B  
Sarasota, Florida 34233

Re: Facility No.: 0810167-002

Dear Ms. Horton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 2001.

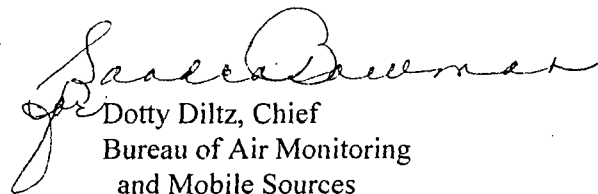
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

*Division of Air Resource Management  
850/921-9583 or sandy.bowman@dep.state.fl.us*

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

**From:** Janis, Neal

**Sent:** Friday, December 03, 2004 8:37 AM

**To:** Bowman, Sandy

**Subject:**

Please note that Micheal the Cleaner #0810167 is now a petroleum shop and no longer using perc.

Also, Quail Meadow Cleaners is now in the SWD and not the Central District. Please make that correction. I also need the screen fixed, so that I can enter the annual perc inspection for the facility. It curenly will not allow me to do this.

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):	BBC Investors, Inc		
2. Site Name (For example, plant name or number):	Michael the cleaner		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	655 26 ST W	City:	Bradenton
	County:	Manatee	Zip Code: 34207
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0810167-002		

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Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name:	Kay Horton	Title:	G.M.
7. Responsible Official Mailing Address: Organization/Firm:	3900 Clark Road #215		
Street Address:	City:	County:	Zip Code:
	Sarasota	Sarasota	34233
8. Responsible Official Telephone Number: Telephone: ( 941 ) 365 - 4700	Fax: ( ) -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Ranardo Blair		
10. Facility Contact Address: Street Address:	655 26 st W	City:	Bradenton
	County:	Manatee	Zip Code:
11. Facility Contact Telephone Number: Telephone: ( 941 ) 756 - 6100	Fax: ( ) -		

0810167-002

p/b

6(a) } Required for all sources. Should be  
(e) } marked.

3/1/2001

Spoke to Kay Norton and she stated that she is the duly authorized person to operate the facilities listed:

0810167-002

0810168-002

1150079-002

1150081-002

**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")
Purchase prior 12/9/91	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>SAME</u>
Purchase prior 12/9/91	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	<u>SAME</u>
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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 / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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 \_\_\_\_\_)



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.

*permit renewal*

**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.*

KAY HORTON  
Print name of responsible official

*Kay Horton*  
Signature

7.12.01  
Date

#10

# IMPORTANT

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Bureau of Air Monitoring  
& Mobile Sources

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.



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 # 0810167  
MICHAEL THE CLEANER  
KAY HUDSON  
3500 CLARK ROAD #2B  
SARASOTA FL  
34233

FOR GOVERNMENT USE ONLY  
Org.: 375501000 EO: A1  
Fund: 20-2-0380018  
Obj.: 002273

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JAN 25 2003  
Bureau of Air Mail  
& Mobile Services



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.

✓  
RECEIVED

**TOTAL AMOUNT DUE: \$50.00**

JAN 09 2003

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0810167

MICHAEL THE CLEANER  
~~KAY HUDSON~~  
3500 CLARK ROAD #2B  
SARASOTA FL  
34233

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

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

**OFFICIAL USE**

7001 1140 0001 7556 4101

Postage	\$	<i>\$1.03</i> Postmark Here <i>iw</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**Total Postage** AIRS ID # 390432

**Sent To** QUALITY 1ST  
 CHRIS DALLO  
 3195 LOFTON SQUARE  
 YULEE, FL 32097  
 City, State, ZIP *#890432*

PS Form 3800, January 2001 See Reverse for Instructions

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

**OFFICIAL USE**

7001 1140 0001 7556 4200

Postage	\$	<i>\$1.03</i> Postmark Here <i>iw</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**Total Postage & Fees** AIRS ID # 810116

**Sent To** TOUCH OF CLASS  
 JEFF ALBRECHT  
 3900 CLARK ROAD #213  
 SARASOTA, FL 34233  
 City, State, ZIP+4 *#0810167*

PS Form 3800, January 2001 See Reverse for Instructions