

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

December 11, 2001

Mr. Walter Brown  
Brown Fashion Cleaners, Inc.  
3800 Blue Stone Way  
Sarasota, Florida 34209

Re: Facility No.: 0810186-002

Dear Mr. Brown:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 7, 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.

**Bowman, Sandy**

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**From:** Janis, Neal  
**Sent:** Wednesday, September 07, 2005 4:23 PM  
**To:** Bowman, Sandy  
**Subject:** Brown's

Brown's Dry Cleaner (0810186) is closed as per my inspection of 9/7/2005. Please make the change.

9/8/2005

09/0/86 - 002

Page 16

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

RECEIVED

NOV - 7 2001

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring Sources  
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):<br><i>BROWN FASHION CLEANERS, INC.</i>               |
| 2. Site Name (For example, plant name or number):   |
| 3. Hazardous Waste Generator Identification Number:   |
| 4. Facility Location:<br>Street Address: <i>5638 CORTEZ ROW</i><br>City: <i>BRADENTON</i> County: <i>MANATEE</i> Zip Code: <i>34209</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br><i>0810186-002</i>  |

Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br>Name: <i>WALTER BROWN</i> Title: <i>PRESIDENT</i>   |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: <i>BROWN FASHION CLEANERS, INC.</i><br>Street Address: <i>3800 BLUESTONE WAY</i><br>City: <i>SARASOTA</i> County: <i>SARASOTA</i> Zip Code: <i>34232</i> |
| 8. Responsible Official Telephone Number:<br>Telephone: <i>(941) 954-6093</i> Fax: <i>( ) SAME</i>  |

Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):<br><i>STEVE BRITTON</i>   |
| 10. Facility Contact Address:<br>Street Address: <i>5638 CORTEZ ROW</i><br>City: <i>BRADENTON</i> County: <i>MANATEE</i> Zip Code: <i>34209</i> |
| 11. Facility Contact Telephone Number:<br>Telephone: <i>(941) 795-0495</i> Fax: <i>( ) -</i>  |

**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") |
|--|---|--|---|
| 1996                                       | Existing <input checked="" type="radio"/> New <input type="radio"/> | RC <input checked="" type="radio"/> CA <input type="radio"/> 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:

SOLO BUSINESS 10/98 New store:  New machine

AND HAD TO TAKE BACK UNOPENED STORE  (date of expected opening \_\_\_\_\_)

3/10

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:

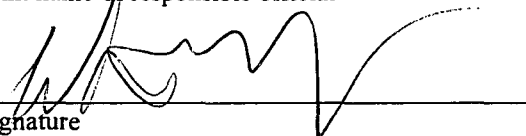
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

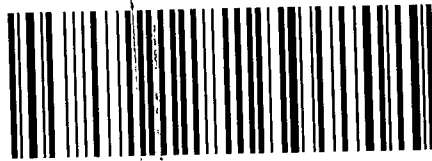
*I will promptly notify the Department of any changes to the information contained in this notification.*

WALTER O BROWN  
Print name of responsible official

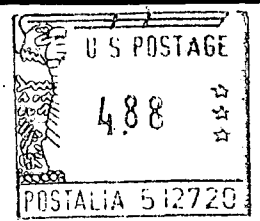
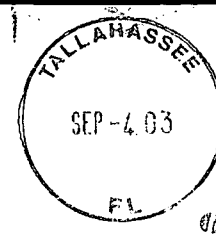
  
Signature

11/2/01  
Date

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7003 0500 0004 0144 3407



RECEIVED

SEP 10 2003

Bureau of Air Monitoring  
& Mobile Sources



INSUFFICIENT  
ADDRESS

*Handwritten signature*

*Handwritten signature*

TO 0810186001AG  
BROWN FASHION CLEANERS  
MARC EISEMAN  
410 CORTEZ ROAD W  
BRADENTON, FL 34210



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**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:

TO 0810186001AG  
 BROWN FASHION CLEANERS  
 MARC EISEMAN  
 410 CORTEZ ROAD W  
 BRADENTON, FL 34210

2. Article Number (Trace)

7003 0500 0004 0144 3407

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) 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

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 0500 0004 0144 3407

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|  |    |
|--|----|
| Postage  | \$ |
| Certified Fee                                  |    |
| Return Receipt Fee (Endorsement Required)      |    |
| Restricted Delivery Fee (Endorsement Required) |    |
| Total F  |    |

TO 0810186001AG  
 BROWN FASHION CLEANERS  
 MARC EISEMAN  
 410 CORTEZ ROAD W  
 BRADENTON, FL 34210

Sent To  
 Street, or PO Box  
 City, State

Received Oct 03 2004

PS Form 3800, June 2002 See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434958 JAN 5 2004

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

810186  
WALTER BROWN  
BROWN FASHION CLEANERS  
3300 BLUESTONE WAY  
SARASOTA FL 34232

Bureau of Air Monitoring  
& Mobile Sources

JAN 8 2004

RECEIVED

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

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**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

445074 JAN28 2005

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# 810186 10  
BROWN FASHION CLEANERS  
5638 Cortez Road W  
BRADENTON, FL 34210

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

*Printed on recycled paper.*

Bureau of Air Monitoring  
& Mobile Sources

JAN 31 2005

**RECEIVED**



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**

412222 DEC 30 2001

Do **NOT** Remove Label

AIRS ID # 0810186  
BROWN FASHION CLEANERS  
WALTER BROWN  
3800 BLUESTONE WAY  
SARASOTA FL  
34232

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423765 FEB26 2003

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#0810186

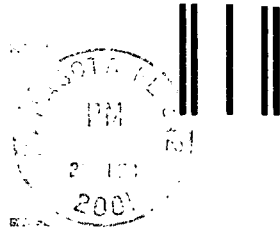
BROWN FASHION CLEANERS  
WALTER BROWN  
3800 BLUESTONE WAY  
SARASOTA FL  
34232

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

Bureau of Air Monitoring  
& Mobile Source

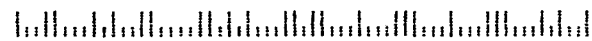
FEB 28 2003

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

32315+3070 99



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

8429  
 802E  
 8100  
 0417  
 0007

OFFICIAL USE

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0810186

Sent: BROWN FASHION CLEANERS  
 Street: WALTER BROWN  
 3800 BLUESTONE WAY  
 City: SARASOTA FL  
 34232

PS Form

Instructions

**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#0810186

BROWN FASHION CLEANERS  
 WALTER BROWN  
 3800 BLUESTONE WAY  
 SARASOTA FL  
 34232

2. Article Number  
 (Transfer from service label)

7000 1670 0013 3108 6748

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Shere Lyke*

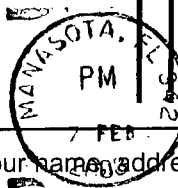
C. Date of Delivery *2/7/02*

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 SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2003

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