

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 31 2001

Mr. George Lorenz
Paddock Park Cleaners
3101 Southwest 34 Avenue #104
Ocala, Florida 34474

Re: Facility No.: 0830105-002

Dear Mr. Lorenz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 21, 2001.

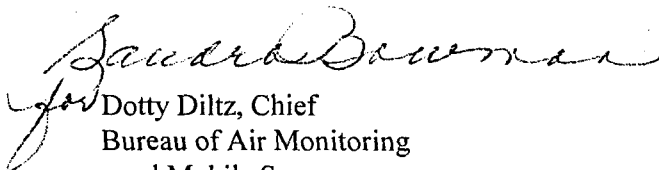
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
90C 2
Compliance FN

0830105-002

p15

1(a) New should be circled under
Status.

p17 Responsible official sign and date
for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 21 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): Paddock Park Cleaners
2. Site Name (For example, plant name or number): " " "
3. Hazardous Waste Generator Identification Number: FLD 9810 29309
4. Facility Location: 3101 SW 34th Ave. #104 Street Address: City: Ocala County: FL Marion FL Zip Code: 34474
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0830105-002

Responsible Official

6. Name and Title of Responsible Official: Name: George Lorenz Title: owner-manager
7. Responsible Official Mailing Address: Organization/Firm: Paddock Park Cleaners Street Address: City: Ocala County: Marion FL Zip Code: 34474
8. Responsible Official Telephone Number: Telephone: (352) 232-2522 Fax: () -

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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. 1994	Existing/New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / None required	SAME
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> 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 / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> CA / None required	_____
_____	Existing/New	RC / <input type="radio"/> 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?

[45] 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

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JUN 24 2001

Bureau of Air Monitoring
& Mobile Sources

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.

George Lorenz

Print name of responsible official

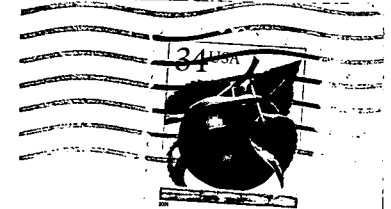
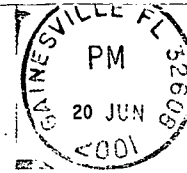
George Lorenz

Signature

6-18-2001

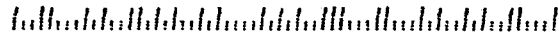
Date

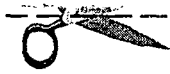
PADDOCK PARK CLEANERS
BUILDING 1, SUITE 104
3101 SW 34TH AVE.
OCALA, FL 34474



General Permits Section
Bureau of Air Monitoring + Mobile Sources
Dept. of Environmental Protection MS5510
2600 Blair Stone Road.
Tallahassee, Florida 32399-2400

32399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434988 JAN 6 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

830105
 GEORGE LORENZ
 PADDOCK PARK CLEANERS
 3101 SW 34TH AVE SUITE 104
 OCALA FL 34474

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

4
 Bureau of Air Monitoring
 & Meteorology
 JAN 8 2004
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Best Available Copy

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444730 JAN 19 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# 830105 10
PADDOCK PARK CLEANERS
3101 SW 34th Ave Suite 104
OCALA, FL 34474

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

Bureau of Air Monitoring
& Mobile Sources

JAN 20 2005

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421895 JAN17 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#0830105

PADDOCK PARK CLEANERS
GEORGE LORENZ
3101 SW 34TH AVE SUITE 104
OCALA FL
34474

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

JAN 23 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414135 FEB14 2002

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

X

Do **NOT** Remove Label

AIRS ID # 0830105
PADDOCK PARK CLEANERS
GEORGE LORENZ
3101 SW 34TH AVE SUITE 104
OCALA FL
34474

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <u>2/11/02</u>
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0830105 PADDOCK PARK CLEANERS GEORGE LORENZ 3101 SW 34TH AVE SUITE 104 Ocala FL 34474</p>	C. Signature <u>X</u> <u>Anna Mullerif</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Copy from service label) <u>7000 0600 0026 4128 7515</u>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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)												
7000 0600 0026 4128 7515	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: right;">Postage \$</td> <td rowspan="4" style="width: 50%; vertical-align: middle; text-align: center;">Postmark Here</td> </tr> <tr> <td style="text-align: right;">Certified Fee</td> </tr> <tr> <td style="text-align: right;">Return Receipt Fee (Endorsement Required)</td> </tr> <tr> <td style="text-align: right;">Restricted Delivery Fee (Endorsement Required)</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">AIRS ID # 0830105</td> </tr> <tr> <td colspan="2"> Recip: PADDOCK PARK CLEANERS GEORGE LORENZ Street: 3101 SW 34TH AVE SUITE 104 City: Ocala FL 34474 </td> </tr> <tr> <td colspan="2" style="text-align: center;"> PS Form 3811, July 1999 Instructions </td> </tr> </table>	Postage \$	Postmark Here	Certified Fee	Return Receipt Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	Total	AIRS ID # 0830105	Recip: PADDOCK PARK CLEANERS GEORGE LORENZ Street: 3101 SW 34TH AVE SUITE 104 City: Ocala FL 34474		PS Form 3811, July 1999 Instructions	
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