

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 30 2001

Mr. Glenn D. Minsky
Corman's Dry Cleaners
3464 Southeast Dixie Highway
Stuart, Florida 34997

Re: Facility No.: 0850113-002

Dear Mr. Minsky:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 18, 2001.

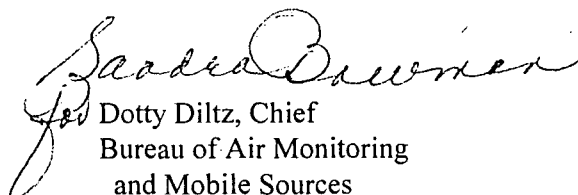
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 18 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):	GLEN D. MINSKY INC		
2. Site Name (For example, plant name or number):	CORMAN'S DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 984171157		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	3464 S.E. DIXIE HWY	Stuart	Martin 34997
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0850113-002		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:			
	GLEN D. MINSKY	OWNER			
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
	CORMAN'S DRY CLEANERS	3464 S.E. DIXIE HWY	Stuart	MARTIN	34997
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(561) 283-4678	() -			

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")
<u>12/21/00</u>	Existing New	RC /CA/None required	<u>SAME</u>
_____	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? 0

How many dryers/reclaimers do you have on-site? 0

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?

125 gallons (You must fill this in)

(b) If less than 12 months, how many? 7 months 65 Gallons

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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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:

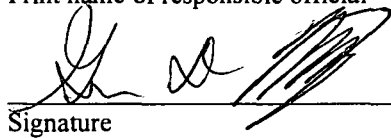
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

Glen D. Minsky
Print name of responsible official


Signature

6/11/01
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458801 FEB 9 2006

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# 850113 1st
CORMAN'S CLEANERS
3464 SE Dixie Hwy
STUART, FL 34997

Bureau of Air Monitoring
& Mobile Sources

FEB 3 2006

RECEIVED

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447020 FEB22 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# 850113 1stC
CORMAN'S CLEANERS
3464 SE Dixie Hwy
STUART, FL 34997

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

Printed on recycled paper.

Bureau of Air Monitoring
& Mobile Sources

FEB 23 2005

RECEIVED

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

AIRS ID# 850113 1stC
 St CORMAN'S CLEANERS
 St 3464 SE Dixie Hwy
 or STUART, FL 34997
 C

Instructions

7004 2510 0002 3938 6631

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# 850113 1stC
 CORMAN'S CLEANERS
 3464 SE Dixie Hwy
 STUART, FL 34997

2. Article Number
(Transfer from service label)

7004 2510 0002 3938 6631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Margaret H...* Agent
 Addressee

B. Received by (*Printed Name*) *Margaret H...* C. Date of Delivery *2/8*

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 32399-2400

Bureau of Air Monitoring
& Mobile Sources
FEB 6 2005
RECEIVED

GLENN D. MINSKY INC. D/B/A

HARBOR FEDERAL BANK
FORT PIERCE, FL 34950-4393

CORMAN'S CLEANERS
3464 SE DIXIE HWY.
STUART, FL 34997
(772) 283-4678

1/24/2004

JAN 29 2004

PAY
TO THE
ORDER OF

Dept Of Environmental Protection

\$ **50.00

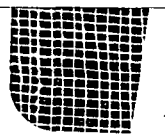
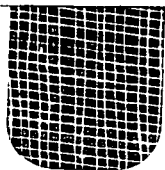
Fifty and 00/100*****

DOLLARS

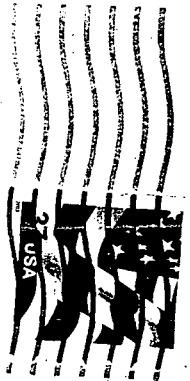
Dept Of Environmental Protection
title v air permits receipts
p.o. box 3070
Tallahassee Fl. 32315-3070

[Handwritten Signature]
AUTHORIZED SIGNATURE

MEMO
airs id#0850113



3755 - 2273



Security features. Details on back.



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

412425 DEC31 2001

Do NOT Remove Label

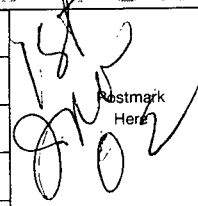
AIRS ID # 0850113
CORMAN'S CLEANERS
GLENN D MINSKY
3464 SE DIXIE HWY
STUART FL
34997

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

7000 1670 0013 3108 6557

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

Postmark
Here

AIRS ID#0850113

Sent To	CORMAN'S CLEANERS
Street, A	GLENN D MINSKY
City, State	3464 SE DIXIE HWY
	STUART FL
	34997

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:

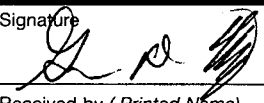
AIRS ID#0850113

CORMAN'S CLEANERS
 GLENN D MINSKY
 3464 SE DIXIE HWY
 STUART FL
 34997

2. Article Number
 (Transfer from service label)

7000 1670 0013 3108 6557

COMPLETE THIS SECTION ON DELIVERY

A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Glenn Minsky	C. Date of Delivery 2-7-03

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

3. Service Type

<input 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) Yes

UNITED STATES POSTAL SERVICE



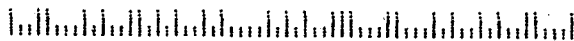
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
BUREAU OF AIR MONITORING & MOBILE SOURCE
TALLAHASSEE, FLORIDA

FEB 10 2003





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

422909 FEB13 2003

Do **NOT** Remove Label

AIRS ID#0850113

CORMAN'S CLEANERS
GLENN D MINSKY
3464 SE DIXIE HWY
STUART FL
34997

Bureau of Air Monitoring
& Mobile Sources

FEB 19 2003

RECEIVED

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